**IGCS19-0184**

**SEROUS TUBAL INTRAEPITHELIAL CARCINOMA (STIC): P53 SIGNATURE IN WOMEN WITHOUT HIGH RISK OF OVARIAN CANCER**

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**Methods**

Histological and immunohistochemical study of the distal portion of the uterine tubes of women submitted to bilateral salpingectomy due to benign disease.

**Results**

We studied uterine tubes of 82 patients submitted to bilateral salpingectomy due to benign gynecological surgery and who agreed to perform prophylactic salpingectomy. Tubas were studied histologically with hematoxylin/eosin staining and by p53 immunohistochemistry. None of the studied tuba presented a histological alteration suggestive of tubal serous intraepithelial neoplasia. Of these 82 cases studied 33 (40.24%) presented positivity (strong and diffuse) for p53.

**Conclusions**

Although p53 positivity was high in the present study (40.24%), no tubal serous intraepithelial neoplasia was diagnosed (p53 signature). New data are needed to evaluate the effectiveness of p53 research in the STIC.

**IGCS19-0692**

**CLINICAL ALERT UPON CERVICAL CANCER SITUATION IN THE METROPOLITAN AREA OF BUENOS AIRES: ONE OUT OF TWO WOMEN DIES WHEN DIAGNOSED UNDER 35 YEARS OLD**

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**Objectives**

To evaluate our data collected at the referral Cancer Hospital of Buenos Aires City in order to describe demographic and clinical patterns.

**Methods**

Frequency, survival and demographic retrospective assessment (2007–2011) of those patients admitted with a diagnosis of invasive cervical cancer. It was understood by the Metropolitan Area of Buenos Aires, the Buenos Aires City together with the 24 districts that surround it. Age, type and histological grade and clinical stage were considered in the analysis. Survival rates (5-year disease-free and cause-specific) was performed using Kaplan-Meier method and Log-Rank test methods. To investigate the independent effect on the survival, function Cox regression was performed.

**Results**

748 were assessed. 84% resided in the Metropolitan Area of Buenos Aires; 77% were admitted at an advanced stage. Regarding tumor size, 53.6% had tumors > 4 cm diameter and 24.2% > 6 cm. The lowest rates of disease-free survival and cause-specific survival were observed for tumor sizes > 6 cm and the age subgroup < 35. Both tumor size and age retained their prognostic value after multivariate analysis adjustment. When focusing in patients under 35 years old, 48% (n=70) died within 5 years following diagnosis with 5-years survival < 50%.

**Conclusions**

It is generally accepted that cervical cancer frequency among young women is low, being the most exposed those over 35 years old. Nevertheless, as gynecologic oncologists, we daily accompany young patients to their death. These figures raise a public health alert on young women in the Metropolitan Area of Buenos Aires, which concentrates almost one third of the country population.

**IGCS19-0252**

**BORDERLINE OVARIAN TUMORS – 10 YEARS SINGLE CENTER EXPERIENCE**

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**Objectives**

To evaluate the prevalence, subtypes and features of borderline ovarian tumors accordingly to the 2014 World Health Classification in the Oncology Institute of the State of São Paulo - Sao Paulo Faculty of Medicine.

**Methods**

A retrospective analysis of patients diagnosed with borderline ovarian tumors (BOTs) included in the database of the institute. From January 2006 to June 2017 a total of 209 patients were included in the database. All diagnosis were reviewed and confirmed by the pathology department. All patients were submitted to preoperative workup and multidisciplinary evaluation. Patients submitted to surgery elsewhere were evaluated and confirmed by the pathology department. All patients were admitted at advanced stage, borderline subtype, size of >6 cm and the age subgroup <35. Both tumor size and age retained their prognostic value after multivariate analysis adjustment. When focusing in patients under 35 years old, 48% (n=70) died within 5 years following diagnosis with 5-years survival < 50%.

**Conclusions**

Borderline ovarian tumors represent an isolated entity among ovarian tumors. The majority of patients present at early stage thus permitting a minimally invasive approach. Behavior and recurrence depends on the characteristics of each tumor and should be considered when planning a conservative or radical approach.