

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

Hospital, eastern Madagascar from September 2017 to August 2018.

Results We collected 24 cases of cervical cancer, which represented 25.26% of the cancers recorded. The average age at diagnosis was 49.23 years. Squamous cell carcinoma represented 96% of the histological type. The diagnostic time was 2 years on average; The disease is diagnosed in the advanced stage in 87.49% of cases. Risk factors are represented by the precocity of sexual intercourse at 53.17%, by the relationship of multiple sexual partners in 62.50%, the history of non-specific sexually transmitted infection was found in 45.83% and multiparity predominated at 59%.

Conclusion Compared to hospital data from other cancer centers, cervical cancer seen in the Oncology Department of Toamasina has the same epidemiological and clinical characteristics as those in other provinces. This disease is ranked second among registered cancers, but is the first gynaecological cancer.

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299 INCREASING INCIDENCE OF SEX CORD-STROMAL TUMORS IN THE UNITED STATES

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Introduction The incidence of ovarian cancer has decreased in the United States since the 1980s, due to decreasing incidence of epithelial ovarian cancers. The purpose of this study was to analyze trends in incidence of non-epithelial ovarian cancers.

Methods Data were obtained from the United States Cancer Statistics (USCS) database from 2001 to 2016. Age-adjusted incidence per 100,000 women and annual percent change (APC) in incidence were calculated using SEER*Stat and Joinpoint Software.

Results 18,346 women were diagnosed with non-epithelial ovarian tumors. 6,720 had sex cord-stromal tumors (SCST), of which 82.3% were granulosa cell tumors and 9.7% were Sertoli-Leydig cell tumors. 10,035 were germ cell tumors. The age-adjusted incidence rate was 0.28 for SCST, 0.24 for granulosa cell tumors, and 0.41 for germ cell tumors. Blacks had the highest incidence of SCST (0.61). Over a sixteen-year period, the overall incidence of SCST increased 1.70% annually (95% CI 1.13, 2.28; $p < 0.001$), and the incidence of granulosa cell tumors increased 2.24% annually (95% CI 1.60, 2.88; $p < 0.001$). The incidence of mixed germ cell tumors also increased 3.4% annually (95% CI 1.89, 4.86; $p < 0.001$). However, the incidences of Sertoli-Leydig cell tumors and other subtypes of germ cell tumors were unchanged in the same time period.

Conclusions The incidence of sex cord-stromal tumors is increasing in the United States. Given prior studies suggesting risk is minimally affected by reproductive or lifestyle factors, further research is needed to elucidate mechanisms underlying this trend.

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302 OPPORTUNISTIC ASSESSMENT OF BONE MINERAL DENSITY ON COMPUTED TOMOGRAPHY IN THE GYNAECOLOGICAL ONCOLOGY SETTING

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Introduction Women with gynaecological cancers are at increased risk of cancer treatment-induced bone loss (CTIBL). Assessment of bone mineral density (BMD) is recommended internationally prior to commencement of any therapy associated with CTIBL. However, access to DXA is variable. This study explores the utility of assessment of BMD on CTs performed for cancer-staging in the gynaecologic oncology setting.

Methods Prospective, cross-sectional, validation study comparing quantitative BMD assessment on CT (performed at 120kV) to the gold standard, DXA. CT assessment was performed using simple region of interest placement on lumbar vertebral trabecular bone and recording of resultant Hounsfield units (HU). Forty-eight women were included in this study.

Results CT BMD measurement showed significant correlation with DXA diagnostic categories and BMD. AUC for differentiation of normal from abnormally low BMD on CT ranged from 0.75–0.81. Threshold analysis (Youden's J-statistic) identified the optimal threshold for differentiation of normal from abnormal BMD as 148HU at L3 (sensitivity 82.4%, specificity 83.9%).

Conclusion Assessment of BMD on CT at diagnosis of a gynaecological cancer is simple, differentiates normal from abnormally low BMD with a high degree of accuracy, and requires a negligible increase in reporting time. For this high-risk cohort, it can facilitate early identification of patients with low BMD and optimisation of their bone health prior to deleterious effects of therapy. It can improve prioritisation of DXA referrals and commencement of either therapeutic or prophylactic bone modifying agents as clinically appropriate.

The sensitivity and specificity of thresholds should be considered in determining the appropriate threshold for the chosen clinical application.

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303 INTRAVENOUS LEIOMYOMATOSIS

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Introduction The morphology of intravenous leiomyomatosis is similar to uterus leiomyoma, however, it often exhibits clinical features of malignant tumor: invasive growth, lung and peritoneal metastasis, tumor thrombi in the lumen of veins. The