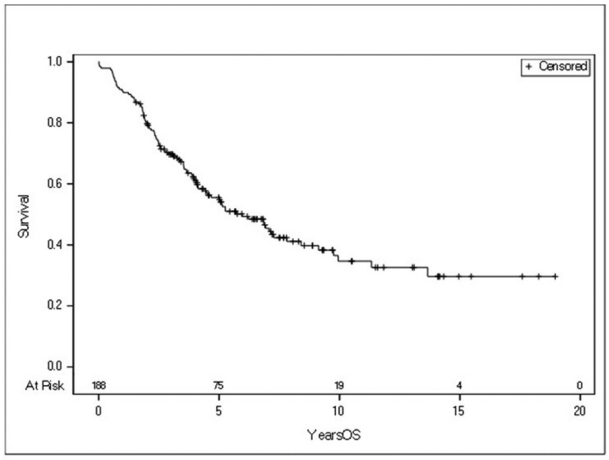

Abstract 69 Figure 1 Overall survival Curve

of optimal cytoreduction (<1 cm largest residual disease) were comparable between groups (79.6% vs 84.1%, p=0.48). The median OS for the whole cohort was 5.9 years. Using Time-varying Cox model, the use of bevacizumab did not improve OS (HR 0.46, 95% CI 0.17–1.25, p=0.13).

Conclusions In our center, the addition of bevacizumab to standard chemotherapy in patients with advanced stage ovarian carcinoma had no impact on OS.

IGCS19-0349

70 IMPACT OF TIMING OF CYTOREDUCTIVE SURGERY(CRS) ON EPITHELIAL OVARIAN CANCER(EOC), PRIMARY PERITONEAL CARCINOMATOSIS(PPC), AND FALLOPIAN TUBE CANCER(FTC) AT AMERICAN UNIVERSITY OF BEIRUT MEDICAL CENTER(AUBMC)

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Objectives To study the impact of timing of CRS weather done at diagnosis or following neoadjuvant chemotherapy (NACT) on progression free(PFS) and overall survival(OS) of patients with advanced EOC between 1997–2017 at AUBMC. Patients underwent either primary debulking (PDS) or received NACT followed by interval debulking surgery (IDS) in cases with extensive disease, multiple comorbidities, or poor performance status.

Methods A retrospective review of the impact of PDS versus NACT followed by IDS on PFS and OS.

Results Of 273 patients with EOC, PPC and FTC, 220 were found to have advanced epithelial cancer (stage IIIB, IIIC and IV). 63% had interval debulking surgery (IDS) while 37% had primary debulking (PDS). Results are shown in table 1. In stage IIIC, the PFS of patients who underwent PDS was significantly higher than patients undergoing IDS (table 1, Pvalue=0.003). In Stage IV, the PFS was not significantly affected by the timing of surgery (table 1, Pvalue=0.274). The OS was not afffected by the timing of CRS in all stages.

Conclusions Timing of the CRS (PDS vs. IDS) significantly impacts PFS but not OS in stage IIIC but not IV EOC. This difference in survival is explained by the higher tumor burden, higher morbidity, and worse performance status of patients who underwent IDS.

Abstract 70 Table 1 Effect of timing on the PFS and OS in stages IIIC and IV

Stage	Timing	N	Median PFS (months)	P-value	N	Median OS (months)	P-value
IIIC	Primary	57	24.0	*0.003*	57	46.0	0.838
	Interval	100	20.0		100	48.0	
	overall	157	22.0		157	47.0	
IV	Primary	33	14.0	0.274	33	28.0	0.052
	Interval	14	17.0		14	22.0	
	overall	47	15		47	26.0	

IGCS19-0133

71 THE ONCOLOGICAL SAFETY OF HYSTEROSCOPY IN THE DIAGNOSIS OF EARLY-STAGE ENDOMETRIAL CANCER: AN ISRAEL GYNECOLOGIC ONCOLOGY GROUP STUDY

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Objectives To compare survival measures of women with early-stage endometrial cancer who underwent either hysteroscopy or a non-hysteroscopic procedure as a diagnostic procedure.

Methods An Israel Gynecologic Oncology Group multicenter study of 1324 patients with stage I endometrial cancer who underwent surgery between 2002 and 2014. Patients were divided into two groups: hysteroscopy and non-hysteroscopy (curettage or office endometrial biopsy). Clinical, pathological, and survival measures were compared between the groups.

Results There were 355 patients in the hysteroscopy group and 969 patients in the non-hysteroscopy group. The median follow-up was 52 months (range 12–120 months). There were no differences between the groups in the 5-year recurrence-free survival (90.2% vs. 88.2%; $p=0.53$), disease-specific survival (93.4% vs. 91.7%; $p=0.5$), and overall survival (86.2% vs. 80.6%; $p=0.22$).

Conclusions Our findings affirm that hysteroscopy does not compromise the survival of patients with early-stage endometrial cancer.

IGCS19-0173

72 THE INVOLVEMENT OF IGF1 AXIS IN DENDRITIC CELLS DIFFERENTIATION IN EPITHELIAL OVARIAN CANCER

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Objectives Epithelial ovarian cancer (EOC) is the most lethal cancer among gynecological malignancies worldwide. The insulin-like growth factor (IGF) system plays a key role in regulating growth and invasiveness of EOC. IGF1R targeting showed anti-proliferative activity of EOC cells, however, clinical studies failed to show significant benefit. EOC cells suppress anti-tumor immune responses, by inducing Dendritic Cells (DCs) dysfunction. Interestingly, recent studies indicate that the IGF axis can regulate DCs maturation. Our study aims to evaluate the involvement and role of the IGF1 axis in DCs differentiation in EOC.

Methods Studies were conducted on EOC and a human monocyte cell lines. IGF1R expression levels were evaluated by Western blots. Differentiated DCs were treated with IGF1R inhibitor and co-cultured with EOC cell lines, thereafter scratch assay was performed. Tissue microarray was implemented on 40 paraffin blocks from EOC patients and expression of IGF1R associated proteins and DCs markers was evaluated by immunohistochemistry.

Results DCs differentiation was characterized by reduced in total IGF1R levels (50%) and phosphorylated IGF1R levels (95%). In addition, IGF1R inhibitor treated-DCs decreased EOC cell migration. TMA analysis demonstrated higher rate of strong IGF1R, p53 and PD-1 protein expression in patients with advanced-stage compared to early-stage, 87.5% vs 66.66%, 87.5% vs 75%, 62.5% vs 50%, respectively.

Conclusions IGF1R pathway inhibition in differentiated DCs suppressed EOC cell migration. Thus, restoring the anti-tumor immune response by IGF1R targeting may be an effective therapy for EOC. TMA analyses imply a correlation between IGF1R and PD-1 expression and EOC-stage, nonetheless, further evaluation is necessary.

IGCS19-0572

73 IMPACT OF GLOBAL PARTNERSHIP ON SURGICAL CARE FOR PATIENTS WITH CERVICAL CANCER IN ETHIOPIA

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Objectives In Ethiopia, cervical cancer is the second common cancer and accounts for 17% of malignancies in females. Gynecologic Oncology Fellowship Training Program was launched at St. Paul's Hospital Millennium Medical college (SPHMMC) in 2016, the program works in collaboration with the University of Minnesota, University of Michigan and German Society of Gynaecological Oncology. In 2017, the program joined the global oncology fellowship training under the International Gynecologic Cancer Society. This study is presented to show the impact of global partnership on surgical care delivery for patients with cervical cancer managed at SPHMMC.

Methods A hospital-based retrospective cross-sectional study was conducted. The period 9/2008- 8/2013, was selected as a pre-fellowship period and the period 1/2026–8/2018 was selected to determine the impact of fellowship training on service delivery. Data was collected from medical charts. The retrieval rate was 84.3%.

Results A total of 102(48%) were eligible for radical hysterectomy and pelvic lymphadenectomy. Patients with advanced disease were referred for chemo-radiation. The mean age was 48 ± 11 years with range of 28 - 88 years. Clinical stage included stage IB 60(62.8%) and IIA 25(30%). Eighteen patients(20.9%) received neoadjuvant chemotherapy(NACT). There were 2 bladder injuries and 4 ureteric injuries and no death reported during the hospital stay. The bivariate analyses showed taking NACT significantly decreases the rate of pelvic lymph node metastasis with a P value of 0.01.

Conclusions Implementation of gynecologic oncology fellowship training increased surgical management of cervical cancer in Ethiopia. Quality improvement projects and cancer registry are needed to advance cervical cancer service delivery.