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294 INFLAMMATORY MARKERS IN GYNECOLOGIC ONCOLOGY PATIENTS HOSPITALIZED WITH COVID-19

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Introduction Elevated inflammatory markers in COVID-19 infection are predictive of disease severity and mortality. It is unclear if these markers are associated with severe disease in patients with cancer due to underlying tumor related inflammation. We sought to further understand the inflammatory response related to COVID-19 in gynecologic cancer patients.

Methods Patients with history of gynecologic cancer hospitalized for COVID-19 infection with available laboratory data were identified. Laboratory values at the time of hospital admission and clinical outcomes were abstracted from electronic medical records. Severe infection was defined as infection requiring ICU admission or resulting in death.

Results 86 patients with gynecologic cancer were hospitalized with COVID-19 infection with median age of 68.5 years (interquartile range (IQR), 59.0 to 74.8 years). Of the 86 patients, 29 (33.7%) patients required ICU admission and 25 (29.1%) patients died of COVID-19 complications. There were 36 (41.9%) patients in remission and 50 (58.1%) had active disease. Patients with severe infection had significantly higher ferritin (median 1163.0, IQR 640.0–1967.0) and C-reactive protein (CRP) (median 142.0, IQR 62.5–217.1) levels than those with non-severe disease (median 624.0, IQR

269.7–954.0, $P=0.01$; median 62.3, IQR 13.0–159.1, $P=0.02$ respectively) (table 1). White blood cell count, absolute neutrophil count, and lactate were also associated with severe disease. Procalcitonin and D-Dimer levels were not significantly associated with severe disease ($P=0.2$; $P=0.7$ respectively).

Conclusion/Implications Inflammatory markers (ferritin and CRP) in gynecologic cancer patients are associated with COVID-19 severity and can be used as prognostic markers at the time of admission.

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295 THE IMPORTANCE OF BIOMARKER EXPRESSION IN ADDITION TO LYMPH NODE STATUS IN THE ESMO RISK STRATIFICATION OF ENDOMETRIAL CANCER

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Objectives Investigate the importance of a set of easy accessible biomarkers besides lymphnode(LN) status within the ESMO risk stratification for optimizing adjuvant treatment in endometrial cancer.

Methods Within the European Network for Individualized Treatment of Endometrial Cancer (ENITEC), a retrospective multicenter cohort study was performed with a median follow-up of 5.5-years. Immunohistochemical analysis of tumor protein 53(p53), estrogen receptor(ER), progesterone receptor (PR) and L1 cell-adhesion molecule(L1CAM) expression were analyzed on pre-operative specimens. Biomarker expression was related to LN status, defined as positive(N1), negative (N0) or unknown(Nx). Correlations and Cox regression analysis were performed.

Abstract 294 Table 1 Laboratory data at hospital admission in patients with severe vs. non-severe COVID-19 infection

Laboratory Data- median (IQR)	All patients (N=86)	Non-Severe (N=57)	Severe (N=29)	P-value
White blood cell count- per mm ³	6.9 (4.4-12.1)	6.6 (4.2-10.1)	11.0 (5.9-15.8)	0.03
Absolute neutrophil count- per mm ³	5.4 (3.2-9.9)	5.1 (3.0-7.9)	8.8 (3.7-13.9)	0.04
Lymphocyte count- per mm ³	0.8 (0.6-1.1)	0.9 (0.6-1.2)	0.8 (0.5-1.1)	0.23
Hemoglobin- g/dL	10.8 (9.0-12.8)	11.2 (8.7-12.9)	10.6 (9.2-11.7)	0.23
Platelets- per mm ³	236.0 (173.0-347.0)	241.0 (174.0-319.0)	231.0 (168.2-347.8)	0.82
Aspartate aminotransferase- U/L	37.0 (25.0-56.5)	34.0 (24.5-55.0)	44.0 (28.5-83.5)	0.06
Alanine aminotransferase- U/L	26.0 (16.2-43.2)	25.0 (17.0-38.0)	28.0 (15.0-56.0)	0.53
Lactate- mmol/L	1.4 (1.0-2.6)	1.1 (0.9-1.8)	2.2 (1.4-5.3)	0.005
Lactate dehydrogenase- U/L	371.0 (310.8-470.2)	347.0 (308.0-453.8)	412.0 (336.0-600.2)	0.09
Serum creatinine- mg/dl	1.0 (0.7-1.8)	0.8 (0.7-1.2)	1.7 (0.9-2.5)	0.09
Troponin- ng/mL	0.03 (0.01-0.1)	0.02 (0.01-0.08)	0.03 (0.02-0.1)	0.24
Total bilirubin- mg/dL	0.5 (0.3-0.7)	0.4 (0.3-0.7)	0.5 (0.4-0.8)	0.7
Ferritin- ug/mL	673.0 (320.0-1627.0)	624.0 (269.7-954.0)	1163.0 (640.0-1967.0)	0.01
D-Dimer- ug/L	5.6 (1.3-423.5)	3.0 (1.0-400.0)	10.7 (3.1-424.5)	0.7
Procalcitonin- ng/mL	0.2 (0.1-0.7)	0.2 (0.1-0.3)	0.8 (0.2-5.1)	0.2
C-reactive protein- mg/L	83.0 (13.9-189.0)	62.3 (13.0-159.1)	142.0 (62.4-217.1)	0.02

Abstract 295 Table 1 Cox regression analysis univariate and multivariate of disease specific survival (DSS)

Variable	Univariate DSS			Multivariate DSS		
	HR	95% CI of HR	p value	HR	95% CI of HR	p value
Patient characteristics						
Age ≥ 65 years**	3.78	1.65-8.69	0.002*			
ESMO Risk classification						
Low- Intermediate vs High-intermediate - High	6.93	3.82-12.57	<0.001*	3.93	1.98-7.81	<0.001*
Immunohistochemical markers						
L1CAM expression	5.43	3.19-9.26	<0.001*	1.14	0.49-2.62	0.761
P53 expression	4.44	2.56-7.69	<0.001*	2.13	1.02-4.41	0.043*
ER/PR loss	5.49	3.30-9.12	<0.001*	2.47	1.20-5.07	0.013*

Disease specific survival (DSS), European Society for Medical Oncology (ESMO), L1 cell-adhesion molecule (L1CAM), estrogen receptor (ER), progesterone receptor (PR)

* $p < 0.05$

** not included in multivariate analysis

Abstract 295 Table 2 Cox regression analysis univariate and multivariate of recurrence specific survival (RFS)

Variable	Univariate RFS			Multivariate RFS		
	HR	95% CI of HR	p value	HR	95% CI of HR	p value
Patient characteristics						
Age ≥ 65 years**	2.72	1.47-5.02	0.001*			
ESMO Risk classification						
Low - Intermediate vs High-intermediate - High	3.92	2.52-6.08	<0.001*	2.53	1.52-4.20	<0.001*
Immunohistochemical markers						
L1CAM expression	4.27	2.63-6.92	<0.001*	1.62	0.84-3.14	0.150
P53 expression	2.94	1.83-4.72	<0.001*	1.67	0.93-3.00	0.085
ER/PR loss	3.16	2.03-4.91	<0.001*	1.59	0.90-2.84	0.108

Disease specific survival (DSS), European Society for Medical Oncology (ESMO), L1 cell-adhesion molecule (L1CAM), estrogen receptor (ER), progesterone receptor (PR)

* $p < 0.05$

** not included in multivariate analysis

Abstract 295 Figure 1 A-D: A. Kaplan Meier from the ESMO risk classification system. B. Kaplan Meier lymph node (LN) status including p53 status. Recurrence free survival (RFS) for p53-abn and p53-wt with lymph node positive (NI), lymph node negative (NO) and unknown lymph nodal status (Nx). C. Kaplan Meier LN status including L1CAM status. RFS for L1CAM positive and negative with NI, NO and Nx. D. Kaplan Meier LN status including ER/PR status. RFS for ER/PR positive and negative with NI, NO and Nx.

Results A total of 763 EC patients were included. Lymphadenectomy was performed in 493(64.6%) patients of whom 53 (6.9%) had N1. Adjuvant treatment was applied in 347 (46.5%) patients. Abnormal p53(p53-abn) expression was observed in 14.7%, L1CAM expression in 10.4%, loss of ER in 10.0%, and loss of PR in 18.1%. Significant reduced disease specific survival(DSS) and/or recurrence free survival(RFS) was observed within patients with N1 and 53-abn, L1CAM positive expression, or loss of ER/PR. N1 and normal biomarkers show the same prognosis as patients with N0 or Nx, and abnormal biomarkers. In the multivariate Cox regression analysis loss of ER/PR and p53-abn were in addition to the ESMO classification 'high-intermediate and high' significantly associated with decreased DSS (HR 2.47[CI 1.20–5.07] $p=0.013$, HR 2.13[CI 1.02–4.41] $p=0.043$, HR 3.93[CI 1.98–7.81] $p<0.001$).

Conclusions We have shown that abnormal biomarker expression in addition to N1 or N0, is highly relevant in survival analysis and could potentially complement the ESMO risk stratification and therefore optimize adjuvant treatment.

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ADULT GRANULOSA CELL TUMOR OF THE OVARY: A STUDY OF 10 CASES

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Introduction Adult granulosa cell tumor (AGCT) accounts for 5% of all ovarian cancers.

Their histopathologic features are relatively nonspecific, resulting in misdiagnosis, a problem that has not been well characterized.

Objective To study clinicopathological features and evolutionary characteristics of AGCT of the ovary

Methods This is a retrospective study of ten cases of AGCT of the ovary, collected in the pathology department of the M. Slim Hospital over a period of 16 years (2002 to 2017). Evolutionary data were collected from medical records of the gynecology department of the same hospital.

Results The average age of our patients was 58 years. Pelvic ultrasound allowed objectifying the ovary tumors in 8 cases and CT scans in 2 cases. All tumors were unilateral and confined to the ovary, without rupture.

Seven patients were treated with unilateral adnexectomy and 3 with a hysterectomy and bilateral adnexectomy.

Eight tumors were encapsulated with a smooth lobulated surface. Seven tumors were solid and 3 solid and cystic.

Tumor size varied between 8,5 and 25 cm. The histopathological study allowed us to make the diagnosis in 6 cases. In 4 cases, an immunohistochemistry study was made to confirm the diagnosis.

No recurrence was noted for all cases with a median follow up of 5 years.

Conclusion Although the course of AGCT of the ovary is often indolent, an unpredictable disease course with recurrence rates up to 50%. Then, an attentive examination of tumor specimens must be done, evaluating prognostic factors as the stage, nuclear atypia, and tumor size.

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A PROSPECTIVE STUDY TO IDENTIFY RATES OF SARS-COV-2 VIRUS IN THE PERITONEUM AND LOWER GENITAL TRACT OF PATIENTS HAVING SURGERY

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Introduction The risks to surgeons of carrying out aerosol generating procedures during the COVID pandemic are unknown. To define these risks in a systematic manner we investigated the presence of SARS-CoV-2 virus in the peritoneal fluid and lower genital tract of patients undergoing surgery at a time when COVID infection remained steady in the population.

Methods We carried out a prospective cross sectional observational study of patients undergoing abdominal surgery or instrumentation of the lower genital tract at a single large institution in the UK. We took COVID swabs from the peritoneal cavity and from the vagina from all eligible patients. All patients underwent preoperative nasopharyngeal testing and results were stratified by pre operative COVID status.

Results To date we have recruited 74 patients undergoing surgery. The commonest procedure undertaken was caesarean section but patients undergoing laparotomy and cancer surgery were also included. No patients had faecal or amniotic contamination of the abdomen or vagina at the time of sampling. All patients had negative nasopharyngeal COVID swabs within 48 hours of recruitment although 4/74 (5%) had the presence of antibodies suggesting previous infection. SARS-CoV-2 virus RNA was detected in 0/63 peritoneal samples and 0/68 lower genital tract samples.

Conclusions The presence of SARS-CoV-2 RNA in the abdominal fluid or lower genital tract of presumed COVID negative patients is nil or extremely low. These data will inform surgeons of the risks of restarting laparoscopic and gynaecologic surgery at a time when COVID19 is endemic in the population.

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CERVICAL CANCER IN TOAMASINA, MADAGASCAR

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Introduction Cervical cancer remains the most common cancer in Africa. In Madagascar, current data on cervical cancer is the result of hospital studies. According to our knowledge, no data concerning this entity have been released from the province of Toamasina. The aim of our study is to investigate the incidence, clinicopathological factors of cervical cancer.

Methods This is a retrospective, descriptive and transversal study in a new Oncology department Toamasina University