predictive algorithm, several proteins that might be targeted by miR-152 were examined.
Results Upregulated expression of miR-152 leads to decreased expression of DNMT1 (DNA methyl transferase 1), RICTOR and MET proteins, which are often found deregulated in rather wide spectrum of oncogenic diseases. In addition to DNMT1, the protein level of ERBB3 was also affected by downregulation of CDK12 in various ovarian cancer cells, such as PEO1, COV362 and OVCAR5.
Conclusions We speculate CDK12 participates in DDR machinery by two distinct mechanisms, either by orchestrating transcription of DDR genes or by stabilization of DNMT1 protein by blocking expression of miR-152 targeting DNMT1.

The project is supported by the grant of the Ministry of Health AZV16–34152A.

IGCS19-0638

119 TARGETED SEQUENCING OF HISTOLOGICALLY DEFINED SEROUS ENDOMETRIAL CANCER REFLECTS PROGNOSIS AND CORRELATES WITH PREOPERATIVE BIOPSY

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10.1136/ijgc-2019-IGCS.119

Objectives Evaluation of the impact of discordant endometrial sampling on the prognosis of patients finally diagnosed with uterine papillary serous carcinoma (UPSC) and analysis of UPSC mutational profile.
Methods Retrospective cohort study comparing outcomes of patients with UPSC preoperatively diagnosed with endometrioid endometrial cancer (EEC) or UPSC. Genes commonly implicated in carcinogenesis were analyzed in a subgroup of 40 patients, using next generation sequencing.
Results 61 patients with UPSC on post-surgical, final pathology were included in the study. Prior to surgery, 15 were diagnosed with EEC (discordant) and 46 were correctly diagnosed with UPSC (concordant). After a median follow-up of 41.6 months [5.4–106.7], a preoperative diagnosis of EEC was associated with better 3-year progression-free survival (100% vs. 60.9%, P=0.003) and longer disease free interval (63.5 versus 15 months, P=0.026) compared to patients with an initial diagnosis of UPSC. Patients with a concordant diagnosis of UPSC were 5 times more likely to progress or die compared to those with a discordant EEC diagnosis (P=0.02, P=0.03, respectively), and their tumors were associated with higher rates of *TP53* (88.9% vs. 61.5%, P=0.04), and a lower rate of *PTEN* (14.8% vs. 38.5%, P=0.09)and *ARID1A* (3.7% vs. 23.1%, P=0.05) mutations.
Conclusions A pre-surgical diagnosis of EEC is associated with improved prognosis in patients with UPSC. Some histologically defined UPSC tumors contain endometrioid-like molecular characteristics that may confer a survival advantage.

IGCS19-0687

120 FACTORS ASSOCIATED WITH EXTENDED SURVIVAL FOR PATIENTS WITH PLATINUM-RESISTANT OVARIAN CANCER (PROC) TREATED WITH MODIFIED VACCINIA ONCOLYTIC VIROTHERAPY (VOV)

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10.1136/ijgc-2019-IGCS.120

Objectives VIRO-15 phase IB trial (NCT02759588) enrolled 11 patients with PROC, extensive tumor burden, and median 5 prior lines of therapy. We aimed to retrospectively determine factors that predict clinical benefit from VOV monotherapy in PROC.
Methods Patients received a modified VOV (GL-ONC1, Genelux Corp.) intra-peritoneally on two consecutive days. Four patients had apparent clinical benefit with >5 mos progression-free survival (PFS) following virotherapy (A). Seven (B) patients had <5 mo PFS. Comparative analyses included: measures of immune-competence with neutralizing antibody (NA) titers, virus-encoded glucuronidase activity (GA), tumor response by RECIST 1.1, Prognostic Nutritional Index (PNI), circulating tumor cells (CTCs), number of prior platinum and total therapies. Mann-Whitney test, *t*-test, *z*-test were used to evaluate differences between the groups.
Results Following GL-ONC1, the PFS was 10.9±5.1 and 2.4 ±1.1 mos for A vs B ($p< 0.05$). Mean OS for A was 21.7 ±8.2 mos vs 3.6±1.5 mos for B ($p<0.05$). Three A pts are alive, and one with stable disease died at 8-mos from pulmonary embolism. Factors that predicted clinical benefit were: i) PNI [mean 49.0±5.7 vs 42.1±4.3 ($p<0.05$)], ii) Week-5 CA125 values < Week-2 [4/4 vs 0/7 ($p<0.01$)], iii) absence of CTC [3/4 vs 1/7 pts ($p<0.05$)].
Conclusions Factors associated with clinical benefit post GL-ONC1 monotherapy in PROC include higher PNI, absence of CTCs, and Week-5 CA125 less than Week-2 levels. In the absence of these factors, cytotoxic therapy should be considered by Week-6 following GL-ONC1. Three patients are currently alive at 22.8–28.2 mos, following additional therapies.

IGCS19-0562

121 ADENOMYOSIS AND ENDOMETRIAL CANCER – IS THERE A RELATIONSHIP OR ONLY A PARTNERSHIP?

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10.1136/ijgc-2019-IGCS.121

Objectives Adenomyosis (AM) is very often diagnosed in histology slides of endometrioid endometrial adenocarcinoma (EEAC). The combination of EEAC and AM has not been investigated sufficiently. The aim of this study is to evaluate the combination of AM and EEAC in morphological and morphometrical terms and to reflect a possible role of AM in the pathogenesis of EEAC.