

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

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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

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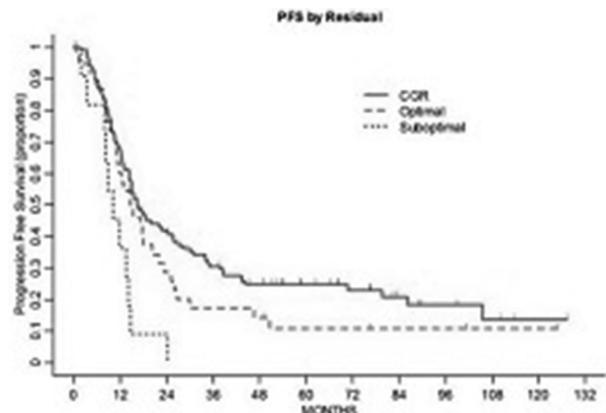
**Objectives** To evaluate oncologic outcomes in patients with advanced-stage serous endometrial cancer treated with upfront surgical cytoreduction.

**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

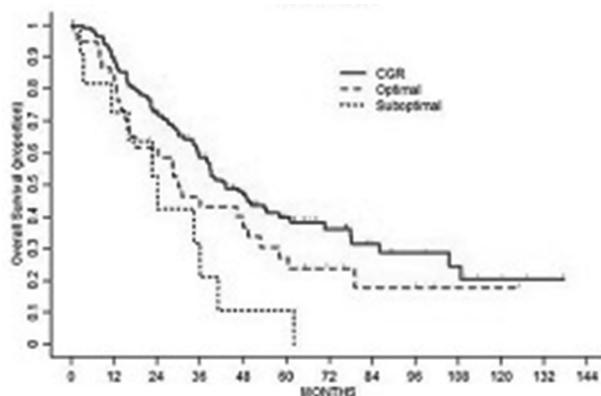
		Number of Patients (Total = 160)	Number of at-risk groins (Total = 265)	P
<b>Race</b>	Black	10 (6.3%)	17 (6.4%)	< 0.001
	White	140 (87.5%)	234 (88.3%)	
	Asian	4 (2.5%)	5 (1.9%)	
	Declined to Answer	6 (3.8%)	9 (3.4%)	
<b>Histology</b>	Squamous Cell	114 (71.3%)	195 (73.6%)	< 0.001
	Melanoma	38 (23.8%)	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%)	
<b>SLN Modality</b>	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%)	
<b>SLN Detection Rate</b>	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 Progressive free in months by amount of residual disease at time of primary surgery

Abstract 31 Table 1 Association of patient characteristics by residual disease at time of upfront debulking surgery

	Total cohort	0mm	≤10mm	>10mm	p-value
<b>Age</b>					
Median years (range)	67 (46-85)	67 (46-85)	68 (55-78)	65 (60-77)	0.573
<b>Race</b>					
White	124(77%)	90(76.9%)	26(78.8%)	8(72.7%)	0.798
Black	31(19.3%)	23(19.7%)	6(18.2%)	2(18.2%)	
Asian/Hispanic	6(3.7%)	4(3.4%)	1(3%)	1(9.1%)	
<b>BMI</b>					
Median kg/m <sup>2</sup> (range)	28.7 (18.8-50.8)	29.2 (18.9-50.8)	28.2 (19.3-49.6)	28.3 (18.8-47.9)	0.385
<b>CA125</b>					
Median U/mL(range)	37(3-7289)	27(3-2155)	72.5(6-3525)	462(12-7289)	<0.001
<b>Histology</b>					
Serous	139(82.2%)	98(81.7%)	31(81.6%)	10(90.9%)	0.885
Mixed	30(17.8%)	22(18.3%)	7(18.4%)	1(9.1%)	
<b>Procedure</b>					
Robot	40(23.7%)	39(32.5%)	1(2.6%)	0(0%)	<0.001
TUH	21(12.4%)	16(13.3%)	5(13.2%)	0(0%)	
TAH	108(63.9%)	65(54.2%)	32(84.2%)	11(100%)	
<b>Extent of resection</b>					
Tumor debulk lower/upper abdomen	53(31.4%)	23(19.2%)	23(60.5%)	7(63.6%)	<0.001
Omentum and nodes alone	116(68.6%)	97(80.8%)	15(39.5%)	4(36.4%)	
<b>Depth of myoinvasion</b>					
None	38(22.9%)	22(18.6%)	12(32.4%)	4(36.4%)	0.21
<50%	53(31.9%)	37(31.4%)	12(32.4%)	4(36.4%)	
≥50%	75(45.2%)	59(50%)	13(35.1%)	3(27.3%)	
<b>Lymphovascular invasion</b>					
Absent	55(33.1%)	39(33.1%)	12(32.4%)	4(36.4%)	1
Present	111(66.9%)	79(66.9%)	25(67.6%)	7(63.6%)	
<b>Extent of metastases</b>					
Adnexa	14(8.3%)	10(8.3%)	4(10.5%)	0(0%)	<0.001
Pelvic/Para-aortic Nodes	81(47.9%)	72(60%)	9(23.7%)	0(0%)	
Vagina/lower abdomen	45(26.6%)	24(20%)	12(31.6%)	9(81.8%)	
Upper abdomen	29(17.2%)	14(11.7%)	13(34.2%)	2(18.2%)	
<b>Post-operative therapy</b>					
No post op treatment	9(5.4%)	6(5%)	3(7.9%)	0(0%)	0.01
Chemotherapy	93(55.4%)	57(47.9%)	26(68.4%)	10(90.9%)	
Chemotherapy/radiation therapy	66(39.3%)	56(47.1%)	9(23.7%)	1(9.1%)	



Abstract 31 Figure 2 Overall survival in months by amount of residual disease at time of primary surgery

adnexectomy: 53 (31%) upper and lower abdominal resections (liver, diaphragm, bowel, etc), 116 (69%) only omental and nodal resections. 120 (71%) had 0mm residual, 38 (23%) 1–10mm residual, 11 (7%) >10mm residual disease. 160 (95%) received post-operative therapy (POT): 93(55%) CT alone, 66 (39%) both CT and radiotherapy. Overall, age, race, BMI, and histologic subtype were comparable (table 1). Median follow-up for survivors is 56 mos (range: 0.5–137). Using multivariate analysis considering interaction of residual disease with stage, there was no statistically significant PFS or OS advantage based on residual disease status. Wash status was associated with improved PFS; age, wash status, and POT were associated with improved OS.

**Conclusions** Upfront surgical cytoreduction was not associated with improved PFS or OS regardless of residual disease status in advanced-stage serous endometrial cancer. A collaborative effort to evaluate the impact of 0mm residual on oncologic outcomes is underway.