Objective To analyze the impact of surgical approach in survival of patients with endometrial cancer.

Methods Using the National Cancer Data Base, patients who underwent hysterectomy upon diagnosed of endometrial cancer from 2010 to 2015 were identified. Data collected were demographic, tumor characteristics, perioperative outcomes, adjuvant treatment, and survival. Univariable and multivariable Cox proportional hazard model was used to identify factors associated with survival. Survival (OS) was analyzed with the Kaplan-Meier curve and compared by the log-rank test.

Results 109,143 patients met inclusion criteria. Open surgery was performed in 30,853 (28.3%), laparoscopy in 20,344 (18.6%), and robotic in 57,946 (53.1%). Laparoscopy improved survival 10% (HR=0.9; 95%CI 0.8–1.0; p=0.0009), and robotic improved survival 20% (HR 0.8; 95%CI 0.8–0.9; p<0.0001) in hazard of death compared with open for the entire cohort. The 30-day and 90-day mortality rate favored laparoscopy and robotic approach. For patients younger than 65 years old, the 5-year survival was 86.9% (95%CI 0.863–0.875), 92.3% (95% CI 0.916–0.929), and 93.3% (95% CI 0.929–0.936) for open, laparoscopy and robotic approach, respectively (p<0.0001). For elderly population, 5-year survival was 66.9% (95%CI 0.658–0.679), 77.6% (95% CI 0.764–0.788), and 79.1% (95% CI 0.783–0.798) for open, laparoscopy and robotic, respectively (p<0.0001). The 5-year survival was higher in young patients when compared with the elderly (p<0.0001). Factors associated with survival were age, performance status, race, tumor characteristics, and adjuvant therapy. For elderly patients, laparoscopy, and robotic improved survival in hazard 10%, (p <0.0001) when compared with open surgery.

Conclusion Minimally invasive surgery improved survival in patients with endometrial cancer.
patients diagnosed with TC (control), and group C - healthy pregnant women (comparison).

Results 450 patients were enrolled: group A and B had the same number of patients – 188. Group C - 74 patients. The median age for group A, B, C were 31.05 ± 4.8, 31.44 ± 5.6, 30.62 ± 5.3 respectively, p > 0.05. 114 patients (60.64%) TC was diagnosed before pregnancy and 74 patients (39.36%) during pregnancy in group A. There were no significant differences in stage between group A and B. The major part of patients were diagnosed with stage I (94.1% and 97.3%, p > 0.05) in both group. The median follow-up was 75 and 60 months, respectively. Overall survival (OS) rate was 100% for both groups, Progression-free survival rate (PFS) was 94.4 ± 1.7%, and 97.9 ± 1.1% respectively, p > 0.05. We didn’t find statistically significant changes in comparison of pregnancy and childbirth complications in all groups. We didn’t find statistically significant changes in comparison of pregnancy and childbirth complications.

Conclusion Pregnancy and childbirth monitoring, prediction, and correction of revealed complications in patients with TC allow to minimize the number of maternal and perinatal complications.

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252 EXTRA OVARIAN ENDODERMAL SINUS TUMOUR DIAGNOSED AT CAESAREAN SECTION

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The case is of 38 yo a G2P1 woman who had a previous normal term pregnancy and Caesarean Section for Breech Presentation. She had no significant medical history prior to pregnancy. Antenatal screening was unremarkable, and a 19-week morphology scan was normal. She presented at 31 weeks with Left Iliac Fossa pain and bleeding. Ultrasound reported a 116 × 109 × 105 mm possible Cervical Fibroid and a complex left cystic collection and a fetal transverse lie. She had premature rupture of membranes 2 days later and underwent emergency Caesarean section at 32 weeks gestation for unstable lie in the setting of ongoing pain and bleeding. At time of Caesarean section, a healthy 2090 g male was delivered and uterine incision closed without incident. Examination of the Pouch of Douglas revealed loculated fluid in the left fossae and large mass posterior to the vagina and separate to normal uterus, ovaries and Fallopian tubes. A Gynaecology Oncologist attended and performed excision of the large mass and peritoneal disease and a colorectal surgeon assisted with resection of bowel pathology. Frozen section revealed a poorly differentiated malignant tumour. Macroscopic appearance of the uterus, fallopian tubes and ovaries was unremarkable at time of excision and a decision was made to leave these tissues in situ. Final pathology revealed an endodermal sinus tumour. Serum AFP was 1515 kiu/L and HCG was 3.0 IU/L. Literature review indicates extra ovarian Yolk sac tumours are rare, with diagnosis at Caesarean section extremely uncommon.

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254 INCIDENCE OF LEIOMYOSARCOMA AFTER THE FDA WARNING AGAINST THE POWER MORCELLATOR – HAVE WE MADE AN IMPACT?

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Objective To evaluate the incidence and rates of tumor destruction of uterine leiomyosarcoma (LMS) following the 2014 FDA warning against power morcellators.

Methods Data were obtained from the National Cancer Database (NCDB) to compare rates of tumor destruction over time. LMS incidence rates were estimated from the United States Cancer Statistics (USCS) after correcting for hysterectomy and pregnancy prevalence from the Behavioral Risk Factor Surveillance System (BRFSS) from 2001 to 2016. SEER*Stat and Joinpoint regression were used to calculate the