

IGCS19-0378

411 OVARIAN CONSERVATION IN PREMENOPAUSAL WOMEN WITH EARLY STAGE ENDOMETRIAL CANCER

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Objectives To compare the overall (OS) and disease free (DFS) in young women with early-stage endometrial cancer undergoing hysterectomy with and without ovarian conservation.

Methods We conducted a retrospective study of a prospective mono-centric database. We identified all premenopausal women under 50 years of age with stage I endometrioid adenocarcinoma of the endometrium who underwent hysterectomy from 2008 to 2018. Patients were stratified based on whether they underwent oophorectomy or had ovarian conservation.

Results The cohort of 20 women included 5 (25%) who had ovarian conservation and 15 (75%) who underwent oophorectomy. The rate of ovarian conservation was lower during the last decade. There were no statistical difference between the ovarian conservation group and the oophorectomy group in OS and DFS, in a Kaplan-Meier analysis, (respectively, $P=0.073$ and $P=0.200$).

Conclusions Ovarian conservation does not adversely affect survival for women with early-stage endometrial cancer.

IGCS19-0397

412 CLINICO-PATHOLOGICAL FEATURES AND TREATMENT PARTICULARITIES OF INCIDENTALLY DIAGNOSED ENDOMETRIAL ADENOCARCINOMA IN INFERTILE WOMEN

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Objectives The aim of this study was to investigate the clinical and prognostic features of women under 45 with the incidental diagnosis of endometrial adenocarcinoma (EC) during infertility work-up, with special attention given to treatment approaches and survival rates.

Methods The medical records of 228 patients who were diagnosed with EC at our center between 2008 and 2018 were included in the study and analysed retrospectively. Out of these patients, 9.6% ($n=22$) were ≤ 45 years. Eleven patients had a history of infertility and had been diagnosed with EC during a hysteroscopic evaluation for infertility. We compared these patients to the other eleven patients diagnosed with EC under 45 with no infertility history.

Results The mean age at diagnosis was comparable in both groups (39.8 ± 6.7 vs 39.7 ± 5.5 years, $p=0.98$). The mean duration of infertility was 5.4 ± 2.1 years. The Body mass Index was high in both groups (33.0 ± 5.4 vs 30.3 ± 4.5 years, $p=0.48$). There were no significant difference in terms of early stage cancer ($p=0.79$). Fertility sparing treatment was initiated in 9 patients but after 6 months only 3 had a complete pathological response. There was no difference in OS

and DFS between the 2 groups (respectively, $p=0.97$ et $p=0.48$).

Conclusions The investigation of the endometrium during infertility work-up may lead to the diagnosis of asymptomatic EC that does not seem to have any specific prognostic features even though it may allow a fertility sparing treatment.

IGCS19-0475

413 THE EPIDEMICAL PROFILE OF PATIENTS WITH UTERINE SARCOMA TREATED AT INSTITUTO BRASILEIRO DE CONTROLE DO CÂNCER (IBCC – BRAZIL)

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Objectives To trace a profile of patients with the diagnosis of uterine sarcomas, followed in the IBCC – Brazil, between the years of 2000 and 2017.

Methods It was performed a retrospective analysis of the medical records and clinical charts of patients diagnosed with Uterine Sarcomas, wich were treated in our institution between February 2000 and December 2017 to compare our results with the world literature.

Results A total of 26 patients were included in the study. The definitive diagnosis (of uterine sarcomas) was made by anatomicopathological examination associated with immunohistochemical analysis. The histological subtypes were allocated as: leiomyosarcomas (53,84%), endometrial stromal sarcoma (30,76%), adenosarcoma (7,69%), fibromyosarcoma (3,84%) and undifferentiated sarcoma (3,84%). The onset mean age found is 59,46 years (range: 30–91 years). In many cases, the initial symptoms could be rather nonspecific, such as abnormal vaginal bleeding (53,84%, in wich 64,28% presented postmenopausal bleeding) and abdominal or pelvic pain (34,61%). In 11,53% of the cases, the onset symptoms were nonspecific. The totality (26 patients) of the patients were submitted to surgical treatment and 80,76% of them required adjuvant treatment. There was a global recurrence of 50% of the cases.

Conclusions Uterine sarcomas are rare tumors with poor prognosis with high risk of recurrence or metastases. The data collected in this review are consistent with what is shown in the world medical literature.

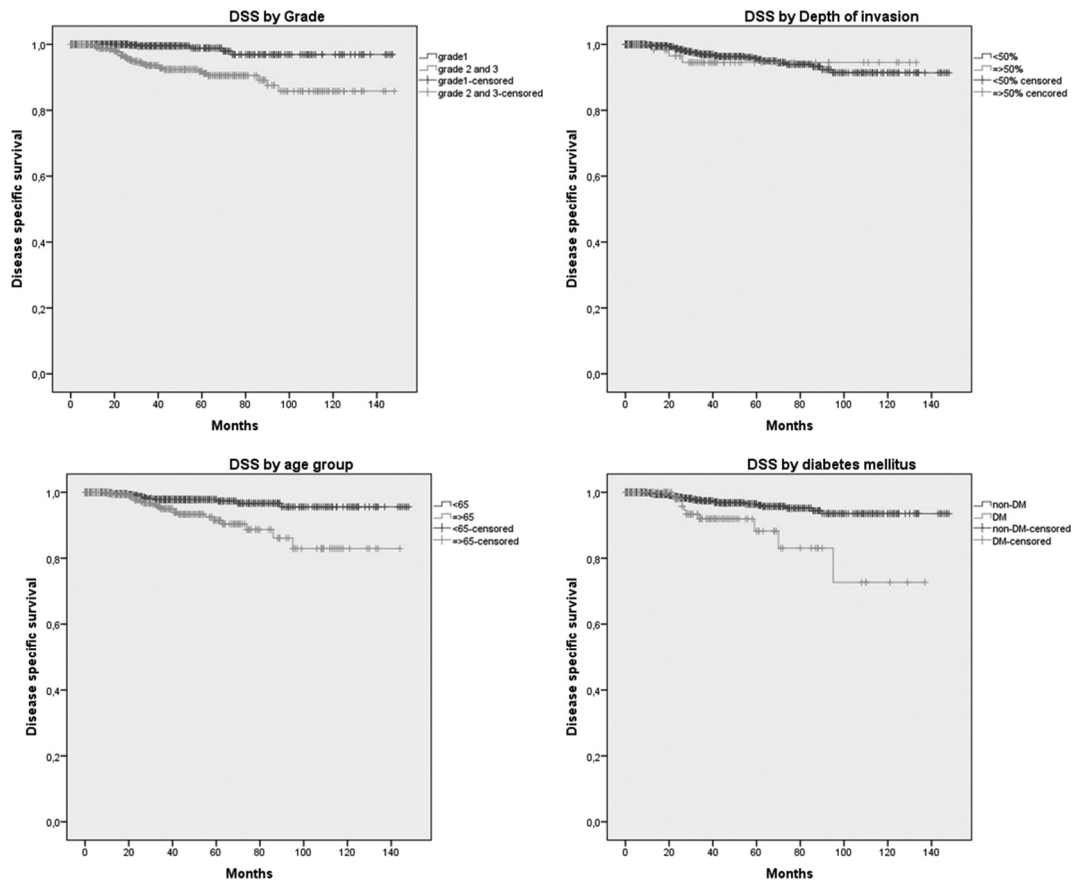
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414 THE PROGNOSTIC IMPACT OF CLINICAL AND UTERINE FACTORS IN STAGE I ENDOMETRIAL CANCER WITH NEGATIVE LYMPH-VASCULAR SPACE INVASION

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Objectives To evaluate the impact of depth of invasion (DOI) and histology on survival of patients with stage I endometrial cancer (EC) with negative lymph-vascular space invasion (LVS).



Abstract 414 Figure 1

Methods All patients with stage I EC, negative LVSI and negative peritoneal washings, who underwent surgical staging at our institution between 01/2006–12/2016 were retrospectively reviewed. Appropriate statistical tests were employed.

Results We identified 1458 patients: median age 60 years (range, 27–92), median BMI 30 (range, 15–68), diabetes mellitus (DM)- 12%, invasion<50%- 96%, invasion≥50%- 4%, grade 1–2- 79%, grade 3- 21%, endometrioid- 85%, non-endometrioid- 15%, adjuvant radiotherapy- 30%, adjuvant chemotherapy- 12%. Median follow-up time was 29 months (range, 1–149). Overall 2-year disease specific survival rate (DSS) was 98.6% (SE 0.4%). On univariable analysis, non-endometrioid histology was associated with worse DSS compared with endometrioid histology (95.4% [SE 1.5%] vs 99.3% [SE 0.3%], $p=0.001$). DOI, race, BMI and surgical approach (minimally invasive vs open) did not correlate with DSS. On multivariable analysis, grade, DM and age were the only independent factors significantly associated with DSS (grade 3 vs grade 1–2: DSS 95.3% [SE 1.3%] vs 99.6% [SE 0.2%], $p<0.001$, HR 6.7 [95% CI 2.6–17.2]; DM vs non-DM: DSS 98.0% [SE 1.4%] vs 98.6% [SE 0.4%], $p=0.001$, HR 2.7 [95% CI 1.3–5.6]; age≥65 vs age<65: 97.8% [SE 0.8%] vs 99.0% [SE 0.4%], $p<0.001$, HR 2.3 [95% CI 1.2–4.5]).

Conclusions Disease specific survival of patients with stage I endometrial cancer without lymph-vascular invasion is determined by histologic grade, diabetes mellitus and age, but not by depth of invasion.

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CA-125 PREDICTS NODAL AND DISTANT METASTASES IN PREOPERATIVE STAGE I LOW-RISK ENDOMETRIAL CANCER

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Objectives This study aims to estimate the serum CA-125 concentration as a predictor of nodal and distant metastases in preoperative stage I Endometrial Cancer (EC).

Methods Medical record review was conducted on preoperative imaging-based stage I EC patients who underwent lymphadenectomy between January 2014 and December 2017 in a reference cancer center in Barretos, Brazil. Preoperative CA-125 levels were evaluated to quantify the predictive ability of nodal or distant metastases by Mann-Whitney test and receiver operating characteristic (ROC) curve.

Results A total of 146 EC cases were included: 104(71.2%) stage IA and 42(28.8%) stage IB with mean age of 61.75 (8.5) years and body mass index (BMI) of 31.6(6.2) kg/m². Sentinel lymph node mapping was performed in 96(65.75%) patients; while 86(58.9%), 84(57.53%) and 56(38.36%) underwent left, right pelvic and retroperitoneal systematic lymphadenectomy, respectively. Low-risk EC, comprising endometrioid G1 and G2, was present in 82(56.2%) and