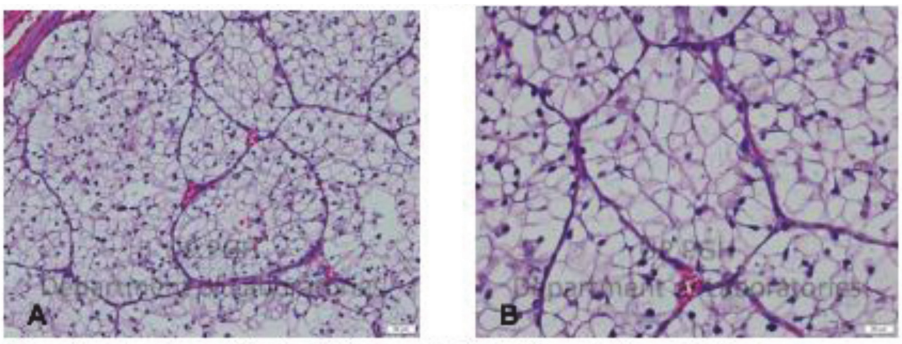

Abstract 356 Figure 3 A. Low Power Objective (100x magnification) of Clear Cell Renal Cell Carcinoma, ISUP Grade 1, with tumor cells distributed in alveolar pattern, separated by thin blood vessels. B. High Power Objective (400x). These tumor cells exhibit moderate pleomorphism, with hyperchromatic nuclei, rare nucleoli, and clear cytoplasm

in gynecologic malignancies, of 1.9 to 4.3%, and commonly occurring in endometrial and ovarian malignancies. Renal tumors coexisting with primary cervical cancer are mostly metastatic tumors, and at present, no case of cervical carcinoma metachronous with renal cell carcinoma has been reported on literature.

This is a case of Papillary Squamous Cell Carcinoma of the cervix who developed a metachronous Clear Cell Renal Cell Carcinoma. Several months after the diagnosis of cervical cancer, she presented with an abdominal mass and signs of uremia secondary to obstructive uropathy. She underwent radical nephrectomy with contralateral percutaneous nephrostomy. Definitive plan for the cervical mass is concurrent chemotherapy and radiation, depending on the improvement in renal function.

Currently, there are no clearly established guidelines in managing metachronous cervical and renal masses, and this presents a unique opportunity to document this case, and study its implications on management and prognosis.

IGCS20_1382

357 GLS-010 (ZIMBERELIMAB), A NOVEL FULLY HUMAN ANTI-PD-1 MAB IN CHINESE PATIENTS WITH RECURRENT/METASTATIC CERVICAL CANCER: RESULTS FROM A MULTICENTER, OPEN-LABEL, SINGLE-ARM PHASE II TRIAL

[1]X Wu*, [1]L Xia, [2]Q Zhou, [3]J Zhu, [4]K Wang, [4]J Chen, [5]Y Huang, [6]G Kurb, [7]B Chang, [8]W Zhao, [9]X Wang, [10]Y Yang, [11]Z Lin, [12]X Luo, [13]G Lou, [14]C Wang, [15]J Wang, [16]H Meng.
[1]Department of gynecologic oncology, Fudan University Shanghai Cancer Center, China; [2]Chongqing Cancer Hospital, China; [3]Zhejiang Cancer Hospital, China; [4]Tianjin Medical University Cancer Institute and Hospital, National Clinical Research Center for Cancer, Key Laboratory of Cancer Prevention and Therapy, Tianjin's Clinical Research Center for Cancer, China; [5]Hubei cancer hospital, China; [6]Cancer hospital affiliated to xinjiang medical university, China; [7]The First Affiliated Hospital of Henan University of Science and Technology, China; [8]The first affiliated hospital of university of science and technology of China, China; [9]The Affiliated Hospital of Xuzhou Medical University, China; [10]Guizhou Cancer Hospital, China; [11]Sun Yat-sen Memorial Hospital, Sun Yat-sen University, China; [12]Luoyang Central Hospital, China; [13]Department of Gynecology Oncology, Harbin Medical University Cancer Hospital, China; [14]The 4th Department of Gynecology, Cancer Hospital of China Medical University, Liaoning Cancer Hospital and Institute, China; [15]Hunan Cancer Hospital, Changsha, China; [16]Guangzhou Gloria Biosciences Co., Ltd.,China

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Introduction GLS-010 (Zimberelimab) is a novel fully human anti-PD-1 monoclonal antibody developed on the OMT transgenic rat platform, exhibiting good tolerance and preliminary efficacy in previous phase I study.

Methods In this open-label phase II clinical trial (NCT03972722), PD-L1 positive (combined positive score (CPS) ≥1) patients with recurrent or metastatic cervical cancer who had received one or more lines of chemotherapy were enrolled. All patients received GLS-010 240 mg every 2 weeks. Objective response was evaluated by RECIST v1.1. AEs were graded by NCI-CTCAE, version 4.03.

Results A total of 45 patients with recurrent or metastatic cervical cancer were enrolled. As of April 2, 2020, of 41 evaluable patients, 11 achieved an objective response by investigator assessment with an ORR of 26.83% and a DCR of 53.66%. After a median follow-up time of 5.2 months (range:1.6–9.7), 18 patients still remained on treatment and 27 of them discontinued treatment due to progressive disease or adverse events. The Median DOR had not been reached yet. 36 of 45 (80.00%) patients experienced one or more treatment-related adverse events(TRAE), most of which were Grade 1 or 2.≥Grade 3 TRAEs occurred in 17 (37.78%) patients, and the most common one was Anaemia. Only 1 patient discontinued treatment due to adverse event.

Conclusion GLS-010 (Zimberelimab) showed encouraging therapeutic activity and manageable safety profile in Chinese recurrent or metastatic cervical cancer patients. This study is still ongoing, and we are looking forward to further results.

IGCS20_1383

358 PHASE 3 TRIAL OF TUMOR TREATING FIELDS CONCOMITANT WITH WEEKLY PACLITAXEL FOR PLATINUM-RESISTANT OVARIAN CANCER: ENGOT-OV50/GOG-329/INNOVATE-3

[1]I Vergote*, [2]V Salutari, [3]D Cibula, [4]J Korach, [5]EP Samartzis, [6]J Sehouli, [7]R Fossati, [8]AG Martin, [9]I Tsibulak, [10]B Slomovitz, [11]R Coleman, [12]B Monk, [13]P Thaker, [14]D O'Malley.
[1]Leuven Cancer Institute, Belgium; [2]Fondazione Policlico Universitario Agostino Gemelli, Italy; [3]Charles University Hospital, Czech Republic; [4]Chaim Sheba Medical Center, Israel; [5]Universitätsspital Zürich, Switzerland; [6]Charité Frauenklinik, Germany; [7]IRCCS-Istituto di Ricerche Farmacologiche, Italy; [8]Clinical Universidad de Navarra, Spain; [9]Medical University Innsbruck, Austria; [10]University of Miami, Sylvester Comprehensive Cancer Center, USA; [11]MD Anderson Cancer Center, USA; [12]University of Arizona College of Medicine, USA; [13]Washington University Gynecological Oncology, USA; [14]Ohio State University Comprehensive Cancer Center, USA

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Background Tumor Treating Fields (TTFields) are a non-invasive, antimitotic cancer therapy. The Phase 2 INNOVATE study demonstrated safety of TTFields/weekly paclitaxel in 31 PROC (platinum-resistant ovarian cancer) patients (Vergote Gyn Onc 2018); efficacy: median PFS 8.9 months, 25% partial response,71% clinical benefit and 61% 1-year survival rate. This phase 3 ENGOT-ov50/GOG-329/INNOVATE-3 study [NCT03940196] investigates TTFields plus weekly paclitaxel in PROC patients.
Study Design Patients (N=540) will have PROC (RECIST V1.1) within 6 months of last platinum therapy with maximum of 2–5 prior lines of systemic therapy, ECOG 0–1 and no peripheral neuropathy >grade1. Patients with primary refractory disease will be excluded. Patients will be randomized 1:1 to weekly paclitaxel alone or weekly paclitaxel (starting of dose 80 mg/m2 weekly for 8 weeks, and then on Days 1, 8, and 15 for subsequent 28-day cycle) plus TTFields (200 kHz for 18 hours/day and continued if no progression in the abdominal or pelvic regions ('in-field region') per RECIST V1.1. Clinical follow-up will be performed q4w, with radiological follow-up (CT or MRI scans of the abdomen and chest) q8w. The primary endpoint is overall survival. Secondary endpoints: PFS, objective response rate, AEs, and quality of life (EORTC QLQ-C30 with QLQ-OV28). Sample size (n=540) will detect an increase in median OS from 12 to 16 months (HR 0.75). Data Monitoring Committee (DMC) meeting (March 2020) concluded that data to-date showed no safety issues and recommended trial continuation.

IGCS20_1384

359 MORTALITY TRENDS IN GYNECOLOGICAL CANCERS IN CHILE

J Brañes*, R Jensen, C Vera, E Donoso. *Pontificia Universidad Católica de Chile, Chile*

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Introduction Gynecologic cancers account for an important number of deaths in women in Chile. Substantial efforts have been made over the last 20 years to improve access to health care to reduce cancer mortality.
Objective To evaluate gynecologic cancer mortality trends during the last 21 years in Chile.
Methods Cause-of-death figures were obtained from 1996 until 2017. Age-adjusted mortality rate was calculated for each gynecologic cancer, using the 2017 census data as the standard population. Logistic regression model was utilized to determine trends, confidence interval and reveal changes in tendencies if occurred.
Results Three of the four studied cancers showed a significantly reduction in mortality rates. There was a sustained reduction, although modest, in breast and ovarian cancer mortality of 0.77% (CI -1.0 to -0.6) and 0,63% (CI -1.1 to -0.2) per year, respectively. The most significant change was observed in cervical cancer with an annual reduction of 4% (CI -4.3 to -3.7). All corpus uteri cancers considered together, had a non-significant tendency towards reduction. In a subanalysis of mortality for cervical cancer in women under 40 years, we observed a break in the negative tendency after 2011, revealing a rise of 5.1% (CI -0.6 to 11.2) per year.
Conclusion There was a reduction in mortality rate in most of the studied cancers. Although cervical cancer showed the most important reduction trend, is still far from the lowest figures published in the literature. The change in tendency for the younger population with cervical cancer is of concern.

IGCS20_1385

360 THE INCREASING INCIDENCE OF CARCINOSARCOMA OF THE OVARY AND FALLOPIAN TUBE IN THE UNITED STATES: WHO IS MOST AT RISK?

[1]R Ratnaparkhi*, [2]C Liao, [3]L Maxwell, [3]KM Darcy, [3]C Tian, [4]J Chan. *[1]Department of Obstetrics and Gynecology, Stanford Hospital, USA; [2]Kaohsiung Veterans General Hospital, Taiwan; [3]Division of Gynecologic Oncology, Palo Alto Medical Foundation, California Pacific Medical Center, Sutter Health, USA; [4]Walter Reed National Military Medical Center, USA*

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Introduction The purpose of this study was to leverage a large population database to analyze trends in the incidence of carcinosarcoma of the ovary, fallopian tube, and peritoneum.
Methods Data were obtained from the United States Cancer Statistics (USCS) database from 2001 to 2016. Age-adjusted incidence per 100,000 women and annual percent change (APC) in incidence were calculated using SEER*Stat and Joinpoint Software.
Results 9,675, 658, and 745 women had carcinosarcoma of the ovary, fallopian tube, and peritoneum with an age-adjusted incidence of 0.33, 0.04, and 0.03 in 2016 respectively. Over a sixteen-year period, the incidence of ovarian carcinosarcoma increased 0.53% per year (95% CI 0.13, 0.94; P = 0.014), and the incidence of tubal carcinosarcoma increased 4.85% per year (95% CI 2.32, 7.43; P = 0.001). The incidence of local disease decreased 3.53% per year (95% CI -5.78, -1.23; p = 0.006) in contrast to significant increases in both regional and distant disease. The incidence of carcinosarcoma increased only in the Middle Atlantic and East North Central regions [APC 1.36%, (95% CI 0.36, 2.38), p = 0.011; APC 1.71%, (95% CI 0.60, 2.38), p = 0.005]. Non-Hispanic Blacks had the highest incidence (0.35) of carcinosarcoma and highest increase in incidence per year (1.59%).
Conclusions Although rare, the incidence of carcinosarcoma of the ovary and fallopian tube is significantly increasing in the United States, particularly for Non-Hispanic Blacks.

IGCS20_1387

361 PSOAS MUSCLE VOLUME IS PREDICTIVE FACTOR FOR POOR SURVIVAL IN ELDERLY OVARIAN CANCER PATIENTS

Y Tomita*, M Takenaka, S Hirose, H Komazaki, M Ezawa, S Kitai, M Saito, H Tanabe, K Yamada, H Takano, A Okamoto. *The Jukei University School of Medicine, Japan*

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Objective The association between muscle mass and strength decrease by aging (Sarcopenia) and adverse events of chemotherapy and prognosis has been reported in several solid cancers. Skeletal muscle mass has also been shown to be a prognostic factor in elderly epithelial ovarian cancer, it has been unclear in the Japanese population. Furthermore, the association between more easily calculated iliopsoas muscle