

gestational age at delivery was 35 (30–39) weeks. All the women delivered by caesarean section and had live births. Two (6.9%) neonates presented low birth weight. There was no evidence of acute toxicity due to chemotherapy. Oncological definitive treatment was chemo-radiotherapy in 15 (51.7%) cases, radical hysterectomy in 12 (41.4%), and just chemotherapy in 2 (6.9%). After a median follow up of 15.6 months (1.8–82.2), three (10.3%) patients recurred, three (10.3%) progressed during treatment, and four (13.8%) died due to disease.

**Conclusion** NACT during pregnancy is an alternative approach to offer to cervical cancer patients, in order to achieve fetal maturity, before giving definitive treatment; obstetrical and neonatal outcomes were favorable. Oncological outcome deserves further investigation.

## IGCS20\_1331

### 312 COMBINATION THERAPY OF ORAL CYCLOPHOSPHAMIDE AND BEVACIZUMAB FOR PATIENTS WITH RECURRENT OVARIAN AND PERITONEAL CANCER

<sup>1</sup>M Goto\*, <sup>2</sup>Y Takimoto, <sup>2</sup>R Isono, <sup>1</sup>M Yamashita, <sup>1</sup>M Onoue, <sup>1</sup>E Yoshioka, <sup>1</sup>R Tashima, <sup>1</sup>K Hori, <sup>2</sup>H Tsubamoto, <sup>1</sup>K Ito. <sup>1</sup>Kansai Rosai Hospital, Japan; <sup>2</sup>Hyogo College of Medicine, Japan

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**Objective** The purpose of chemotherapy for recurrent cancer is to get survival benefit, relieve symptoms, and improve quality of life. We used oral cyclophosphamide (CPA) and bevacizumab (BEV) combination therapy in cases of recurrent ovarian and peritoneal cancer, where standard chemotherapy was difficult to conduct. We subsequently evaluated the safety and efficacy of this treatment.

**Methods** Between August 2014 and June 2020, subjects who provided informed consent received the following regimen: oral CPA 50 mg daily and intravenous BEV15 mg/kg every 3 weeks as 1 cycle. Data from the two facilities were retrospectively studied.

**Result** Twenty-two patients were enrolled (20 with ovarian cancer and 2 with peritoneal cancer). The median follow-up period was 18.9 months (range, 5.0–51.5), and median age was 60 years (range 37–81). Sixteen patients had platinum resistance. The median number of previous chemotherapy regimens was 2.5 (range 0–5). The median implementation cycle was 5 (range 2–14). Eighteen patients discontinued treatment: three due to side effects, and fifteen due to disease progression. Grade 2 toxicities included neutropenia (1), protein urea (1), hypertension (2), and esophagitis (1). Two patients had a complete response, and one patient had a partial response. Five patients had stable disease. The response rate was 13.6%. Median PFS was 5.3 months (range, 0.8–23.5). The median OS from the initiation of CPA/BEV was 9.2 months (range, 4.8–51.5+).

**Conclusions** The combination therapy of oral cyclophosphamide and bevacizumab had relatively effective, and can be used safely in patients who have become difficult to treat after second-line chemotherapy.

## IGCS20\_1332

### 313 NO MORE FROZEN SECTION FOR PREOPERATIVE DIAGNOSES OF ATYPICAL ENDOMETRIAL HYPERPLASIA

<sup>1</sup>J Almeida, <sup>2</sup>M Ruiz-esquide, <sup>2</sup>M Luco, <sup>2</sup>I Grez, <sup>1</sup>V Miranda, <sup>3</sup>E Orlandini\*. <sup>1</sup>Obstetrics and Gynecology Department, Pontificia Universidad Católica de Chile, Chile; <sup>2</sup>Escuela de Medicina Universidad Católica de Chile, Chile; <sup>3</sup>Gynecologic Oncology Unit. Pontificia Universidad Católica de Chile, Chile

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**Introduction** The association between atypical endometrial hyperplasia (AH) and cancer is well established. The objective of this study was to evaluate the frequency of endometrial cancer and the accuracy of frozen section (FS) among patients with preoperative diagnosis of AH.

**Methods** A retrospective review of patients with preoperative diagnosis of atypical endometrial hyperplasia, treated with hysterectomy was performed at Hospital Clínico Pontificia Universidad Católica de Chile, between 03/2011 and 03/2020. The frequency of cancer and accuracy of FS was calculated.

**Results** 88 patients with preoperative diagnosis of atypical endometrial hyperplasia were treated with hysterectomy in our center on the mentioned dates. Final pathological examination revealed endometrial cancer in 12/88 women (13.6%), and only 3 had high risk characteristics (G2-G3, > 50% myometrial invasion)

Frozen section analysis was performed in 75/88 patients (87.5%), which included all patients who had a final diagnosis of cancer. FS analysis identified 6/12 patients (50%) with endometrial cancer, none of them changed surgical plan. The sensitivity and specificity of FS analysis was 50% (95% CI 21,09–78,91%) and 100% (95% CI 95,26–100%) respectively. The positive and negative predictive value for FS analysis was 100% and 92,68% (95% CI 87,8–95,7%) respectively.

**Conclusion** In our center a low proportion of patients had concomitant cancer at time of hysterectomy. We recommend not performing FS since it increases operative time, costs and did not change the surgical plan in any of the patients with preoperative diagnosis of atypical hyperplasia.

## IGCS20\_1333

### 314 CERVICAL CANCER AT THE PATHOLOGY DEPARTMENT UNIVERSITY HOSPITAL CENTER JOSEPH RAVOAHANGY ANDRIANAVALONA MADAGASCAR

H Ranaivoson\*, V Ranaivomanana, H Andrianjafitrimo, NS Randrianjafisamindrakotroka. Pathology Department University Hospital Center Joseph Ravoahangy Andrianavalona Madagascar, Madagascar

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**Introduction** According to the World Health Organization in 2018, cervical cancer is a major public health problem and ranks 4th among female cancers. But one study carried out in Madagascar, revealed that the cervical cancer constitutes the second gynecological cancer after the breast cancer with the rate increasing from 17.7% (in 1996) to 18.67% (in 2006).

**Methods** Retrospective and descriptive study of cervical cancers diagnosed in our laboratory between January 2015 – December 2019.

**Results** We collected 364 cases of cervical cancer, account for 58.33% of the cervical samples received in our laboratory. It represents 24.57% of cancers diagnosed in our laboratory during our study and 69% of gynecological cancers. The average age of the patients was 52.45 years with extremes of 26 and 83 years. The peak frequency was in the age group [40 – 49 years]. The presence of cervical mass was the clinical information communicated in n = 194 (53.29%) of the cases. Cancer was diagnosed in n = 326 (89.56%) on biopsy specimens and in n = 38 (10.43%) on surgical specimens. The histological types was squamous cell carcinoma in n = 325 (89.28%), adenocarcinoma in n = 37 (10.16%), and adenosquamous carcinoma in n = 2 (0.54%).

**Conclusion** Cervical cancer is the most frequently diagnosed gynecological cancer in our laboratory. It mainly concerns the [40 – 49 years old] age group. Squamous cell carcinoma is the predominant histological type.

## IGCS20\_1334

### 315 LAPAROSCOPIC SENTINEL NODE BIOPSY IN EARLY ENDOMETRIAL CANCER USING INDOCYANINE GREEN: A REPORT OF THE FIRST TWO CASES IN THE PHILIPPINES

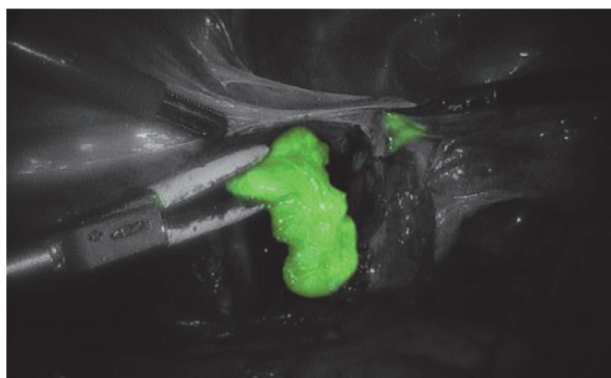
B Yap\*, R Sicam. *Philippine General Hospital, Philippines*

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Standard surgical staging for endometrial cancer is extrafascial hysterectomy, bilateral salpingo-oophorectomy with retroperitoneal lymph node dissection. Sentinel lymph node (SLN) biopsy allows the surgeon to selectively remove and analyze the most relevant nodes, thereby minimizing complications.

Herein we report the first two cases of laparoscopic SLN biopsy using near-infrared fluorescence (NIR) with indocyanine green (ICG) for endometrial cancer in the Philippines. Both cases were diagnosed with endometrial cancer, endometrioid type, confined to the corpus. Identified sentinel nodes were negative for metastasis on ultrastaging. Final histopathology of harvested nodes was negative. Peritumoral lymphovascular space invasion was identified only in the first case. Isolated lymphovascular space invasion appears to be a poor prognostic factor, even in the absence of lymph node metastasis and myometrial invasion.

Sentinel lymph node biopsy using ICG in laparoscopic staging for endometrial cancer is an easily performed and



Abstract 315 Figure 1

reproducible procedure in experienced hands. Standardization of histopathologic analysis of sentinel nodes should be implemented before adapting this method as standard of care in endometrial cancer.

## IGCS20\_1337

### 316 HIGH GRADE TRANSFORMATION OF LOW-GRADE ENDOMETRIAL STROMAL SARCOMA; A MORPHOLOGICAL, IMMUNOHISTOCHEMICAL AND MOLECULAR CASE STUDY

<sup>1</sup>A Ralte\*, <sup>1</sup>R Showell, <sup>2</sup>A Sproston, <sup>3</sup>N Wilkinson. <sup>1</sup>Gateshead Health NHS Trust, UK; <sup>2</sup>Northumbria Healthcare NHS Trust, UK; <sup>3</sup>University College London Hospitals NHS Trust, UK

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**Objective** Endometrial stromal tumours are rare uterine mesenchymal neoplasms whose classification has changed over the years. The 2014 WHO classification divides endometrial stromal sarcomas into low grade endometrial stromal sarcoma (LGESS) and high grade endometrial stromal sarcoma (HGESS), each demonstrating characteristic morphological, immunohistochemical and molecular events. Our knowledge of HGESS has significantly evolved since WHO 2014 classification with identification of distinct genetic alterations namely ZC3H7B-BCOR and YWHAE-NUTM2 gene fusions, associated with high grade histological features. We describe a case of endometrial stromal sarcoma showing high grade histological features but lacking either BCOR or YWHAE gene rearrangements and instead harbouring JAZF1 mutation typically associated with low grade endometrial stromal sarcomas.

**Method and Results** A 60 old female presented with postmenopausal bleeding. Imaging revealed a mass in the uterus suggestive of a uterine fibroid for which she underwent hysterectomy with bilateral salpingo-oophorectomy. Histological examination of the uterine mass revealed a uterine mesenchymal tumour diagnosed on histology as HGESS. However molecular studies revealed JAZF 1 mutation typically seen in LGESS. We describe detailed morphological, immunohistochemical and genetic alterations of this recently recognised entity.

**Conclusion** High grade transformation of low grade endometrial stromal sarcomas is exceedingly rare. High grade transformation in our case was identified at the time of initial diagnosis but can occur years after initial diagnosis. Awareness of this entity and recognition of high-grade features is important as despite JAZF1 abnormality, it shows high grade features which may indicate more aggressive behaviour

## IGCS20\_1338

### 317 DIAGNOSTIC CRITERIA OF SENTINEL LYMPH NODE MICROMETASTASIS OR MACROMETASTASIS BASED ON TISSUE RINSE LIQUID-BASED CYTOLOGY IN GYNECOLOGICAL CANCER

H Kurosu\*, Y Todo, R Yamada, K Minowa, T Tsuruta, S Minobe, H Kato. *Division of Gynecologic Oncology, National Hospital Organization, Hokkaido Cancer center, Japan*

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