

## Methods

- A 14-year-old patient with a history of abdominal pain. Ultrasound evidence of solid abdominopelvic mass with areas of cystic degeneration, diameters 22 x 13 x 10 cm. Antecedent of precocious puberty, menarca at 8 years. Phenotypically without alterations. She was taken to surgery, evidence of right ovarian tumor, predominantly solid, smooth surface, multilobed. Weight 2460 grams, size 24 x 18 x 11 cm. No pelvic or para-aortic adenomegalies. Pelvic cavity without metastatic involvement. The histological report shows mixed tumor of ovary with malignant germinal component and stromal-unclassified sexual cords: endodermal sinus tumor and dysgerminoma (70%) and sexual cord tumor with annular tubules (30%). Stage IA is classified. Receives adjuvant chemotherapy with Bleomycin-Etoposide-Cisplatin scheme for 3 cycles. One year after surgical resection in disease-free period.

**Results** This is an infrequent neoplasm reported in the literature. Approximately 10% of these tumors have malignant germ cell components compared to 60% of gonadoblastomas. It differs from gonadoblastoma in its macroscopic appearance, histological pattern, absence of regressive changes and occurrence in normal gonads of phenotypic and genetically normal women.

**Conclusions** This is a very rare neoplasm, the pillar of management being the resection of the gonad that contains the tumor and the conservation of the gonad against the lateral that is normal.

## IGCS19-0661

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## PERSISTENT TROPHOBLASTIC DISEASE: NEGATIVE COURSE OF DISEASE AND PROGNOSTIC FACTORS

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**Objectives** To reveal negative clinical course and prognostic factors of persistent trophoblastic disease (PTD).

**Methods** Retrospective analysis of 141 patients diagnosed with PTD from 1996 to 2012, treated at Troghoblastic Disease Center of N.N.Blokhin NMRC of Oncology. 129 (91,5%) patients were low-risk disease, 12 (8,5%) - high-risk. Low risk PTD was treated with methotrexate regimen, high-risk - EMA-CO regimen.

**Results** Before obtaining care in Blokhin Center 40 (28,4%) patients underwent repeat uterine evacuation, 13 (9,2%) - hysterectomy; 13 (9,2%) patients were treated with nonstandard regimens, 7 (5%) underwent prophylactic chemotherapy. Absence of b-hCG follow-up after molar evacuation was detected in 31 (22%) cases. We estimated that the absence of b-hCG monitoring delayed PTD diagnostic by 2,5 months and increased risk of metastases, hysterectomy and multi agent chemotherapy in 2,5; 5 and 7,4 times resp. Repeat curettage delays PTD diagnostic by 6 weeks and increases risk of resistance in 2,5 times. Hysterectomy delays standard chemotherapy by 3 months and increases risk of metastatic disease in 3,2 times; the resistance occurs 3,5 times often. Nonstandard chemotherapy regimens delayed standard treatment by 13 months, the resistance was increased in 2,5 times; 70% of patients

underwent multi-agent chemotherapy. Complete remission rate for low-risk PTD is 100% and for high-risk - 92%.

**Conclusions** Absence of b-hCG follow-up, repeat curettage, prophylactic chemotherapy, hysterectomy and nonstandard chemotherapy regimens are negative clinical course and prognostic factors for PTD.

## IGCS19-0499

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## PRIMARY BREAST CARCINOSARCOMA

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**Objectives** Breast carcinosarcoma is a rare malignancy, accounting for approximately 0,08–0,2%, of all breast tumors. It consists of two cell lines, one of epithelial origin (carcinoma) and another of mesenchymal origin (sarcoma). It is a type of metaplastic mammary carcinomas and it is probably derived from myoepithelial cells.

**Methods** Case report of a breast carcinosarcoma.

**Results** A 65-year-old woman presented to our hospital with a 2-month history of rapidly growing mass in her left breast. Neither her medical nor family's history was positive for malignancies. She underwent an FNA, which was positive for adenocarcinoma, followed by a lumpectomy with axillary lymph node dissection. The pathology showed an undifferentiated neoplasm and the immunohistochemical cell staining was positive for keratin, SNA, Vimentin, S-100. Finally, the hormone receptor analysis was triple negative, suggesting beyond the others the diagnosis of breast carcinosarcoma. There was no evidence of metastatic foci except from a positive lymph node, indicating a IIIa stage. She received adjuvant treatment with chemotherapy and radiotherapy but sixteen months later she presented with a distant recurrence of both lungs and sternum. She received first line treatment with chemotherapy and radiotherapy to sternum.

**Conclusions** Aggressive behavior, chemoresistance and ominous prognosis seem to be the main characteristics of breast carcinosarcomas. Of course, the prerequisite for treatment is the right diagnosis that distinguishes this tumor from other types of breast cancer.

## Surgical Techniques and Perioperative Man

## IGCS19-0139

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## A DETAILED ANALYSIS OF LEARNING CURVE: ROBOTIC ASSISTED TYPE-I EXTRAFASCIAL PAN HYSTERECTOMY WITH PELVIC AND HIGH PARAAORTIC LYMPHADENECTOMY FOR ENDOMETRIAL CANCER—SINGLE INSTITUTION STUDY

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**Objectives** The present prospective non-randomized observational study was designed to analyze the proficiency and efficiency of robotic assisted type-1 extrafascial pan hysterectomy with pelvic and paraaortic lymphadenectomy in treatment of high-risk endometrial cancer patients.

**Methods** 131 consecutive proven high-risk patients with endometrial cancer underwent type-1 extra fascial pan hysterectomy with pelvic and high para-aortic lymphadenectomy using the daVinci<sup>®</sup> robotic surgical procedures at single quaternary care institution. Data was analyzed under five parameter, docking time, surgeons console time, total combined time taken and number of lymph nodes retrieved. The surgery team had same surgeon, same assistant doctor, same technician, and same nurse in all cases.

**Results** Target docking time of 7 minutes was achieved at 29th case, however there were spikes in the docking time even after 100th case. Target surgeons console time of 180 minutes was achieved at 12th case and thereby consistently maintained 180 minutes or less. The direction of CUSUM line changes at 12th case and maintained the downward trend. Target number of pelvic lymph node 12 was achieved by 9th case. & of para-aortic lymph node 10 was achieved at 18th case. However, even after achieving the target, the variation was widely seen.

**Conclusions** In conclusion, the daVinci<sup>®</sup> robotics technology in our practice enabled us to offer minimal invasive surgery to endometrial cancer patients in a short time. The robotic-assisted procedures seems to offer a safe and useful alternative to conventional surgical techniques & would be a tool in armamentarium of gynec-oncologist.

## IGCS19-0161

### 370 ULTRASONIC SURGICAL ASPIRATOR (SONOPET<sup>®</sup>) FOR ANOGENITAL INTRAEPITHELIAL NEOPLASIA

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**Objectives** The aim of the present study was to determine the efficacy and safety of the ultrasonic surgical aspiration (Sonopet<sup>®</sup>) in the treatment of anogenital intraepithelial neoplasia.

**Methods** We conducted a retrospective chart review of patients who underwent treatment of anogenital intraepithelial neoplasia between 2011 and 2018 with the ultrasonic surgical aspirator (Sonopet<sup>®</sup>).

**Results** 256 patients underwent treatment with the ultrasonic surgical aspirator. The most frequent pathologic entities treated were VIN 2 (41.79%) and VAIN 2 (40.62%). Anal disease including both condyloma and anal intraepithelial lesions were found and treated in 10.56% of patients. Overall recurrence for patients treated with Sonopet was 10.54%. For patients previously treated with other modalities such as laser, the recurrence rate was even lower (2.34%). The median time to recurrence was 12.2 months. No surgical complications were recorded, and only minor post-operative complications were reported by patients.

**Conclusions** The ultrasonic surgical aspiration (Sonopet<sup>®</sup>) is effective and safe surgical procedure for treatment of anogenital intraepithelial neoplasia. It was effective in both dermal and mucosal pathologies.

## IGCS19-0665

### 371 SENTINEL LYMPH NODE IDENTIFICATION WITH PATENT BLUE DYE IN GYNECOLOGIC ONCOLOGY. INITIAL EXPERIENCE

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**Objectives** The use of Sentinel Lymph Node (SLN) biopsy in oncological gynecology is increasing every day and there are multiple studies that demonstrate its effectiveness. This study aims to evaluate the effectiveness of the sentinel lymph node in early stages for cervical, endometrial and vulvar cancer.

**Methods** A prospective study was conducted in early stage patients with endometrial, cervix and vulvar cancer, where the sentinel lymph node technique with patent blue dye followed by completed lymphadenectomy was used.

**Results** The sample was represented by 20 patients, 10 (50%) Endometrial adenocarcinoma, 8 (40%) Squamous cervical cancer, 2 (10%) Squamous Vulvar cancer. After the identification of the sentinel node, pelvic lymphadenectomy was performed in patients with endometrial adenocarcinoma, obtaining an average of 6 ( $\pm$  0.9) left lymph nodes and 6 ( $\pm$  1.4) right lymph nodes, in cervical cancer 7 ( $\pm$  2.6) left lymph nodes and 7 ( $\pm$  3.3) right lymph nodes an vulvar cancer superficial inguinal lymphadenectomy was performed, obtaining 15 ( $\pm$  9.1) left lymph nodes and 14 ( $\pm$  5.6) right lymph nodes. Among patients with endometrial adenocarcinoma, one patient had a negative sentinel lymph node and definitive biopsy reported micrometastasis. Sentinel node technique had a positive predictive value 100% and negative predictive value 94%.

**Conclusions** In this study the sentinel node showed high sensitivity and specificity. Although the effectiveness has been proven throughout the world, it is important to make a learning curve in each center.

## IGCS19-0445

### 372 IMPLEMENTATION OF THE ERAS PROTOCOL (ENHANCED RECOVERY ALTER SURGERY) AT A GYNECOLOGIC ONCOLOGY UNIT IN A LOW RESOURCE SETTING

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**Objectives** To evaluate the postoperative outcome of patients managed according to the ERAS guidelines.

**Methods** Retrospective study, 92 patients were included, they underwent radical surgery at our Unit. Period: June 2016 to December 2018. Since we work in a low resource setting, only some of the ERAS criteria could be applied (pre-surgical counseling, general preparation, peri and operative measures).

**Results** 92 patientes included: 46 had an ovarian cancer, 33 a cervical cancer and 13 an endometrial cancer. The median age was 49.6 years. A Radical Laparoscopic Surgery was