

Results A total of 763 EC patients were included. Lymphadenectomy was performed in 493(64.6%) patients of whom 53 (6.9%) had N1. Adjuvant treatment was applied in 347 (46.5%) patients. Abnormal p53(p53-abn) expression was observed in 14.7%, L1CAM expression in 10.4%, loss of ER in 10.0%, and loss of PR in 18.1%. Significant reduced disease specific survival(DSS) and/or recurrence free survival(RFS) was observed within patients with N1 and 53-abn, L1CAM positive expression, or loss of ER/PR. N1 and normal biomarkers show the same prognosis as patients with N0 or Nx, and abnormal biomarkers. In the multivariate Cox regression analysis loss of ER/PR and p53-abn were in addition to the ESMO classification 'high-intermediate and high' significantly associated with decreased DSS (HR 2.47[CI 1.20–5.07] $p=0.013$, HR 2.13[CI 1.02–4.41] $p=0.043$, HR 3.93[CI 1.98–7.81] $p<0.001$).

Conclusions We have shown that abnormal biomarker expression in addition to N1 or N0, is highly relevant in survival analysis and could potentially complement the ESMO risk stratification and therefore optimize adjuvant treatment.

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ADULT GRANULOSA CELL TUMOR OF THE OVARY: A STUDY OF 10 CASES

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Introduction Adult granulosa cell tumor (AGCT) accounts for 5% of all ovarian cancers.

Their histopathologic features are relatively nonspecific, resulting in misdiagnosis, a problem that has not been well characterized.

Objective To study clinicopathological features and evolutionary characteristics of AGCT of the ovary

Methods This is a retrospective study of ten cases of AGCT of the ovary, collected in the pathology department of the M. Slim Hospital over a period of 16 years (2002 to 2017). Evolutionary data were collected from medical records of the gynecology department of the same hospital.

Results The average age of our patients was 58 years. Pelvic ultrasound allowed objectifying the ovary tumors in 8 cases and CT scans in 2 cases. All tumors were unilateral and confined to the ovary, without rupture.

Seven patients were treated with unilateral adnexectomy and 3 with a hysterectomy and bilateral adnexectomy.

Eight tumors were encapsulated with a smooth lobulated surface. Seven tumors were solid and 3 solid and cystic.

Tumor size varied between 8,5 and 25 cm. The histopathological study allowed us to make the diagnosis in 6 cases. In 4 cases, an immunohistochemistry study was made to confirm the diagnosis.

No recurrence was noted for all cases with a median follow up of 5 years.

Conclusion Although the course of AGCT of the ovary is often indolent, an unpredictable disease course with recurrence rates up to 50%. Then, an attentive examination of tumor specimens must be done, evaluating prognostic factors as the stage, nuclear atypia, and tumor size.

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A PROSPECTIVE STUDY TO IDENTIFY RATES OF SARS-COV-2 VIRUS IN THE PERITONEUM AND LOWER GENITAL TRACT OF PATIENTS HAVING SURGERY

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Introduction The risks to surgeons of carrying out aerosol generating procedures during the COVID pandemic are unknown. To define these risks in a systematic manner we investigated the presence of SARS-CoV-2 virus in the peritoneal fluid and lower genital tract of patients undergoing surgery at a time when COVID infection remained steady in the population.

Methods We carried out a prospective cross sectional observational study of patients undergoing abdominal surgery or instrumentation of the lower genital tract at a single large institution in the UK. We took COVID swabs from the peritoneal cavity and from the vagina from all eligible patients. All patients underwent preoperative nasopharyngeal testing and results were stratified by pre operative COVID status.

Results To date we have recruited 74 patients undergoing surgery. The commonest procedure undertaken was caesarean section but patients undergoing laparotomy and cancer surgery were also included. No patients had faecal or amniotic contamination of the abdomen or vagina at the time of sampling. All patients had negative nasopharyngeal COVID swabs within 48 hours of recruitment although 4/74 (5%) had the presence of antibodies suggesting previous infection. SARS-CoV-2 virus RNA was detected in 0/63 peritoneal samples and 0/68 lower genital tract samples.

Conclusions The presence of SARS-CoV-2 RNA in the abdominal fluid or lower genital tract of presumed COVID negative patients is nil or extremely low. These data will inform surgeons of the risks of restarting laparoscopic and gynaecologic surgery at a time when COVID19 is endemic in the population.

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CERVICAL CANCER IN TOAMASINA, MADAGASCAR

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Introduction Cervical cancer remains the most common cancer in Africa. In Madagascar, current data on cervical cancer is the result of hospital studies. According to our knowledge, no data concerning this entity have been released from the province of Toamasina. The aim of our study is to investigate the incidence, clinicopathological factors of cervical cancer.

Methods This is a retrospective, descriptive and transversal study in a new Oncology department Toamasina University