

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 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.

IGCS20_1263

253 STEREOTACTIC ABLATIVE 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

incidence rate (per 100,000) and average annual percent change (AAPC).

Results Based on USCS, 14,675 patients were diagnosed with leiomyosarcoma (62% White, 22% Black, 11% Hispanic, 4% Asian). Per NCDB data, the proportion of tumor destruction by minimal invasive surgery in uterine cancer was as high as 3.4% in 2013, but decreased to 2.2% in 2016 after the 2014 FDA warning. Per UCCS data, peak age at leiomyosarcoma diagnosis was nearly a decade younger for Blacks vs. Whites (50–54 vs. 60–64). From 2001 to 2016, Blacks had a two-fold higher incidence compared to whites (1.29 vs. 0.59) and with an annual increase of 3.5% per year compared to a decrease of 0.9% per year in Whites. The incidence rate in 2014 was 0.85 per 100,000 and decreased to 0.78 and 0.75 in 2015 and 2016.

Conclusion The proportion of tumor destruction by minimal invasive surgery decreased after the 2014 FDA warning against power morcellators. LMS incidence has decreased for Whites but continues to rise for Blacks.

IGCS20_1265

255 INTEROBSERVER VARIABILITY OF BREAST GRADING IN CORE BIOPSIES

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Introduction Modified Scarff Bloom and Richardson score (or Nottingham histologic grading) has become widely accepted as a powerful indicator of prognosis in breast cancer. It combines nuclear grade, tubular formation, and mitotic rate. Each element is given a score of 1 to 3 (1 being the best and 3 the worst) and the score of all three components are added together to give the 'grade'.

The majority of studies that analyze the reliability of this grade, compare it to that found on the surgical specimen. Few studies have examined its interobserver variability in core biopsies.

Objective To evaluate the interobserver variability of Nottingham histologic grade in scoring breast cancer in core biopsies among 2 general pathologists.

Methods This is a retrospective study of 65 cases of invasive ductal carcinoma that were independently evaluated by two pathologists and graded according to the Nottingham histologic system. A detailed histopathological assessment was carried out and analyzed statistically using the Kappa agreement score.

Results The mean size of biopsies was 15 mm. There was a substantial agreement among the 2 pathologists in scoring tubular formation, pleomorphism, and final grading (Kappa=0.7, 0.65 and 0.8 respectively). A fair agreement was noted in scoring mitosis (Kappa=0.35).

Conclusion The interobserver variability of Nottingham grading in scoring breast cancer in core biopsies remains good. The relatively weak agreement in scoring mitosis is secondary to the small size of the micro-biopsies, not covering the 2 mm² fields necessary to grade this parameter. This often leads to an extrapolation of the number of mitoses.

IGCS20_1266

256 PROGNOSTIC FACTORS OF SURVIVAL AND RECURRENCE OF PAGET'S DISEASE OF THE BREAST: A STUDY OF 58 CASES

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Objectives To investigate clinical features, prognostic factors and survival outcomes of mammary Paget's disease (PD).

Methods A retrospective study based on 58 patients with histological verified PD treated at the Salah Azaiez Institute between 2001 and 2012.

Results The mean age was 54.78 years. Palpable masses were recorded in 74.1% of cases with a mean size of 52.21 mm. All patients underwent radical mastectomy associated to axillary lymph node dissection (LND) in 96.6% of cases and sentinel LND in two cases. PD was isolated (IPD) in 5 cases (8.6%), and associated to invasive carcinoma (IC) in 42 (72.4%), to microinvasion in 4 cases (6.9%) and intraductal carcinoma (IDC) in 7 cases (12.1%). High grade IC accounted for 57.1%. Negative hormone receptor (HR) were recorded 48.3% of cases and lymph node metastasis (LNM) in 58.6%. Adjuvant chemotherapy and radiotherapy were indicated in 58.6% of cases and hormonal therapy in 56.9% of cases. After a median follow up of 45.5 months, 41.4% of patients presented with relapses and 44.8% died from their disease. The 5 years overall survival (OS) was 51.9% and the 5 years recurrence free survival (RFS) was 57.4%. The 5 years OS and RFS were significantly decreased in case of associated IC (39.5% and 35.7%) compared to IPD and associated IDC (100% and 100%) and microinvasion (50% and 66.7%) (p=0.023). LNM, lymph node ratio (LNR) exceeding 70%, advanced T stage and palpable mass were significantly correlated to worse OS and RFS.

Conclusions Palpable mass, tumor stage and LNM were significantly associated with poor prognosis in PD of the breast.

IGCS20_1269

258 TOTAL RETROPERITONEAL EN BLOC RESECTION OF MULTIVISCERAL-PERITONEAL PACKET (TROMP OPERATION): A NOVEL SURGICAL TECHNIQUE FOR ADVANCED OVARIAN CANCER; RETROSPECTIVE ANALYSIS OF A PROSPECTIVE COLLECTED DATABASE

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Background A total retroperitoneal en bloc resection of multivisceral-peritoneal packet (TROMP operation) is a no-touch isolation technique in a retroperitoneal space to resect the parietal peritoneum and the affected organs in advanced ovarian cancer.

Methods The study included 208 patients operated between January 2015 and December 2017 in Charite, Berlin. The TROMP operation was performed in 58 patients, whereas the other 150 patients were operated with the conventional cytoreductive method.