IGCS19-0183

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

[1]V Carneiro*, [2]T Paulo Batista, [1]M Rodrigues de Andrade Neto, [3]A Vieira Barros, [2]A Licio Rocha Bezerra, [4]L de Olanda Lima Dornelas Camara, [5]N Moreira Ramalho, [1]M Angelica Lucena, [6]D Fontão, [7]R Tancredi, [2]T César Silva Júnior, [8]G Baiocchi. *[1]HCP, Pelvic surgery, Recife, Brazil; [2]IMIP, Surgical oncology, Recife, Brazil; [3]Santa Casa de misericordia de Maceio, Surgical oncology, maceio, Brazil; [4]INCA, surgical oncology fellow, rio de janeiro, Brazil; [5]IMIP/HMR/Olinda/NEOH D'or, Gynecology, recife, Brazil; [6]HCP, Pelvic Surgey, Recife, Brazil; [7]HCP/Neoh Oncologia D'or/IMIP, Oncology, Recfie, Brazil; [8]AC Camargo, Onvogynecology, Sao Paulo, Brazil*

10.1136/ijgc-2019-IGCS.92

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.

IGCS19-0508

93 SACITUZUMAB GOVITECAN IN UTERINE AND OVARIAN CARCINOSARCOMAS

[1]S Lopez*, [2]E Perrone, [2]B Zeybek, [2]S Bellone, [2]A Manzano, [2]L Zammataro, [2]C Han, [2]G Altwerger, [3]R Angioli, [2]A Santin. *[1]Università Magna Graecia, Clinical and Experimental Medicine, Catanzaro, Italy; [2]Yale University, Obstetrics- Gynecology- and Reproductive Sciences, New Haven, USA; [3]Università Campus Bio-Medico, Obstetrics and Gynecology, Rome, Italy*

10.1136/ijgc-2019-IGCS.93

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

[1]A Lopes*, [2]ML Nogueira D Genta, [3]V da Costa Miranda, [4]RV Mendonza Lopez, [5]F Marino Carvalho, [2]J Paula Carvalho. *[1]Instituto do Cancer do Estado de São Paulo- Faculdade de Medicina da Universidade de Sao Paulo ICESP-HCFMUSP, Surgery Division-Gastroenterology Department, São Paulo, Brazil; [2]Instituto do Cancer do Estado de São Paulo- Faculdade de Medicina da Universidade de Sao Paulo ICESP-HCFMUSP, Gynecology Department, São Paulo, Brazil; [3]Instituto do Cancer do Estado de São Paulo- Faculdade de Medicina da Universidade de Sao Paulo ICESP-HCFMUSP, Oncology Department, São Paulo, Brazil; [4]Instituto do Cancer do Estado de São Paulo- Faculdade de Medicina da Universidade de Sao Paulo ICESP-HCFMUSP, Department of Biostatistics, São Paulo, Brazil; [5]Faculdade de Medicina da Universidade de Sao Paulo, Department of Pathology, Sao Paulo, Brazil*

10.1136/ijgc-2019-IGCS.94

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

cytoreduction (2), and sub-optimal cytoreduction (3). CA-125 and computed tomography response were classified by RECIST criteria and compared using Fisher's exact and McNemar tests, respectively. Progression-free survival (PFS) and overall survival (OS) were analyzed using Cox-proportional hazard.

Results One-hundred-one patients, median age 60 years, followed by median of 36 months, were included. Groups 1 (n=10), 2 (n=61), and 3 (n=31) presented, respectively, mean OS of 75.7 (63–88); 55 (95% CI 41–69), and 26 (95% CI 19–32) months (p = <0.004). The median DFS was 33 (27–66) and 7.7 (6–8) months for groups 1 and 2, respectively. Complete radiological response was seen in 80%, 25% and 3% (p= <0001) while normalization of CA-125 was observed in 100%, 61% and 38% on groups 1, 2 and 3, respectively (p= 0.003). OS among patients with CA-125 normalization (n=62) was higher than among non-responders (61, CI 95% 41–81 months vs. 30, CI95% 23–37 months (p=0.003). Median OS associated with complete, partial and stable/progression radiological response was 79(24–134), 35(26–43) and 30(12–48) months, respectively (p= 0.034).

Conclusions Complete histopathological response, normalization of CA-125 and complete radiological response after NACHT were associated with improved overall and disease free survival.

IGCS19-0541

95 THE ROLES OF CD44 EXPRESSION AND THE COMBINATION OF CD133, CD44, ALDH1A1 EXPRESSIONS IN CHEMOTHERAPY RESPONSE OF EPITHELIAL TYPE OVARIAN CANCER

[1]N Pelupessy*, [2]S Rauf, [3]A Andrijono, [3]L Nuranna, [4]B Sutrisna, [5]A Harahap, [6]M Kanoko. *[1]University of Hasanuddin, Department of Obstetrics and Gynecology- Faculty of Medicine, Makassar, Indonesia; [2]University of Hasanuddin, Department of Obstetrics and Gynecology Faculty of Medicine, Makassar, Indonesia; [3]University of Indonesia, Department of Obstetrics and Gynecology- Faculty of Medicine, Jakarta, Indonesia; [4]University of Indonesia, Department of Epidemiology- Faculty of Public Health, Jakarta, Indonesia; [5]University of Indonesia, Department of Clinical Pathology- Faculty of Medicine, Jakarta, Indonesia; [6]University of Indonesia, Department of Anatomic Pathology- Faculty of Medicine, Jakarta, Indonesia*

10.1136/ijgc-2019-IGCS.95

Objectives Determining the roles of CD44 expression and the combination of CD133, CD44, ALDH1A1 expressions in chemotherapy response of epithelial-type ovarian cancer.

Methods Ambispective cohort (retrospective and prospective). The subject of this study was 55 patients with epithelial-type ovarian cancer at Cipto Mangunkusumo Hospital, Jakarta, from March 2017 to May 2018. Demographic and clinicopathological data were taken from medical records. CD133, CD44, and ALDH1A1 were examined using immunohistochemistry. CD133, CD44, and ALDH1A1 expressions of type I and type II ovarian cancer patients were associated with chemotherapy response. Multivariate analysis was used to model the prognosis for 10 months. Receiver Operating Characteristic (ROC) curve analysis was used as the scoring system.

Results The demographic data shows that most of the patients were older than 45 years old 72.7%, in stage I 41.8%, poorly differentiated 54.5%, and in type II 29.1%. Significant differences between histopathological types were shown in CD44 expression. The highest chemoresistance in ROC curve, based on the combination of three immunohistochemistry expressions and clinicopathology factors, namely stage III-IV, older than 45 years old, poorly differentiated, type II, negative CD133, high CD44, and high ALDH1A1 is 0.841.

Conclusions CD44 expression plays a role in the histopathological epithelial type of ovarian cancer. Negative CD133, high CD44, and high ALDH1A expressions and clinicopathology factors are highest chemoresistance group in epithelial ovarian cancer.

Poster Discussion with the Professor Station 5

IGCS19-0314

96 COMPUTERIZED MORPHOMETRY OF EPITHELIAL FIMBRIAE COMBINED WITH ARTIFICIAL INTELLIGENCE IN BRCA CARRIERS MAY IDENTIFY PATIENTS AT RISK FOR DEVELOPING OVARIAN CANCER; A PRELIMINARY STUDY

[1]A Amit*, [2]E Sabo, [1]A Petruseva, [1]A Reiss, [1]G Klorin. *[1]Rambam health care campus, Gyn-Oncology, Haifa, Israel; [2]Rambam Health Care Campus, Pathology, Haifa, Israel*

10.1136/ijgc-2019-IGCS.96

Objectives Some ovarian tumors may originate in epithelial cells of the fallopian tubes. Computerized morphometry was able to find significant alterations in the fallopian tube epithelium of healthy BRCA carriers. The purpose of this study was to identify a subgroup of BRCA carriers that may be at risk to develop ovarian cancer by evaluation of the epithelium of fallopian tubes using artificial intelligence.

Methods Four groups of patients were analyzed. Healthy patients and ovarian cancer patients, BRCA carriers and non -carriers. All fallopian tubes were normal by H&E examination. Using ImageProPlus software and Neural Network analysis the nuclear symmetry of 65 fimbriae epithelium cells was analyzed. Further evaluation using artificial intelligence was applied in order to detect a subpopulation among fimbriae of healthy BRCA carriers, at risk for ovarian cancer.

Results Significant differences were found between healthy patients and ovarian cancer patients and between BRCA carriers and non-carriers. The artificial intelligence algorithm was able to accurately predict BRCA carriers with associated ovarian cancer based on fallopian tubes nuclear morphometry.

Conclusions These results reinforce the hypothesis that fimbriae epithelium cells of BRCA carriers' may undergo early-stage changes that may predict progression toward malignancy. Artificial intelligence may identify patients at high risk for malignancy initiated in the fallopian tubes.