

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

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

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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% adenocarcinomas (ADS). A high proportion of stage I were found 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.

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

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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, lympho-vascular 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.

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

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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