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*

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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% 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*

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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, 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*

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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-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

beam radiotherapy if nodal status unknown and to consider vaginal brachytherapy if node negative. 5) For high risk to consider EBRT vs vaginal brachytherapy.
Methods All stage I endometrial cancer patients registered to our institution from June 2015 to March 2018 were selected from database. Electronic record of case notes, histology, blood results, imaging results and multi-disciplinary team meeting outcomes were retrospectively reviewed.
Results A total of 120 patients, age 32–88 years (median age 65 years). 113 patients underwent surgery (87 had TH + BSO and 26 had TH+BSO+lymphadenectomy). 7 patients were not fit for surgery and treated with hormone. Post op histology showed 76 patients G1, 20 patients G2 and 17 patients G3. 111 patients had FIGO IA and 2 patients had IB. 26 patients were given adjuvant radiotherapy (3 EBRT and 23 Brachytherapy).
Conclusions Rate of adherence with BGSC guidelines for surgery and adjuvant radiotherapy were 90% and 88.5% respectively. Some grade changes between pre and post-op histology, findings in clinical examination and imaging were attributed to the main management reason to treat outside BGCS guidelines. Recurrent rate was 2.5%.

IGCS19-0724

427 OVEREXPRESSION OF MEL-18 ENHANCES PROLIFERATION, MIGRATION AND POSITIVELY REGULATES CELL CYCLE IN ENDOMETRIAL CANCER VIA PI3K/AKT/MTOR PATHWAY

G Zhang*. *qilu hospital of shandong university, gynecology, jinan, China*

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Objectives To detect the expression of Melanoma nuclear protein 18 (Mel-18) in endometrial carcinoma (EC) and evaluate the biological effects of Mel-18 on the proliferation, immigration and cell cycle of EC cells.
Methods Immunohistochemistry (IHC), Western blotting and RT-qPCR assays were used to examine the expression of Mel-18 in EC. Adenovirus and siRNA were used to regulate Mel-18 gene levels in cells. The MTT dye solution and colony formation assay were used to detect the cell proliferation activity. Transwell migration Assay was used to detect the cell immigration ability. The cell cycle was detected by flow cytometry. Western blotting was used to detect the related proteins expression in PI3K/AKT/mTOR pathway.
Results Mel-18 mRNA and protein were both highly expressed in EC ($P < 0.05$). The Mel-18 mRNA and protein expression were both significantly increased by transducted with adenovirus encoding Mel-18 cDNA ($P < 0.05$). Meanwhile, The Mel-18 protein and mRNA levels were significantly reduced by transfected with siRNA-Mel-18 ($P < 0.05$). Up-regulation of Mel-18 was significantly promoted the cell viability, clonality and migration capacity ($P < 0.05$). The percentage of cells at S + G2/M phase was significantly increased in Mel-18–overexpressing cells ($P < 0.05$). We also explored the potential mechanism of Mel-18 in EC cell lines. Overexpression of Mel-18 activated the PI3K/AKT/mTOR pathway, the expression of PI3K p85α, p-AKT, p-mTOR, c-myc, cyclin D1 and bcl-2 proteins were significantly increased, but bax protein was decreased.
Conclusions Mel-18 was highly expressed in EC and promoted cell proliferation, migration and positively regulated cell cycle progression via PI3K/AKT/mTOR pathway.

IGCS19-0121

428 UTERINE SMOOTH MUSCLE TUMORS OF UNCERTAIN MALIGNANT POTENTIAL (STUMP): ULTRASOUND CHARATERISTICS

[1]P Zola*, [2]I Cotrino, [2]C Baima Poma, [2]E Viora, [3]M Ribotta, [1]F Borella, [1]C Macchi, [1]E Potenza, [1]ME Laudani. *[1]Univerity of Turin, Department of Surgical Science, Turin, Italy; [2]A.O.U. Cittò della Salute e della Scienza di Torino, P.O. Sant'Anna, Turin, Italy; [3]A.O.U. Cittò della Salute e della Scienza di Torino, P.O. Molinette, Turin, Italy*

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Objectives Uterine smooth muscle tumors of uncertain malignant potential (STUMP) represent a group of rare and challenging myometrial neoplasms. STUMPs that are followed by a recurrence are biologically low-grade leiomyosarcomas, but using current methods of analysis, this diagnosis cannot be made with certainty until a recurrence has developed. Our objective is to describe ultrasound findings in women with STUMP.
Methods We retrospectively evaluated preoperative sonographic data of patients with histopathological STUMP diagnosis between 2014 and 2018 in Turin S. Anna Hospital, a tertiary center. The tumors were characterized on the basis of ultrasound images and ultrasound reports using the terms and definitions of the Morphological Uterus Sonographic Assesment (MUSA) group.
Results Thirteen patients with STUMP (19 lesions, of which 17 pure STUMP and 2 STUMP with LMS associated) were identified. Using the MUSA terms and definitions most STUMP were poorly or moderately vascularized (69%) and almost all had both circumferential and intra-lesional flows (82%). Only three (16%) STUMP showed shadowing. Outline were well-defined in sixteen cases (84%). All STUMP had non-uniform echogenicity. Eleven (58%) STUMP were isoechoic, two (11%) hyperechoic and six (31%) had mixed echogenicity. Thirteen (68%) STUMP had microcystic anechoic areas. Over 30% of patients had multiple stumps and almost 80% associated myomas.
Conclusions The suspicion of STUMP is supported by the ultrasound finding of a single or multiple lesion, isoechoic or with mixed echogenicity, without shadowing, with regular borders, internal microcystic anechoic areas and vascularization from minimal to high both circumferential and intralesional.

Vulvar and Vaginal Cancer

IGCS19-0408

429 VAGINAL CANCER WITH UTERINE PROLAPSE: A RARE ENTITY

M Bouhani*, I Zemni, I Bouraoui, M Slimene, J Ben Hassouna, M Hechiche, R Chargui, K Rahal. *Salah Azaiz Institute, Oncologic Surgery, Tunis, Tunisia*

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