

gestational age at delivery was 35 (30–39) weeks. All the women delivered by caesarean section and had live births. Two (6.9%) neonates presented low birth weight. There was no evidence of acute toxicity due to chemotherapy. Oncological definitive treatment was chemo-radiotherapy in 15 (51.7%) cases, radical hysterectomy in 12 (41.4%), and just chemotherapy in 2 (6.9%). After a median follow up of 15.6 months (1.8–82.2), three (10.3%) patients recurred, three (10.3%) progressed during treatment, and four (13.8%) died due to disease.

Conclusion NACT during pregnancy is an alternative approach to offer to cervical cancer patients, in order to achieve fetal maturity, before giving definitive treatment; obstetrical and neonatal outcomes were favorable. Oncological outcome deserves further investigation.

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312 COMBINATION THERAPY OF ORAL CYCLOPHOSPHAMIDE AND BEVACIZUMAB FOR PATIENTS WITH RECURRENT OVARIAN AND PERITONEAL CANCER

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Objective The purpose of chemotherapy for recurrent cancer is to get survival benefit, relieve symptoms, and improve quality of life. We used oral cyclophosphamide (CPA) and bevacizumab (BEV) combination therapy in cases of recurrent ovarian and peritoneal cancer, where standard chemotherapy was difficult to conduct. We subsequently evaluated the safety and efficacy of this treatment.

Methods Between August 2014 and June 2020, subjects who provided informed consent received the following regimen: oral CPA 50 mg daily and intravenous BEV15 mg/kg every 3 weeks as 1 cycle. Data from the two facilities were retrospectively studied.

Result Twenty-two patients were enrolled (20 with ovarian cancer and 2 with peritoneal cancer). The median follow-up period was 18.9 months (range, 5.0–51.5), and median age was 60 years (range 37–81). Sixteen patients had platinum resistance. The median number of previous chemotherapy regimens was 2.5 (range 0–5). The median implementation cycle was 5 (range 2–14). Eighteen patients discontinued treatment: three due to side effects, and fifteen due to disease progression. Grade 2 toxicities included neutropenia (1), protein urea (1), hypertension (2), and esophagitis (1). Two patients had a complete response, and one patient had a partial response. Five patients had stable disease. The response rate was 13.6%. Median PFS was 5.3 months (range, 0.8–23.5). The median OS from the initiation of CPA/BEV was 9.2 months (range, 4.8–51.5+).

Conclusions The combination therapy of oral cyclophosphamide and bevacizumab had relatively effective, and can be used safely in patients who have become difficult to treat after second-line chemotherapy.

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313 NO MORE FROZEN SECTION FOR PREOPERATIVE DIAGNOSES OF ATYPICAL ENDOMETRIAL HYPERPLASIA

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Introduction The association between atypical endometrial hyperplasia(AH) and cancer is well established. The objective of this study was to evaluate the frequency of endometrial cancer and the accuracy of frozen section (FS) among patients with preoperative diagnosis of AH.

Methods A retrospective review of patients with preoperative diagnosis of atypical endometrial hyperplasia, treated with hysterectomy was performed at Hospital Clinico Pontificia Universidad Catolica de Chile, between 03/2011 and 03/2020. The frequency of cancer and accuracy of FS was calculated.

Results 88 patients with preoperative diagnosis of atypical endometrial hyperplasia were treated with hysterectomy in our center on the mentioned dates. Final pathological examination revealed endometrial cancer in 12/88 women (13,6%), and only 3 had high risk characteristics (G2-G3, > 50% myometrial invasion)

Frozen section analysis was performed in 75/88 patients (87,5%), which included all patients who had a final diagnosis of cancer. FS analysis identified 6/12 patients (50%) with endometrial cancer, none of them changed surgical plan. The sensitivity and specificity of FS analysis was 50% (95% CI 21,09–78,91%) and 100% (95% CI 95,26–100%) respectively. The positive and negative predictive value for FS analysis was 100% and 92,68% (95% CI 87,8–95,7%) respectively.

Conclusion In our center a low proportion of patients had concomitant cancer at time of hysterectomy. We recommend not performing FS since it increases operative time, costs and did not change the surgical plan in any of the patients with preoperative diagnosis of atypical hyperplasia.

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314 CERVICAL CANCER AT THE PATHOLOGY DEPARTMENT UNIVERSITY HOSPITAL CENTER JOSEPH RAVOAHANGY ANDRIANAVALONA MADAGASCAR

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Introduction According to the World Health Organization in 2018, cervical cancer is a major public health problem and ranks 4th among female cancers. But one study carried out in Madagascar, revealed that the cervical cancer constitutes the second gynecological cancer after the breast cancer with the rate increasing from 17.7% (in 1996) to 18.67% (in 2006).

Methods Retrospective and descriptive study of cervical cancers diagnosed in our laboratory between January 2015 – December 2019.