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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10.1136/ijgc-2019-IGCS.30

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.

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%)	

IGCS19-0480

31 SURGICAL CYTOREDUCTION IN ADVANCED STAGE SEROUS ENDOMETRIAL CARCINOMA

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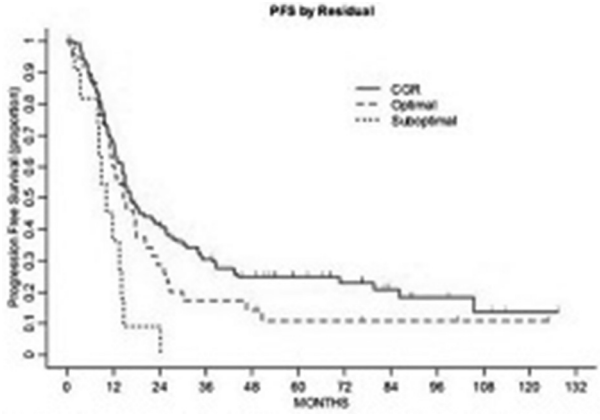
10.1136/ijgc-2019-IGCS.31

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.

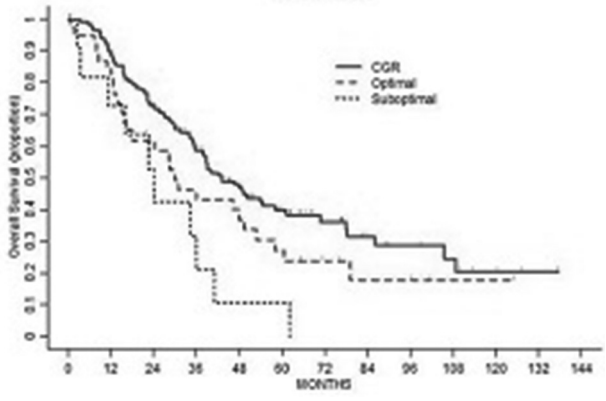
Results 169 pts were included; 97(57%) Stage III, 72 (43%) Stage IV. 108 (64%) underwent open surgery, 61(36%) minimally invasive surgery. All had hysterectomy/bilateral



Abstract 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
Age					
Median years (range)	67 (46-85)	67 (46-85)	68 (55-78)	65 (60-77)	0.573
Race					
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%)	
BMI					
Median kg/m2 (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
CA125					
Median U/mL(range)	37(3-7289)	27(3-2155)	72.5(6-3525)	462(12-7289)	<0.001
Histology					
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%)	
Procedure					
Robot	40(23.7%)	39(32.5%)	1(2.6%)	0(0%)	<0.001
TLH	21(12.4%)	16(13.3%)	5(13.2%)	0(0%)	
TAH	108(63.9%)	65(54.2%)	32(84.2%)	11(100%)	
Extent of resection					
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%)	
Depth of myoinvasion					
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%)	
Lymphovascular invasion					
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%)	
Extent of metastases					
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%)	
Post-operative therapy					
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.