

Abstracts

IGCS20_1259

249 MINIMALLY INVASIVE SURGERY IMPROVES OVERALL SURVIVAL FOR ENDOMETRIAL CANCER

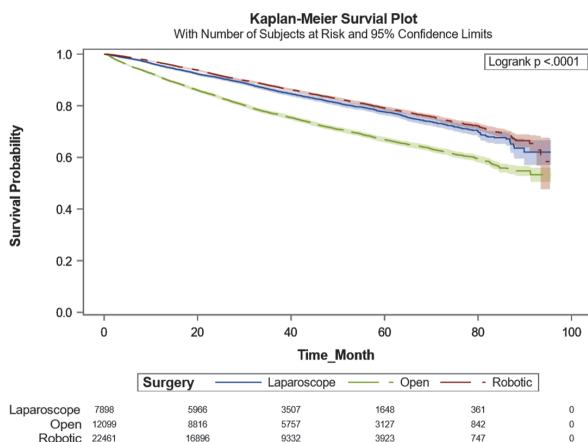
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Objective To analyze the impact of surgical approach in survival of patients with endometrial cancer.

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 associate 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 30853 (28.3%), laparoscopy in 20344 (18.6%), and robotic in 57946 (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.



Abstract 249 Figure 1

Conclusion Minimally invasive surgery improved survival in patients with endometrial cancer.

IGCS20_1260

250 DIFFERING RISK OF OVARIAN CLEAR CELL CARCINOMA IN ASIAN SUBPOPULATIONS

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Introduction To determine the incidence of clear cell ovarian carcinoma in Asians vs. Whites and within Asian subpopulations.

Methods Data from 2004 to 2016 were obtained from the United States Cancer Statistics (USCS) and National Cancer Database (NCDB). Chi squared tests were used for statistical analyses.

Results Based on USCS, the overall age-adjusted incidence of epithelial ovarian cancer was 11.0 (per 100,000 women) compared to 0.56 with clear cell histology. Asians had a higher incidence of clear cell cancer compared to Whites (0.97 vs. 0.58). Of 200,790 women with epithelial ovarian cancer from the NCDB database, the mean age was 57. Asians presented at a younger age compared to Whites (53 vs. 58 years). Of all epithelial cancers, the proportion of clear cell cancer in Whites and Blacks was only 5.2% and 3.2% respectively. However, in the Asian subgroups, the proportion of clear cell histology were significantly higher: 16.6% in Vietnamese, 14.2% Chinese, 13.8% Japanese, 12.9% Filipino, 10.2% Korean, 7.5% Indian/Pakistani, 8.3% Pacific Islander. Geographically, the Northeast region of the U.S. contained the highest proportion of Indian/Pakistanis diagnosed with clear cell. All other Asian sub-populations were more likely to be diagnosed in the Western region.

Conclusions Our data suggested that Asians have a higher incidence of clear cell ovarian carcinoma compared to other races. Moreover, Vietnamese, Chinese, and Japanese demonstrate a higher proportion of clear cell cancer compared to other Asian sub-populations.

IGCS20_1261

251 PREGNANCY MANAGEMENT DURING THYROID CANCER IN POST CHERNOBYL AREA

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Introduction In Belarus, Thyroid cancer (TC) is the 4th most common cancer site among female population with incidence 15,7 per 100 000 (all ages) and the 2nd among women of reproductive age (15–49 years).

Objectives The study aimed to evaluate the potential of pregnancy prolongation during TC.

Methods This prospective case-control study was performed from January 2011 to December 2017. The study included 3 groups. Group A - pregnant women with TC, Group B -

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 $31,05 \pm 4,8$, $31,44 \pm 5,6$, $30,62 \pm 5,3$ 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 $94,4 \pm 1,7\%$, and $97,9 \pm 1,1\%$ 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.

IGCS20_1262

252 EXTRA OVARIAN ENDODERMAL SINUS TUMOUR DIAGNOSED AT CAESAREAN SECTION

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The case is of 38 y.o a G2P1 woman who had a previous normal term pregnancy and Caesarean Section for Breech Presentstion. 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 $116 \times 109 \times 105$ cm 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.

IGCS20_1263

253 STEREOTACTIC ABALATIVE RADIOTHERAPY IN OLIGOMETASTATIC GYNAECOLOGICAL MALIGNANCIES

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Objectives Stereotactic Ablative Radiotherapy (SABR) is emerging as a treatment option for patients with oligometastatic solid tumours. The primary aim of this approach is local control and improving progression free survival (PFS). We report a single institution clinical outcomes.

Methods 42 lesions from 28 patients with relapsed oligometastatic gynaecological cancers (endometrium = 13, ovary = 7, cervical = 6, vulva = 1 and Vagina = 1) were treated with SABR, delivered using both cyberknife and VMAT. Treatment was delivered using a median of 4 fractions to a median dose of 45 Gy. Response was assessed with repeat imaging. CTCAE system 5.0 was used to assess acute and late toxicity.

Results Mean age was 67 years. Target lesions were lung = 13, pelvic node = 12, para-aortic node = 11, bone = 2, porta-hepatis node = 2, liver = 1, and peritoneal mass = 1. After a median follow-up of 17 months, 50% of the lesions had a partial response (PR), 12% had a complete response (CR), 28.5% were stable (SD), and 9.5% has progressive disease. Lesions greater than 30 mm had unfavourable outcome. Median PFS was 11.2 months. Median survival (OS) has not been reached. 2 patients experienced grade 3 toxicity.

Conclusions SABR for patients with relapsed oligometastatic gynaecological cancers is a safe treatment with promising results in terms of local control and PFS. As distant progression remains the primary mode of failure in these patients, the combination of SABR and systemic therapies requires evaluation in randomised controlled trials.

IGCS20_1264

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