Abstracts

overexpression (293THPV58over) was 7.9% and 6.85%, while 4.4% and 3.99% in 293THPV16over (all $P < 0.05$), respectively. S phase was 42.68% and 45.36% in 293THPV58over, while 52.66 and 52.7% in 293THPV16over (all $P < 0.05$). Moreover, decreased P53 and increased pRB expression in the nuclear was observed in 293THPV16over compared with 293THPV58over. Similar results were observed in U2OS cells.

Conclusions Our findings identified E6-P53 and E7-Rb co-mediated HPV16 gained higher carcinogenic ability than HPV58 in cervical cancer.

IGCS19-0759

30 EVOLUTION AND OUTCOMES OF SENTINEL LYMPH NODE MAPPING IN VULVAR CANCER

V Broach*, N Abu-Rustum, Y Sonoda, C Brown, E Jewell, G Gardner, D Chi, O Zivanovic, J Mueller, K Long Roche, M Leitao. *Memorial Sloan Kettering Cancer Center, Gynecology Service- Department of Surgery, New York, USA*

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Objectives We sought to characterize our experience with SLN biopsy in patients with vulvar cancer, focusing on the modality of SLN detection.

Methods We performed a retrospective analysis of patients who underwent inguinofemoral SLN biopsy for vulvar cancer at Memorial Sloan Kettering Cancer Center from 1/1/2000–4/1/2019. An “at-risk groin” was defined as the inguinofemoral

lymph nodes from either the right or left groin for which SLN biopsy was performed. Pearson’s Chi-Squared test was used for comparison of categorical variables.

Results 160 patients were included, representing 265 at-risk groins. Demographic and pathologic features are summarized in the table 1. Patients underwent mapping with a combination of Technicium-99 radiocolloid injection (TC-99), blue dye injection, or near-infrared imaging with indocyanine green (ICG) injection. SLN detection rate, irrespective of modality, was 96.2%. TC-99 + Blue dye detected SLNs in 91.8% of groins, and TC-99 + ICG detected SLNs in 100% of groins ($p = 0.157$). The use of ICG alone resulted in an SLN detection rate of 96.3% (26/27). Among the 110 groins that underwent mapping with TC-99 and blue dye, 4 patients mapped with TC-99 alone (3.6%). Among the 96 groins that underwent mapping with TC-99 and ICG, 14 mapped with ICG alone (14.6%).

Conclusions The use of ICG for inguinofemoral SLN mapping has increased over the past decade and is associated with the highest rates of SLN mapping of any modality.

IGCS19-0480

31 SURGICAL CYTOREDUCTION IN ADVANCED STAGE SEROUS ENDOMETRIAL CARCINOMA

¹S Pedra Nobre*, ²Q Zhou, ²A Iasonos, ¹D Chi, ³V Makker, ¹N Abu-Rustum, ¹M Leitao, ¹J Mueller. ¹Memorial Sloan Kettering Cancer Center, Department of Surgery, New York, USA; ²Memorial Sloan Kettering Cancer Center, Epidemiology-Biostatistics, New York, USA; ³Memorial Sloan Kettering Cancer Center, Department of Medicine, New York, USA

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Objectives To evaluate oncologic outcomes in patients with advanced-stage serous endometrial cancer treated with upfront surgical cytoreduction.

Methods We retrospectively identified patients with newly diagnosed Stage III or IV serous endometrial cancer treated with upfront surgery from 1/2005–12/2015. Patients treated with upfront chemotherapy (CT) were excluded. Appropriate statistics were performed.

Results 169 pts were included; 97(57%) Stage III, 72 (43%) Stage IV. 108 (64%) underwent open surgery, 61(36%) minimally invasive surgery. All had hysterectomy/bilateral

Abstract 30 Table 1

		Number of Patients (Total = 160)	Number of at-risk groins (Total = 265)	P
Race	Black	10 (6.3%)	17 (6.4%)	< 0.001
	White	140 (87.5%)	234 (88.3%)	
	Asian	4 (2.5%)	5 (1.9%)	
	Declined to Answer	6 (3.8%)	9 (3.4%)	
Histology	Squamous Cell	114 (71.3%)	195 (73.6%)	< 0.001
	Melanoma	38 (23.8%)	60 (22.6%)	
	Paget's Disease (Adenocarcinoma)	4 (2.5%)	6 (2.3%)	
	Yolk Sac Tumor	1 (0.6%)	1 (0.4%)	
	Sarcoma	2 (1.3%)	2 (0.8%)	
	Basal Cell Carcinoma	1 (0.6%)	1 (0.4%)	
SLN Modality	TC-99 alone	2 (1.3%)	2 (0.8%)	< 0.001
	Blue dye alone	2 (1.3%)	3 (1.1%)	
	ICG Alone	18 (11.3%)	27 (10.2%)	
	TC-99 + Blue Dye	71 (44.4%)	110 (41.5%)	
	TC-99 + ICG	51 (31.9%)	96 (36.2%)	
	TC-99 + Blue Dye + ICG	14 (8.8%)	25 (9.4%)	
	ICG + Blue	2 (1.3%)	3 (1.1%)	
SLN Detection Rate	TC-99 alone		2/2 (100%)	0.134
	Blue dye alone		3/3 (100%)	
	ICG Alone		26/27 (96.3%)	
	TC-99 + Blue Dye		101/110 (91.8%)	
	TC-99 + ICG		96/96 (100%)	
	TC-99 + Blue Dye + ICG		24/25 (96%)	
	ICG + Blue		3/3 (100%)

Abstract 31 Figure 1 Progression free in months by amount of residual disease at time of primary surgery