Abstract 11 Table 1

<table>
<thead>
<tr>
<th>TOTAL LATAM</th>
<th>ARGENTINA</th>
<th>BRAZIL</th>
<th>COLOMBIA</th>
<th>MEXICO</th>
<th>PANAMA</th>
<th>PERU</th>
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</thead>
<tbody>
<tr>
<td>Total tested in tumor tissue</td>
<td>376</td>
<td></td>
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<tr>
<td>gBRCAM</td>
<td>112 (29.78%)</td>
<td></td>
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<tr>
<td>gBRCAM N (%)</td>
<td>67 (56.2%)</td>
<td></td>
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<tr>
<td>sBRCAM N (%)</td>
<td>32 (28.57%)</td>
<td></td>
<td></td>
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<tr>
<td>Inconclusive</td>
<td>13 (11.6%)</td>
<td></td>
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</tbody>
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Objective: To assess the prevalence of gBRCAM and sBRCAM in ovarian cancer patients.

Flabra, Frontline Approach for BRCA Testing in Ovarian Cancer (OC) Treatment Naive Population. A Latin America (LA) Epidemiologic Study

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Mucinous ovarian carcinoma (MOC) is a rare ovarian cancer subtype that responds poorly to conventional chemotherapy. Recurrent and advanced disease have poor survival and there are no specific guidelines for their treatment. We used a large cohort of genomic and immunohistochemical data to evaluate the likelihood of success of possible therapeutic interventions.

**Methods** We used DNA sequencing data (n=185) and genome-wide copy number (n=199) from primary MOC to identify key genetic events, homologous recombination deficiency scores and mismatch repair deficiency. Immuno-histochemistry data was obtained for CK7, CK20, PAX8, p16, CDX2, HER2 and ER (n=162–256) and tumour infiltrating lymphocytes were counted on H&E stained slides (n=40).

**Results** Therapies exploiting homologous recombination deficiency are unlikely to be effective in MOC, as only 1.5% had a homologous recombination deficiency score of more than 50. Mismatch repair deficiency was very rare (<1%). Most cases had low lymphocyte counts, corresponding to a moderate mutation load. Events that suggest an existing targeted therapy include: ERBB2 amplification(26%), ERBB3 mutation (4%) and BRAF mutation(9%). Novel agents currently in clinical trials targeting genetic events such as TP53 missense mutation(46%), RNF43 mutation(11%), PIK3CA mutation(8%) and KRAS/NRAS mutations(66%).

**Conclusions** MOC is genetically diverse but with a number of potential targets. Importantly, the clinically observed lack of response to cisplatin is supported by a corresponding lack of a genomic signature, and MOC are unlikely to respond to PARP inhibitors. The role of immunotherapy is unclear. Testing novel therapeutic options in appropriate patient-derived models will be crucial and we are currently developing organoid cultures from this disease.

**Plenary 3**

**IGCS19-0583**


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**Objectives** To compare the long-term oncologic outcomes after minimally invasive surgery (robot assisted/laparoscopic radical hysterectomy) (MIS) versus abdominal radical hysterectomy (ARH) for early-stage cervical cancer (CC).

**Methods** This is a large single center retrospective study. From our institution’s patient registry, we identified a total of 587 early-stage cervical cancer patients who underwent either MIS or ARH between 2000 and 2017. We excluded the following patients from the final analysis: (1) received neo-adjuvant treatment prior to surgery; (2) had histologic types other than squamous cell carcinoma, adenocarcinoma, or adenosquamous carcinoma; (3) were double primary cancer cases; (4) had stages higher than stageIB1 (FIGO 2009). We included only patients who underwent radical hysterectomy for early-stage cervical cancer and radical parametrectomy for stump cancer patients in our study population.

**Results** In total, 230 and 357 patients were assigned to the MIS and ARH groups, respectively. There were no significant differences for any demographics including age, stage, histology. Five-year recurrence free survival was 88.6% (95% CI, 83.4%- 92.3%) and 93.5% (95% CI, 90.4%- 95.7%), (p=0.04) respectively in the MIS and ARH group, and the five-year cancer specific survival was 95.4% (95% CI, 90.9%- 97.7%) and 97.4% (95% CI, 95.1%- 98.7%), (p=0.12) in the MIS and ARH group, respectively. MIS group have more peri- toneal-combined relapses comparing ARH (p=0.02). The relapse rate tended to be highest for squamous cell carcinoma in MIS group (p=0.09). Disease free survival and cancer specific survival were worse in the MIS group p- value= 0.04 and 0.12 respectively.