presence of previously established pathologic risk factors.

**Results**

368 patients were included in the study. 115 (31.2%) patients had TFD $\leq$ 3.5 mm and 253 (68.8%) had TFD $>$ 3.5 mm. TFD $\leq$ 3.5 mm was associated with worse 5-year disease-free survival (DFS) and overall survival (OS), compared with TFD $>$ 3.5 mm (p=0.028 and p=0.041, respectively) (figure 1). DFS and OS differences were more evident in subgroups of patients who did not receive adjuvant treatment (DFS, p=0.001 and OS, p=0.001) and who underwent laparotomy approach (DFS, p=0.017 and OS, p=0.034). TFD $\leq$ 3.5 mm represented the strongest predictor for lymph node metastasis and pathologic parametrial involvement at both univariate and multivariate analysis (table 1).

**Conclusions**

TFD $\leq$ 3.5 mm represents a poor prognostic factor significantly associated with lymph node metastasis and pathologic parametrial involvement at both univariate and multivariate analysis.

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345 A CASE OF MIXED ADENOCARCINOMA OF UTERUS WITH BLADDER INVASION ORIGINATING FROM ADENOMYOSIS

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**Introduction**

Adenocarcinomas originating from uterine adenomyosis are extremely rare. In addition, mixed adenocarcinoma of uterus with endometrial carcinoma and serous carcinoma is relatively infrequent.

**Case Presentation**

A 52-year-old woman with a chief complaint of hematuria referred to our urology department. Tumor markers were elevated: Cancer antigen (CA) 19–9 58.6 U/ml, CA 125 101.5 U/ml. Urinary cytology, cervical cytology, and intimal cytology were all adenocarcinoma. Cystoscopy revealed protuberant lesions from posterior wall of the bladder. MRI showed a continuous tumor from anterior wall of the uterine body to the lumen of the posterior bladder, and CT showed an enlarged retroperitoneal lymph node. Transurethral resection of bladder tumor was performed to excise the tumor, which was also diagnosed as adenocarcinoma. A modified radical hysterectomy, bilateral salpingo-oophorectomy, partial cystectomy, lymph node biopsy and omentectomy were performed.