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306 OUTCOMES AFTER THE REGIONALIZATION OF CARE FOR HIGH RISK ENDOMETRIAL CANCERS: A POPULATION-BASED STUDY

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Objectives In June 2013, the agency responsible for advancing cancer care in Ontario, Canada, published practice guidelines recommending that gynaecologic oncologists (GOs) at designated centers manage the treatment of patients with high grade endometrial cancers. This study examines the effects of this regionalization of care on patient outcomes.

Methods In this retrospective cohort study, patients diagnosed with non-endometrioid high risk endometrial cancer (serous, carcinosarcoma, clear cell, undifferentiated) from 2003–2017 were identified using province-wide administrative databases.

Results We identified 3518 patients with high risk endometrial cancer. The case mix as represented by patient comorbidities and disease stage distribution did not differ significantly between the two regionalization periods. There was a significant increase (69% to 85%, $p<0.001$) in the proportion of primary surgeries performed by GOs after regionalization, which was not explained by secular trends. After regionalization, the proportion of patients who had surgical staging (50% to 63%, $p<0.001$), and the proportion of patients who received adjuvant treatment (65% to 71%, $p<0.001$) increased significantly. After adjusting for age, stage, and comorbidities, there was an increase in overall survival (HR 0.85 (0.73–0.99), $p=0.04$) after regionalization.

Conclusions The publication of a regionalization policy for the treatment of high risk histology endometrial cancers in Ontario led to an increase in the proportion of surgeries performed by GOs, surgical staging and adjuvant treatment. This also translated into a significant improvement in patient survival.

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307 PRIMITIVE CARCINOMA OF THE FALLOPIAN TUBE: CLINICAL AND PROGNOSTIC FEATURES

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Objectives Primitive Carcinoma of the Fallopian tube is extremely rare and represents 0,1 to 1% of all malignant tumors of the pelvis. The aim of this study is to describe its clinical and prognostic features.

Methods It is a retrospective study conducted in the Tunisian Central Cancer Registry during a 15 year period (2004 – 2018) collecting all the pathologically established and confirmed cases of primitive carcinoma of the Fallopian tube.

Results The incidence of Primitive Carcinoma of the Fallopian tube was 1/1559 of all the Ovarian, fallopian tube, and peritoneal cancers in our registry. The mean age at the diagnosis was 54.2 years. Pelvic pain was the main symptom. Pelvic clinical examination reported a mass in 86% of the cases. Pelvic ultrasound revealed a para-uterine image in all cases but could not differentiate between an ovarian tumor, a Fallopian tube one, or a tubo-ovarian infectious abscess. The perioperative diagnosis was evocated during laparoscopy in only 12% of the cases. The different pathological diagnoses of Primitive Carcinoma of the Fallopian tube were: tubal carcinoma in situ, tubal Carcinoma, tubal adenocarcinoma, and tubal papillar adenocarcinoma. An optimal cytoreduction surgery was possible in 86% of the cases. During the follow-up, the recurrence rate was 24% and the overall survival rate at 3 years was 82%.

Conclusions Primitive Carcinoma of the Fallopian tube is a very rare entity in our daily practice. Diagnosis is rarely made before surgery or the pathological study. The 3-year prognosis is relatively good.

IGCS20_1328

309 NEO-ADJUVANT CHEMOTHERAPY FOR CERVICAL CANCER DURING PREGNANCY: A RETROSPECTIVE CASE SERIES

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Introduction Neo-adjuvant chemotherapy (NACT) in cervical cancer during pregnancy may help in disease control while fetal maturity is reached, before providing a definitive oncological treatment. The objective of this study is to describe obstetric and oncological outcomes in patients diagnosed with cervical cancer stage IB1-IVA (FIGO 2009) during pregnancy, who received this treatment approach.

Methods A multicenter retrospective review was conducted in 12 institutions from 7 Latin-American countries, between January 2007 and December 2018. Data collected included clinical characteristics, NACT agents, definitive treatment, obstetric and oncologic outcomes.

Results Twenty-nine patients were included. Mean age was 33.8 years (+5.2). Twelve (41.4%) women were diagnosed at early stage, and 17 (58.6%) in locally advanced stage. Carboplatin/Paclitaxel was the most frequent combination used (55.2%). Median number of cycles was 3 (1–6). Median

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.

IGCS20_1331

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.

IGCS20_1332

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.

IGCS20_1333

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.