

survival. Awareness of population for signs and symptoms and screening programs need to be reinforced to insure earlier diagnosis and patient retention.

IGCS19-0056

408 A RETROSPECTIVE STUDY OF UTERINE SMOOTH MUSCLE TUMOR OF UNCERTAIN MALIGNANT POTENTIAL (USTUMP): AN ANALYSIS OF 19 CASES

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Objectives The present study aimed to evaluate the clinicopathologic features, prognosis and follow-up of uterine smooth muscle tumor of uncertain malignant potential (uSTUMP) in a single institution. In addition, we described the obstetric outcomes after uterine-preserving surgery for uSTUMP.

Methods A retrospective chart review was performed of patients diagnosed with uSTUMP between January 2001 and December 2015 in the Obstetrics and Gynecology Hospital, Fudan University. Variables of interest included the patients' demographics, morphological parameters, therapeutic results, time to recurrence, disease-free and overall survival, and subsequent obstetric outcomes. Pathology reviews were carried out by two pathologists (Z.L.H. and Z.C.Y.).

Results Nineteen patients with an initial diagnosis of uSTUMP were included in the study, and three of them were interpreted as sarcoma after slide review. In total, 16 patients with a final diagnosis of STUMP were available. The recurrence-free survival (RFS) curves differed significantly between uSTUMP and sarcoma group ($p=0.003$). One uSTUMP patient (6.3%) developed a recurrence as uSTUMP during the follow-up period. The clinical characteristics and histology features did not show significant correlations with recurrence, nor was the surgery type (uterus conserving versus hysterectomy) and surgery approach. Six uSTUMP patients requested uterine-preserving treatment, and two of whom wanted to become pregnant. Both of them (2/2) successfully delivered live birth without tumor recurrence.

Conclusions The patients of uSTUMP deserve a pathology review process in centers with experience. Recurrences can be rapid or slow in the form of uSTUMP or LMS. Fertility-preserve management is worth attempting in young patients with close follow-up.

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409 SERUM CA125 IN PATIENTS WITH ENDOMETRIAL CANCER

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Objectives CA125 is one of the most widely used tumor markers in gynecological cancer including endometrial cancer. Although CA125 expression in endometrial cancer has been investigated, its prognostic value remains controversial. In this

study, we investigated diagnostic and prognostic applications of serum CA125 for endometrial cancer.

Methods Between January 2006 and December 2012, serum CA125 levels were examined prospectively in 215 patients with endometrial cancer, and were then determined during treatment and at scheduled follow-up examinations in patients with elevated baseline serum CA125 levels.

Results During this period, a total of 215 patients (stage I, 142; stage II, 19; stage III, 32; stage IV, 22) were treated for endometrial cancer. The median age was 60 years (28–85), and histology types included 191 endometrioid carcinoma and 24 others. Subsequently 52 patients (24.2%) relapsed at the time of the last follow-up and the median follow-up time was 91 months (1–143). Elevated serum CA125 levels were identified in 69 patients (32.1%) and were associated with relapse of disease ($p=0.005$). Among the 69 patients with elevated serum CA125 levels, 56 (81.2%) achieved remission and serum CA125 levels returned to the normal range in all cases. There is no statistically significant relationship between an elevated CA125 levels and OS ($p=0.06$).

Conclusions Serum CA125 level seemed to be a potential prognostic indicator for endometrial cancer in clinical practice.

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410 ENDOMETRIAL CANCER IN YOUNG WOMEN: EPIDEMIOLOGICAL FEATURES, THERAPEUTIC CHARACTERISTICS AND PROGNOSIS

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Objectives The purpose of this study was to evaluate the epidemic profile and the survival rate of endometrial carcinoma in women ≤ 45 years of age in Tunisia

Methods It is a retrospective study of a prospective mono-centric database from January 2008 to January 2019. We evaluated the clinical history, treatment, and follow-up of 20 women ≤ 45 years of age diagnosed with endometrial cancer, from a global cohort of 228 patients diagnosed in our center with endometrial cancer during the same period.

Results The mean age was 40 years (29–45). Fifteen patients (75%) were married at the time of diagnosis and 12 (60%) were nulliparous. Menorrhagia was the main revealing symptom (60%). According to the FIGO classification for endometrial cancer: IA, 9 (45%); IB, 4 (20%). Tumors were well differentiated in 6 (30%), moderately differentiated in 5 (25%), and poorly differentiated in 9 (45%). A fertility-sparing technique was proposed in 9 cases (45%) and only one patient did not have hysterectomy. All patients had laparotomy when surgery was performed. External Radiotherapy was indicated in 25% of the patients and curithery in 10%. 35% of the patients had chemotherapy. The mean overall survival (OS) was 104 months ± 10 . The OS and the disease free survival (DFS) at 3 and 5 years were equal, respectively at 95% and 80%.

Conclusions Patients ≤ 45 years of age with endometrial cancer represent less than 10% of all endometrial cancer patients. Although, advanced stage disease is prevalent (45%), the prognosis at 5 years seems acceptable (OS and DFS 80%).