

diagnosis of atypical polypoid adenomyoma. Two years later, patient was evaluated for recurrent local disease. At that time, pathologic examination revealed typical polypoid adenomyoma with presence of few glands with characteristics of well differentiated endometrioid adenocarcinoma stage IA, grade I.

Results After a complete evaluation of cancer staging and a detailed explanation, patient rejected conventional surgical treatment and fertility preserving treatment was started. Progestin therapy via an intrauterine device (IUD) was administered. One year later, IUD was removed and patient underwent IVF cycle with a transfer of 3 embryos without success. At the age of 43, pregnancy was achieved in IVF cycle with administration of hCG.

Conclusions Although there are existing evidence of effectiveness for using IUD progestin therapy in endometrial hyperplasia, studies for its use in treatment of endometrial cancer are lacking. We report a case of successful use of levonorgestrel - IUD alone in fertility preserving treatment followed by achieved pregnancy.

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421 CADMIUM INTAKE AS A PROGNOSTIC FACTOR IN ENDOMETRIAL CANCER: A SWEDISH COHORT-BASED STUDY

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Objectives Metalloendocrinology is a newly-termed interdisciplinary field. It was established due to the high importance of connections between inorganic chemicals and hormonal mechanisms in the human body. The estrogenic effect of cadmium in hormone-related tumours, such as endometrial cancer (EC), is an excellent example of it. Therefore, the present study aimed to investigate the role of dietary cadmium intake in the prognosis of EC.

Methods The study is based on a large cohort of Swedish women (n=416) who had a hysterectomy and bilateral salpingo-oophorectomy due to EC at the Karolinska University Hospital Solna between 2007 and 2012. Patients from the cohort answered particular questions concerning their lifestyle and dietary habits using the food frequency questionnaire (FFQ). The dietary cadmium intake from each food item was estimated using the FFQ, comprehensive database on the cadmium content, and average daily consumption of different food items. The calculated metal intake was grouped into tertials. The tertials were analysed in connection with different tumour characteristics and clinical outcomes of EC.

Results The average estimated dietary cadmium intake per day in the cohort was 13.9 µg/day. Interestingly, the cadmium input from cereal products and vegetables, mainly considered healthy, in the cohort was dominant. Among 3366.6 person-years of follow-up a total, of 54 incident cases of recurrent EC were identified. A statistically significant association between dietary cadmium exposure and progression-free survival was observed in the cohort (IRR=1.421, 95 CI=.775–2.605, p=0.041).

Conclusions Our results support the hypothesis that dietary cadmium intake may have a prognostic role in patients with EC.

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422 CORRELATION BETWEEN THE RESULTS OF THE FREEZING BIOPSY AND PARAFFIN BIOPSY ANALYSIS IN THE EVALUATION OF THE BLUE STAINED SENTINEL LYMPH NODES IN ENDOMETRIAL CANCER

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Objectives To evaluate the surgical staging with systematic pelvic lymphadenectomy in patients with endometrial adenocarcinoma submitted to sentinel lymph node screening with patent blue injection.

Methods A retrospective study of medical records from patients submitted to screening and sentinel lymph node with the patent blue attended in cancer service linked to the Oncoclínicas Group of Brazil, by the Unified Health System (SUS) from January 2015 to May 2017. The inclusion criteria were patients with endometrial biopsy with histological endometrioid adenocarcinoma with computed tomography image revealing the disease restricted to the uterus, stage Ia-Ib2 and histological grades I-II.

Results The sample consisted of 15 patients with a mean age of 56.07 ± 11.55 years. The clinical staging was IB for 93.3% of the patients, and the surgical staging was IB for 66.7% of the patients. In the evaluation of the evolution of clinical and surgical staging, 73.3% maintained staging and 26.7% confirmed more advanced staging by paraffin. The histological grades obtained by the biopsy and the surgical specimen were not associated. Two patients that the lymph nodes captured the patent blue had the disease confirmed by the pathological anatomy. There was a significant association between these characteristics (p=0.029).

Conclusions despite the small sample size, we observed that the sentinel lymph node biopsy would be enough to direct the lymphadenectomy and define the surgical staging in 90% of the patients evaluated.

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423 FERTILITY-PRESERVING SURGERY IN LOW-GRADE ENDOMETRIAL STROMAL SARCOMA WITH DIFFUSE PERITONEAL DISEASE

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Objectives Objective of the study is to share the experience of a rare disease, Low-grade Endometrial Stromal Sarcoma, with few reports in the literature and the lack of standardization in therapy, especially in the preservation of fertility in young patients.

Methods Description of a case report for diagnosis and cytoreductive surgery to the definition of the exception conduct discussed in interprofessional meeting, literature survey and opinion of centers with greater expertise in oncology.