Results Tomography and ultrasound evidenced of complex cystic mass with multiple trabeculations and calcifications involving the entire abdomen, massive cystic multiseptated, 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 multiple 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.

IGCS19-0067

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

TSF Pfortz, LF Dias, DZ Santos, MLM Silva, JCC Torres, DB Vale, J Teixeira*. University of Campinas, Department of Gynecology and Obstetrics, Campinas, Brazil

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 (ESS) and 13.9% adenosarcomas (ADS). A high proportion of stage I were found in ESS (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.

IGCS19-0059

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

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

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-oophorectomy 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