

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

¹S West*, ¹G Gard, ²G Burton. ¹Royal North Shore Hospital, Australia; ²North Shore Private Hospital, Australia

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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 × 109 × 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 1515kiu/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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253 STEREOTACTIC ABLATIVE RADIOTHERAPY IN OLIGOMETASTATIC GYNAECOLOGICAL MALIGNANCIES

A El-Modir*, A Zarkar, Q Ghafoor, J Good, J Sherriff, S Yahya, S Watkins, S Karanam. University Hospital, UK

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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.

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

¹C Liao, ²M Richardson*, ²K Tran, ³C Chan, ³AK Mann, ⁴GL Maxwell, ⁵CA Hamilton, ⁴C Tian, ⁴K Darcy, ⁶DS Kapp, ³JK Chan. ¹Kaohsiung Veterans General Hospital, Taiwan; ²University of California Los Angeles, USA; ³Palo Alto Medical Foundation, California Pacific Medical Center, Sutter Health, USA; ⁴Walter Reed National Military Medical Center, USA; ⁵Inova Schar Cancer Institute, USA; ⁶Stanford University School of Medicine, USA

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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