Abstract 159 Table 1 Main results

All patients	
N	67 (100%)
Cancer types	
Ovarian	44 (65.7%)
Uterine	15 (22.4%)
Other	8 (11.9%)
Profiling test results	
No alteration detected	18 (26.9%)
Not enough specimen	1 (1.5%)
Alteration detected	38 (56.7%)
Ongoing	10 (14.9%)
Treatments	
Targeted therapy (off label)	11/38 (28.9%) +1/38 (2.6%)
Targeted therapy in patients with BRCA mutations within approved guidelines	5/38 (13.2%)
No therapy for progressive disease/DOD before starting	21/38 (55.3%)

Abstract 159 Table 2 Patients who actually started a FoundationONE® CDx off-label guided therapy.

Patient	Cancer type	Alteration detected	Treatment started (off-label)	Clinical outcome
#1	High grade serous ovarian cancer	CCND1 - E275*	Ribociclib	Stability of disease; Treatment ongoing (5 months)
#2	Endometrioid endometrial cancer	PIK3CA E545K	Everolimus Exemestane	Stability of disease; Treatment ongoing (6 months)
#3	Mixed endometrial cancer	KRAS - D33E	Trametinib	1 month treatment then clinical progression of disease
#4	Endometrioid ovarian cancer	PIK3CA - H1047L	Everolimus-Exemestane	Stability of disease; Treatment ongoing (5 months)
#5	Endometrioid endometrial cancer	CCND1 - amplification - equivocal	Palbociclib	1 month treatment then clinical progression of disease
#6	High grade serous ovarian cancer	BRCA1 - A1708E	Niraparib	3 months of stability of disease
#7	High grade serous ovarian cancer	BRCA1 - rearrangement intron 12	Talazoparib	4 months of stability of disease
#8	Cervical adenocarcinoma	ERBB2 – amplification	Trastuzumab	4 months of stability of disease
#9	High grade serous ovarian cancer	KRAS- Q22K NF1- W2317	Trametinib	9 months of stability of disease
#10	Endometrioid endometrial cancer	PIK3CA - E545K	Everolimus	Stability of disease; treatment ongoing (>12 months)
#11	High grade serous ovarian cancer	BRCA1 - splice site 787+1G>T	Niraparib	1 month treatment then clinical progression of disease

timing of the molecular test-guided therapies. Nevertheless, with the increasing use of target-based therapy, accessibility should be granted for all patients.

IGCS20_1146

160 THE IMPACT OF HYSTEROSCOPY ON THE DISEASE COURSE OF HIGH GRADE ENDOMETRIAL CARCINOMA

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10.1136/ijgc-2020-IGCS.139

Background With hysteroscopy, concerns have surfaced regarding intraperitoneal spread of endometrial cancer (EC); no studies have evaluated the effect of hysteroscopy on the disease course of a large series of patients with exclusively high risk histology.

Methods Patients who underwent hysterectomy for grade 3 EC at Mayo Clinic in Rochester, MN between January 2009-June 2016 were included, noting hysteroscopy within 6 months. Follow-up was restricted to five years. Cox proportional hazards models were fit to evaluate associations between hysteroscopy exposure and progression.

Results Among 831 patients, 133 underwent hysteroscopy. Patients with versus without hysteroscopy did not differ in mean age (67.7 vs. 67.8 years), BMI (31.6 vs. 31.3 kg/m2), ASA $\geq$3 (35.3% vs. 38.3%), or serous histology (47.4% vs. 48.7%). Advanced disease (III/IV) was less common among hysteroscopy patients (30.1% vs 43.8%, p=0.003). No difference was observed between those with hysteroscopy versus without (all p>0.05) in positive cytology (22.0% [26/118] vs. 29.7% [191/643]), stage IV disease (16.5% [22/133] vs. 21.9% [153/698]), any positive cytology OR adnexal invasion OR stage IV (28.6% [38/133] vs. 36.1% [252/698]), the aforementioned OR peritoneal recurrence within 2 years (30.8% [41/133] vs. 39.3% [274/698]). After stratifying by stage, hysteroscopy did not increase risk of progression (HR 1.06, 95% CI 0.59–1.92 for stage I/II; HR 0.96, 95% CI 0.62–1.48 for stage III/IV).

Conclusion In this retrospective study of high grade EC, we did not observe any significant association between pre-operative hysteroscopy EC and incidence of positive cytology, peritoneal disease, or progression.

IGCS20_1147

161 PREDICTION OF OVARIAN CANCER USING A MULTIVARIATE ASSAY: A RANDOMIZED CONTROLLED TRIAL TO IMPROVE DIAGNOSTIC STRATEGIES IN FILIPINO WOMEN (PRELIMINARY RESULTS OF THE OVERA STUDY)

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10.1136/ijgc-2020-IGCS.140

Introduction In our setting, conventional utilization of clinico-diagnostic, sonographic and single biochemical marker characteristics predominates the pre-operative evaluation of ovarian masses, while the value of multivariate assays has yet to be elucidated. In this study, a multivariate assay (OVERA®) was compared to singular and combined models for malignancy risk calculation.

Methods This is an ongoing randomized controlled trial using OVERA among Filipino women with ovarian masses in the

Int J Gynecol Cancer: first published as 10.1136/ijgc-2020-IGCS.139 on 13 November 2020. Downloaded from http://ijgc.bmj.com/ on April 10, 2024 by guest. Protected by copyright.