

Abstract 394 Table 3

Parameter	Surgical Morbidity		p value	Hazard Ratio vs No LND (95% CI)	p value
	No LND 115 (46%)	LND 135 (54%)			
Age	60 (35 - 89)	63 (31 - 80)	0.035		
BMI	32.4 (21.4 - 51.0)	29.85 (18.0 - 46.3)	0.003		
ASA			0.101		
1	13 (11.5%)	19 (14.2%)			
2	78 (69.0%)	103 (76.9%)			
3	20 (17.7%)	11 (8.2%)			
4	2 (1.8%)	1 (0.7%)			
Technique			0.645		
Laparotomy	5 (4.3%)	10 (7.4%)			
Laparoscopy	93 (80.9%)	101 (74.8%)			
Converted*	1 (0.9%)	2 (1.5%)			
Robotic	16 (13.9%)	22 (16.3%)			
Surgical time (minutes)	150.0 (50.0 - 300.0)	270.0 (80.0 - 600.0)	<0.001		
Blood Loss (mL)	27.5 (0.0 - 5000.0)	80.0 (0.0 - 2300.0)	<0.001		
Intra-operative complication			0.002		
No	114 (99.1%)	119 (88.1%)			
Vascular	0 (0.0%)	12 (8.9%)			
Urinary	0 (0.0%)	1 (0.75%)			
Neurological	1 (0.9%)	1 (0.75%)			
Intestinal	0 (0.0%)	2 (1.5%)			
Total	1 (0.9%)	16 (11.9%)	0.001	14.25 (1.85 - 19.63)	0.011
30-day Complication			0.001		
No	100 (87.0%)	92 (68.1%)			
I	7 (6.1%)	17 (12.6%)			
II	2 (1.7%)	9 (6.7%)			
III	0 (0.0%)	10 (7.4%)			
IV	3 (2.6%)	3 (2.2%)			
V	3 (2.6%)	4 (3.0%)			
Yes	15 (13.0%)	43 (31.9%)	<0.001	3.11 (1.62 - 5.98)	0.001
Major Complications (III, IV or V)	6 (5.2%)	17 (12.6%)	<0.01	3.08 (1.16 - 8.14)	0.023
LLL			<0.01	8.14 (1.01 - 65.27)	0.048
No	115 (100.0%)	126 (93.3%)			
Yes	0 (0.0%)	9 (6.7%)			

BMI= Body mass index  
HT= hysterectomy plus salpingo-oophorectomy  
HT + PLS= hysterectomy plus salpingo-oophorectomy and sentinel lymph node  
HT + LND= hysterectomy plus salpingo-oophorectomy and lymph node dissection  
HT + LND + SLN= hysterectomy plus salpingo-oophorectomy, sentinel lymph node and lymph node dissection  
No LND= combination of the HT and HT + PLS  
LND= combination of the HT + LND and HT + LND + SLN  
LLL= lower limb lymphedema  
\*All surgeries were initially laparoscopic

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395

**OUTCOMES OF CARBOTAXOL IN CARCINOSARCOMA: A RETROSPECTIVE STUDY AT THE BRAZILIAN NATIONAL CANCER INSTITUTE (INCA)**

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**Objectives** Endometrial carcinosarcomas (EC) are rare metaplastic tumors with dual composition of mesenchymal and epithelial elements, seen as a good example of epithelial-mesenchymal transition (EMT). The current study evaluated the efficacy and safety of Carbotaxol (CT) as adjuvant and first-line (1L) palliative treatment for women with carcinosarcoma.

**Methods** This retrospective cohort of patients (pts) with EC treated with 3qw Carbotaxol at INCA between January 2012 and January 2017 assessed overall survival (OS), disease-free survival (DFS), progression-free survival (PFS), response rate (RR), and tolerability. All analyses were performed with the SPSS software, version 18.0.

**Results** A total of 48 pts were enrolled, median age 66.1 years, mostly with stage III disease (43.8%). The median OS for all pts was 21.5 m. For stage IV, OS was 11.1 m. The median DFS for pts treated with adjuvant CT was 20.5 m. For the 21 stage IV pts treated with 1L CT, the median PFS was 6.9 m and median OS was 12.3 m; partial response occurred in 9.5%, stable disease in 28.6% and disease progression in 57.1%. The main side effects were asthenia, alopecia, vomiting and myelotoxicity.

**Conclusions** The combination of carboplatin and paclitaxel has been shown to be effective and safe for the treatment of EC. Staging was confirmed as a strong prognostic factor. The adverse events were manageable and there were no chemotherapy-related deaths. The results were quite similar to those previously reported by multicenter studies.