IGCS19-0183

92 **NON-INFERIORITY PROSPECTIVE RANDOMIZED CONTROLLED TRIAL ON SIMPLE HYSTERECTOMY VERSUS RADICAL HYSTERECTOMY IN EARLY STAGE CERVICAL CANCER. AN INTERIM ANALYSIS OF LESSER TRIAL**

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Objectives To analyze if simple hysterectomy does not have less efficacy and safety compared to radical hysterectomy in treatment of early stage cervical cancer.

Methods An open label non-inferiority prospective randomized controlled trial included 40 patients with stages IA2 to IB1 (≤2cm) cervical cancer. The patients were randomized 1:1 in simple hysterectomy or modified radical hysterectomy and pelvic lymphadenectomy between May 2015 and April 2018. Health-related quality of life was assessed (EORTC QLQ-C30). Primary endpoint was disease free survival in 3 years and secondary endpoints was overall survival, morbidity, and quality of life.

Results Clinical and pathological characteristics were well balanced between treatment groups. Thirty-two (80%) patients were squamous cell carcinomas and 3 (7.5%) cases had metastatic lymph node. The median surgical time was greater for the radical hysterectomy group (150 vs. 199.5 minutes; $p=0.003$). Postoperative bladder catheterization days were also higher after radical hysterectomy ($p=0.043$). There was no postoperative mortality and postoperative complication rate was not statistically different (15% and 20%; $p=1.0$). Global health, quality of life and physical functioning scores were not different between groups until 6 months of follow-up. There was no difference in adjuvant treatment between groups (30% and 20%; $p=0.48$). The median follow-up time was 16.2 months and the 2-year disease free survival was 95% and 100% for the simple hysterectomy and modified radical groups, respectively ($p=0.405$). There was only 1 death due to cancer in the simple hysterectomy arm.

Conclusions This interim analysis suggests low morbidity and safety for simple hysterectomy for early stage cervical cancer compared to radical hysterectomy.

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93 **SACITUZUMAB GOVITECAN IN UTERINE AND OVARIAN CARCINOSARCOMAS**

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Objectives Carcinosarcomas (CS) are highly aggressive gynecologic malignancies containing both carcinomatous and sarcomatous elements. Sacituzumab govitecan (SG) is a novel antibody-drug conjugate (ADC) targeting trophoblast antigen 2 (Trop-2), a cell surface glycoprotein highly expressed in many epithelial tumors, to deliver SN-38, the active metabolite of irinotecan. This study aimed to evaluate the efficacy of SG in primary CS cell lines and xenografts.

Methods Trop-2 expression in primary tumor cell lines and cell viability after exposure to SG, non-targeting control ADC (h679-CL2A-SN-38), and naked parental antibody hRS7 IgG were evaluated using flow-cytometry-based-assays. Antibody-dependent-cell-cytotoxicity (ADCC) against Trop-2+ and Trop-2- CS cell lines was evaluated *in vitro* using 4-h Chromium-release-assays. *In vivo* activity of SG was tested against Trop-2 + CS xenografts.

Results High expression of Trop-2 was detected in 55,5% (5 of 9) of primary CS cell lines. Primary tumors overexpressing Trop-2 were significantly more sensitive to SG when compared to control ADC ($p<0.05$). Both SG and parental hRS7 mediated high level of ADCC against Trop2+ CS cell lines while no cytotoxicity was detected against Trop-2 negative tumors. Importantly, SG also induced bystander killing of Trop-2 negative tumors. *In vivo* experiments with SG demonstrated significantly greater antitumor effects and increased survival compared to control ADC ($p<0.05$). SG therapy was well tolerated by the animals.

Conclusions SG demonstrated remarkable antitumor activity against biologically aggressive CS overexpressing Trop-2 and due to its hydrolizable linker may cause a significant bystander killing effect in CS with heterogenous TROP-2 expression. Clinical trials are warranted.

IGCS19-0307

94 **HISTOPATHOLOGICAL RESPONSE ON CLINICORADIOLOGICAL PRESENTATION AND PROGNOSIS OF PATIENTS WITH ADVANCED HIGH GRADE SEROUS OVARIAN CARCINOMA TREATED WITH NEOADJUVANT CHEMOTHERAPY**

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Objectives To analyze the influence of histopathological response on clinicoradiological and survival of patients with high-grade serous ovarian carcinoma (HGSC) after neoadjuvant chemotherapy.

Methods From 2008 to 2016, patients with advanced HGSC (FIGO IIIC-IVB) who underwent 6 cycles of NACHT (carboplatin-paclitaxel) followed by cytoreductive surgery were reviewed and divided in 3 groups: complete pathological response (1), pathological residual tumor with complete