

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.

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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.

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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.

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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.