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 leveonorgestrel - IUD alone in fertility preserving treatment followed by achieved pregnancy.

IGCS19-0250

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

Z Razumova*, E Östensson, M Mints. *Karolinska Institutet, Department of Women's and Children's Health, Stockholm, Sweden*

10.1136/ijgc-2019-IGCS.421

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.

IGCS19-0740

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

[1]R Lima Maria de Sousa, [2]L Ladeira Gomes, [1]R Ribeiro Andrade, [3]P Marcos Rossi Baleeiro*, [4]D Ribeiro. *[1]Oncoclinicas, Oncologia, Belo Horizonte, Brazil; [2]Oncoclinicas, Tumores ginecológicos e de mama, Belo Horizonte, Brazil; [3]Oncobio, Ginecologia oncológica, Belo Horizonte, Brazil; [4]Oncobio, Cirurgia oncológica, Belo Horizonte, Brazil*

10.1136/ijgc-2019-IGCS.422

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.

IGCS19-0526

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

[1]J Silva*, [2]B ferreira, [2]G Resende. *[1]Amazonas State University, Oncologic Surgery, Manaus, Brazil; [2]FCECON, Clinical Oncology, Manaus, Brazil*

10.1136/ijgc-2019-IGCS.423

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.

Results Tomography and ultrasound evidenced of complex cystic mass with multiple trabeculations and calcifications involving the entire abdomen, massive cystic multissepted, with thick septa and peritoneal nodules, which presented contrast enhancement, diffusely lining the peritoneal cavity, from the subdiaphragmatic surfaces to the pelvis. Tumoral marker (CA 125) presented alteration (3,630 U/ml). Pathological and immunohistochemistry exam showed malignant neoplasm of epithelial origin, Low-Grade Endometrial Stromal Sarcoma (ESS-LG). The patient was submitted in January 2018 to a cytoreductive surgery with preservation of the fertility, performed appendectomy, left salpingo-oophorectomy with resection of multiples peritoneal implants. Patient is currently in clinical follow-up, using megestrol acetate since March 2018, with no pregnancy schedule so far.
Conclusions ESS-LG are rare malignancies, it affects women in perimenopause and young people. The standard treatment is total hysterectomy and bilateral salpingo-oophorectomy, but in young patients consider the possibility of fertility-sparing to desire for gestation. The viability and safety are still limited due to few studies. Patients who chose to maintain fertility, had low recurrence rates and most of them presented a successful pregnancy, naturally, cesarean delivery, without complications.

IGCS19-0467

424 LARGE RETROSPECTIVE COHORT OF UTERINE SARCOMAS: POOR SURVIVAL OF CARCINOSARCOMAS AND LEIOMYOSARCOMAS

TBS Plentz, LF Dias, DZ Santos, MLM Silva, JCC Torres, DB Vale, J Teixeira*. *University of Campinas, Depatment of Gynecology and Obstetrics, Campinas, Brazil*

10.1136/ijgc-2019-IGCS.424

Objectives To describe the diagnosis and outcomes of 122 cases of women with uterine sarcomas from a university hospital (Unicamp/Brazil).
Methods A retrospective cohort from 2001–2016 cases. Variables were described by proportions and analysed by Chi-Square or Fisher tests and survival by Kaplan-Meier survival curves and *log-rank* test.
Results Of the 122 sarcoma cases 77% were postmenopausal women, 46.7% were carcinosarcomas (CCS), 22% leiomyosarcomas (LMS), 16% endometrial stromal sarcomas (EES) and 13.9% adenosarcomas (ADS). A high proportion of stage I were find in EES (60%) and ADS (82%). Surgery was the first treatment in 78% with 79% performing adjuvant therapy and 22.1% were not able surgery, mainly in CCS (32%). Complete response was observed in 55 cases, and 20 relapsed (36%) at follow-up, 90% at three years. Overall survival was 76% at 12 months and 33% at 5 years, better for EES and ADS than for CCS and LMS (P=0.003). At the end of the study, 25% remained alive without disease and 57% had died from the disease, 78% of LMS and 61% of CCS (P=0.005).
Conclusions In this large cohort of uterine sarcomas, surgery was the first treatment in 78% of cases and overall 5-years survival was only 33%. Women with CCS and LMS showed a worse prognosis than women with EES and ADS.

IGCS19-0021

425 RISK FACTORS OF PARA-AORTIC LYMPH NODE METASTASIS IN PATIENTS WITH ENDOMETRIAL CARCINOMA

L Jiongbo, C Wang*, L Xuezhen, C Xiaojun. *Obstetrics and Gynecology Hospital of Fudan University, Obstetrics and Gynecology, Shanghai, China*

10.1136/ijgc-2019-IGCS.425

Objectives To explore the risk factors of para-aortic lymph node (PALN) metastasis in endometrial carcinoma.
Methods 514 cases with comprehensive staging surgery were included. The risk factors of para-aortic lymphatic metastasis were analyzed with SPSS 23.0 and R software and a meta-analysis was performed.
Results 79 cases had pelvic lymph nodes (PVLN) metastasis, 59 PALN metastasis, and 21 cases were PALN metastasis without PVLN metastasis. The ratio PVLN metastasis and PALN metastasis were 1.9% and 0.9% in low-risk group, 14.9% and 11.4% in intermediate-risk group, 23.8% and 18.3% in high-risk group, respectively. Almost all factors increased the risk of PALN metastasis except age and stage. The PVLN metastasis was the top one risk factor of PALN metastasis, lymphovascular space invasion (LVSI) and tumor diameter (TSIZE) ranked the top 2 and 3. The multivariate logistic regression model showed that, PVLN metastasis was the most relative factor of PALN metastasis with the OR of 7.21. Cervical stromal invasion (CI) and TSIZE followed it. The meta-analysis we did with published references from 1988 to 2017 in the database showed that adnexal involvement, cervical stromal invasion, peritoneal cytology positive, LVSI positive and PVLN positive were risk factors of PALN metastasis.
Conclusions Adnexal involvement, deep myometrium invasion, peritoneal cytology positive, CI, TSIZE, LVSI positive and PVLN positive increased the risk of PALN metastatic. Our data indicated CI, TSIZE, LVSI positive, PVLN positive were the top 4 risk factors of PALN metastatic, especially PVLN positive. We commend PALN dissection should be performed for those who have the high-risk factors mentioned above.

IGCS19-0059

426 RETROSPECTIVE STUDY OF EARLY STAGE ENDOMETRIAL CANCER IN PORTSMOUTH HOSPITAL NHS TRUST, UK AN AUDIT ON ADHERENCE OF UNITED KINGDOM GUIDELINES AND OVERALL SURVIVAL

M Lwin, M Uherek, G Khoury, F Gardner, CC Yeoh*. *Queen Alexander Hospital-Portsmouth NHS Trust- UK, Oncology Department, Portsmouth, UK*

10.1136/ijgc-2019-IGCS.426

Objectives We audited the management of early stage (Stage 1) endometrial cancer in our institution's adherence with British Gynaecological Cancer Society (BGCS) guidelines.

The guidelines state 1) Hysterectomy and bilateral salpingo-oopherectomy is recommended for Grade 1–2 disease. Lymphadenectomy is not recommended in low risk cases. 2) Low risk disease does not require adjuvant treatment, 3) For intermediate risk, adjuvant vaginal vault brachytherapy is recommended. 4) For high intermediate risk to consider external