incidence rate (per 100,000) and average annual percent change (AAPC).

**Results** Based on USCS, 14,675 patients were diagnosed with leiomyosarcoma (62% White, 22% Black, 11% Hispanic, 4% Asian). Per NCDB data, the proportion of tumor destruction by minimal invasive surgery in uterine cancer was as high as 3.4% in 2013, but decreased to 2.2% in 2016 after the 2014 FDA warning. Per UCCS data, peak age at leiomyosarcoma diagnosis was nearly a decade younger for Blacks vs. Whites (50–54 vs. 60–64). From 2001 to 2016, Blacks had a two-fold higher incidence compared to whites (1.29 vs. 0.59) and with an annual increase of 3.5% per year compared to a decrease of 0.9% per year in Whites. The incidence rate in 2014 was 0.85 per 100,000 and decreased to 0.78 and 0.75 in 2015 and 2016.

**Conclusion** The proportion of tumor destruction by minimal invasive surgery decreased after the 2014 FDA warning against power morcellators. LMS incidence has decreased for Whites but continues to rise for Blacks.

# IGCS20_1265

## 255 INTEROBSERVER VARIABILITY OF BREAST GRADING IN CORE BIOPSIES

[1]D Bacha, [2]A Ben Amor*, [2]A Halouani, [1]A Lahmar, [1]S Ben Slama. *[1]Mongi Slim Hospital, Pathology Department, University Tunis El Manar, Tunisia; [2]Mongi Slim Hospital, Obstetrics and Gynecology Department, University Tunis El Manar, Tunisia*

10.1136/ijgc-2020-IGCS.220

**Introduction** Modified Scarff Bloom and Richardson score (or Nottingham histologic grading) has become widely accepted as a powerful indicator of prognosis in breast cancer. It combines nuclear grade, tubular formation, and mitotic rate. Each element is given a score of 1 to 3 (1 being the best and 3 the worst) and the score of all three components are added together to give the 'grade'.

The majority of studies that analyze the reliability of this grade, compare it to that found on the surgical specimen. Few studies have examined its interobserver variability in core biopsies.

**Objective** To evaluate the interobserver variability of Nottingham histologic grade in scoring breast cancer in core biopsies among 2 general pathologists.

**Methods** This is a retrospective study of 65 cases of invasive ductal carcinoma that were independently evaluated by two pathologists and graded according to the Nottingham histologic system. A detailed histopathological assessment was carried out and analyzed statistically using the Kappa agreement score.

**Results** The mean size of biopsies was 15 mm. There was a substantial agreement among the 2 pathologists in scoring tubular formation, pleomorphism, and final grading (Kappa=0.7, 0.65 and 0.8 respectively). A fair agreement was noted in scoring mitosis (Kappa=0.35).

**Conclusion** The interobserver variability of Nottingham grading in scoring breast cancer in core biopsies remains good. The relatively weak agreement in scoring mitosis is secondary to the small size of the micro-biopsies, not covering the 2 mm2 fields necessary to grade this parameter. This often leads to an extrapolation of the number of mitoses.

# IGCS20_1266

## 256 PROGNOSTIC FACTORS OF SURVIVAL AND RECURRENCE OF PAGET'S DISEASE OF THE BREAST: A STUDY OF 58 CASES

H Mansouri, I Zemni, I Ben Safta, M Hechiche*, MA Ayedi, K Ben Rahal. *Department of surgical oncology, Salah Azaiez institute, Tunisia*

10.1136/ijgc-2020-IGCS.221

**Objectives** To investigate clinical features, prognostic factors and survival outcomes of mammary Paget's disease (PD).

**Methods** A retrospective study based on 58 patients with histological verified PD treated at the Salah Azaïez Institute between 2001 and 2012.

**Results** The mean age was 54.78 years.Palpable masses were recorded in 74.1% of cases with a mean size of 52.21 mm. All patients underwent radical mammectomy associated to axillary lymph node dissection (LND) in 96.6% of cases and sentinel LND in two cases.PD was isolated (IPD) in 5 cases (8.6%), and associated to invasive carcinoma (IC) in 42 (72.4%), to microinvasion in 4 cases (6.9%) and intraductal carcinoma (IDC) in 7 cases (12.1%).High grade IC accounted for 57.1%.Negative hormone receptor (HR) were recorded 48.3% of cases and lymph node metastasis (LNM) in 58.6%. Adjuvant chemotherapy and radiotherapy were indicated in 58.6% of cases and hormonal therapy in 56.9% of cases. After a median follow up of 45.5 months, 41.4% of patients presented with relapses and 44.8% died from their disease. The 5 years overall survival (OS) was 51.9% and the 5 years recurrence free survival (RFS) was 57.4%.The 5 years OS and RFS were significantly decreased in case of associated IC (39.5% and 35.7%) compared to IPD and associated IDC (100% and 100%) and microinvasion (50% and 66.7%) (p=0.023). LNM, lymph node ratio (LNR) exceeding 70%, advanced T stage and palpable mass were significantly correlated to worse OS and RFS.

**Conclusions** Palpable mass, tumor stage and LNM were significantly associated with poor prognosis in PD of the breast.

# IGCS20_1269

## 258 TOTAL RETROPERITONEAL EN BLOC RESECTION OF MULTIVISCERAL-PERITONEAL PACKET (TROMP OPERATION): A NOVEL SURGICAL TECHNIQUE FOR ADVANCED OVARIAN CANCER; RETROSPECTIVE ANALYSIS OF A PROSPECTIVE COLLECTED DATABASE

M Muallem*. *Charité medical university, Germany*

10.1136/ijgc-2020-IGCS.222

**Background** A total retroperitoneal en bloc resection of multivisceral-peritoneal packet (TROMP operation) is a no-touch isolation technique in a retroperitoneal space to resect the parietal peritoneum and the affected organs in advanced ovarian cancer.

**Methods** The study included 208 patients operated between January 2015 and December 2017 in Charite, Berlin. The TROMP operation was performed in 58 patients, whereas the other 150 patients were operated with the conventional cytoreductive method.

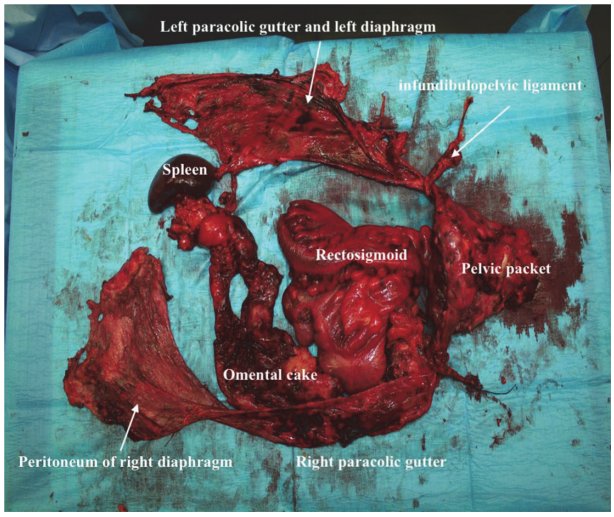
**Results** The complete tumor resection rate accounts for 87.9% in TROMP group and 61.3% in the conventional surgery group. (P=0.001). This difference was even stronger in the sub-group of very advanced stages (T3c+T4) (85.1% of TROMP group and in only 53.1% in the conventional surgery group, P=0.001). The duration of the primary cytoreductive surgery was about 33 minutes shorter in TROMP group (median: 335 minutes vs. 368 minutes; TROMP vs. conventional, respectively) in spite of the fact that the most advanced cytoreductive procedures were performed statically significant more in TROMP operation arm in comparison with the conventional surgery arm.

There was no statistically significant difference between the groups regarding the postoperative complication, blood loss or the length of stay in intensive care unit.

**Conclusion** Total retroperitoneal en bloc resection of multivisceral-peritoneal packet (TROMP operation) is a visible and very effective technique of surgical therapy in advanced ovarian cancer. This technique increased the complete tumor

**Abstract 258 Table 1**

| Characteristics | | TROMP n=58 (%) | Conventional surgery n=150 (%) | All patients n=208 (%) | p-value |
|---|---|---|---|---|---|
| **Residual tumour** | **No residual** | 51 (87.9%) | 92 (61.3%) | 143 (68.8%) | ***P*=0.001** |
| | **< 10 mm** | 7 (12.1%) | 44 (29.3%) | 51 (24.5%) | |
| | **≥ 10 mm** | 0 (0%) | 14 (9.3%) | 14 (6.7%) | |
| **Upper abdomen infiltration** | | 48 (82.8%) | 97 (64.7%) | 145 (69.7%) | ***P*=0.018** |
| **Op-duration** [Minutes] | | Median 335 (66-634) | Median 368 (38-662) | Median 359 (38-662) | *P*=0.113 |
| **Omentectomy** | | 57 (98.3%) | 132 (88%) | 189 (90.9%) | ***P*=0.04** |
| **Pelvic lymph node dissection** | | 45 (77.6%) | 87 (58%) | 132 (63.5%) | ***P*=0.014** |
| **Para-aortic lymph node dissection** | | 48 (82.8%) | 89 (59.3%) | 137 (65.9%) | ***P*=0.003** |
| **Appendectomy** | | 25 (43.1%) | 41 (27.3%) | 66 (31.7%) | ***P*=0.042** |
| **Bowel resection** | | 49 (84.5%) | 88 (58.7%) | 137 (65.9%) | ***P*=0.001** |
| **Resection of small intestines** | | 19 (32.8%) | 23 (15.3%) | 42 (20.2%) | ***P*=0.009** |
| **Resection of large intestines** | | 48 (82.8%) | 88 (58.7%) | 136 (65.4%) | ***P*=0.002** |
| **The diverting stoma** | | 11 (18.9%) | 23 (15.3%) | 34 (16.3%) | *P*= 0.670 |
| **Atypical liver resection** | | 10 (17.2%) | 8 (5.3%) | 18 (8.7%) | ***P*=0.014** |
| **Partial Resection of liver capsule** | | 6 (10.3%) | 14 (9.3%) | 20 (9.6%) | *P*=1 |
| **Cholecystectomy** | | 4 (6.9%) | 6 (4%) | 10 (4.8%) | *P*=0.607 |
| **Splenectomy** | | 25 (43.1%) | 12 (8%) | 37 (17.8%) | ***P*<0,001** |
| **Stomach partial resection** | | 1 (1.7%) | 1 (0.7%) | 2 (1%) | *P*=1 |
| **Diaphragmatic partial resection** | | 22 (37.9%) | 60 (40%) | 82 (39.4%) | *P*= 0.908 |




**Abstract 258 Figure 1**

resection rate to 87.9% without increasing the blood loss, postoperative complications or the duration of surgery. A prospective randomized study is advised to validate these results.

## IGCS20_1272

260 **EDOXABAN ANTICOAGULATION FOR GYNECOLOGICAL CANCER WITH VENOUS THROMBOEMBOLISM**

S Odajima*, T Seki, R Saito, S Kato, E Suzuki, M Saito, S Yanagida, N Yanaihara, H Takano, K Yamada, A Okamoto. *The Jikei University School of Medicine Obstetrics and Gynecology, Japan*

10.1136/ijgc-2020-IGCS.223

**Objective** Venous thromboembolism (VTE) is increasingly being treated with oral direct Xa inhibitors, including edoxaban. However, direct evidence supporting the use of edoxaban for thrombosis associated with gynecological cancer is limited. Thus, we compared edoxaban to warfarin with regard to their efficacy, safety and convenience in gynecological cancer patients with VTE.

**Method** We reviewed the medical records of 317 gynecological cancer patients who received edoxaban or warfarin treatment for VTE between January 2011 and December 2018.

**Result** The median follow-up period was 712 days (16–2868). Of the 317 patients, 180 and 137 were treated with edoxaban or warfarin, respectively. Details of cancer types were as follows: ovarian cancer 110 (62%), endometrial cancer 40 (22%), cervical cancer 22 (12%) and others 8 (4%) in edoxaban group and 81 (59%), 37 (27%), 16 (12%), 3 (2%) in warfarin group. There was no significant difference between two treatments groups in terms of BMI, VTE site, cancer type, histological subtype and stage. Recurrence of VTE occurred in 16 patients (8.9%) in edoxaban group and 18 (13.1%) in warfarin group ($p=0.31$). Adverse events that required discontinuation of anticoagulation occurred in 1 patient (0.6%) with edoxaban and 6 patients (4.4%) with warfarin ($p=0.06$), and no fatal events in either group. Initial heparin bridge was employed in 63 patients (37.7%) and 115 patients (92.0%) of edoxaban and warfarin group, respectively ($p<0.01$).

**Conclusion** Edoxaban is effective, safe and convenient for VTE patients with gynecological cancers.

## IGCS20_1273

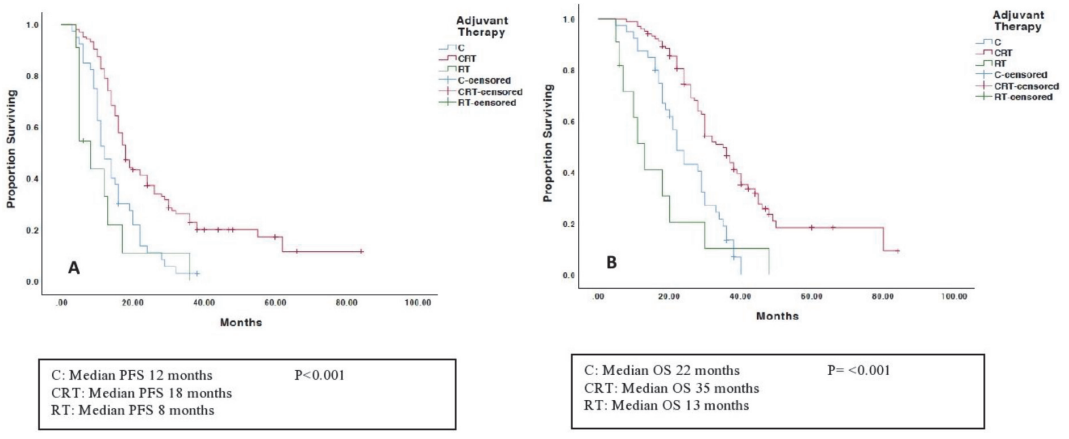
261 **THE IMPACT OF HISTOLOGY AND ADJUVANT THERAPY ON SURVIVAL AND RECURRENCE PATTERNS AMONG HIGH-GRADE ENDOMETRIAL CANCER WITH RETROPERITONEAL METASTASES**

[1]J McEachron*, [1]L Marshall, [1]V Tran, [1]N Zhou, [2]M Kanis, [2]C Gorelick, [1]Y Lee. [1]*SUNY Downstate Medical Center, USA*; [2]*New York Presbyterian Brooklyn Methodist Hospital, USA*

10.1136/ijgc-2020-IGCS.224

**Objectives** To evaluate the difference in recurrence patterns and survival among stage IIIC high-grade endometrial cancer (HGEC) treated with surgery followed by adjuvant chemotherapy, radiation (RT) or both (chemoradiation).

**Methods** A multicenter retrospective analysis of surgically-staged IIIC HGEC was conducted from 2000 to 2018, including grade-3 endometrioid (G3), serous, clear cell (CC) and carcinosarcoma. Differences in the frequency of recurrence sites and treatment delays were identified using Pearson's $\chi^2$-test. PFS and OS were calculated using Kaplan-Meier estimates.




**Abstract 261 Figure 1** Kaplan-Meier survival analysis by adjuvant therapy regimen **A**: Progression Free Survival Analysis; **B**: Overall Survival Analysis **C**: Chemotherapy alone; CRT: Chemoradiation; RT: Radiation therapy; PFS: Progression free survival; OS: Overall survival