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%, LICAM 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 p53-abn, LICAM 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.