

**Abstract 343 Figure 1** DFS (1A) and OS (2B) in the entire cohort stratified according to TFD (cut-off 3.5 mm)

presence of previously established pathologic risk factors. TFD was measured histologically on the hysterectomy specimen.

**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 infiltration. The possibility to obtain this parameter by radiological imaging makes it the easiest measurable pre-operative marker to predict the presence of high-risk pathologic factors.

## IGCS20\_1367

344

### COMPARISON OF CLINICAL PATHOLOGICAL AND SURVIVAL OUTCOMES BETWEEN SEROUS AND NON-SEROUS OVARIAN CANCER

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**Objectives** To compare the clinical-pathological features and survival outcomes of women with serous and non-serous epithelial ovarian cancer.

**Methods** Retrospective study of 151 patients staged surgically in Salah Azaiez Tunisian cancer center, between 2000 and 2010.

**Results** We performed primary debulking surgery in 128 patients (84.8%) and 23 patients (15.2%) underwent interval debulking surgery. Maximal cytoreduction (R0) was achieved in 67 of patients (44.4%), 39 patients had a residual disease  $\leq$ 1 cm (25.8%) and 45 patients had a residual disease  $>$ 1 cm (28.8%). Lymphadenectomy was performed in 57% of cases. The histological type was clearly established for all women: 109 cases of serous carcinomas (72.2%) and 71 non-serous tumors (14 endometrioid, 12 mucinous, 7 clear cell carcinomas, 2 malignant Brenner tumors, 6 undifferentiated and one case of seromucinous carcinoma). The comparison of serous (SEOC) to non-serous tumor types (NSEOC) by univariate analysis showed that SEOC were associated to higher serum level of CA 125 exceeding 1000 UI/ml (47.7% vs 19%,  $p=0.001$ ), higher quantity of ascites exceeding 1 litre (40.4% vs 21.4%,  $p=0.029$ ) with more frequent cacinomatosis in the upper abdomen (48.6% vs 21.4%,  $p=0.002$ ) and more residual disease R1/R2 (65.1% vs 31%,  $p<0.0001$ ), bilateral tumors (74.1% vs 45.2%,  $p=0.001$ ), advanced FIGO stage III-IV (88.1% vs 50%,  $p<0.0001$ ), pelvic lymph metastasis (LNM) (11.7% vs 4.2%) as well as paraaortic LNM (16.7% vs 8.3%,  $p=0.012$ ), higher LN ratio ( $12.57\pm 21.96$  vs  $1.77\pm 5.62$ ,  $p=0.01$ ) and lymphovascular invasion (43.1% vs 9.5%,  $p<0.0001$ ). NSEOC were associated to higher rates of 5-years overall survival (31.3% vs 54.2%,  $p=0.006$ ) and recurrence free survival (31.8% vs 64.6%,  $p=0.002$ ).

**Conclusion** The management of EOC should take into account differences between histological subtypes.

## IGCS20\_1368

345

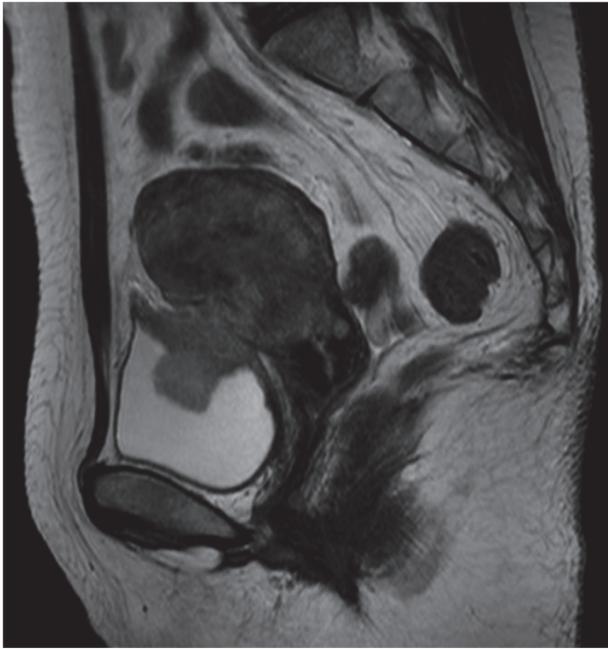
### A CASE OF MIXED ADENOCARCINOMA OF UTERUS WITH BLADDER INVASION ORIGINATING FROM ADENOMYOSIS

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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



Abstract 345 Figure 1

performed with urologists. Histologically, invasive carcinomas were found mainly locating in the myometrium and appeared only a few to endometrium. Some tumors were also seen in adenomyosis. Immunostaining resulted in a mixed serous carcinoma with endometrioid carcinoma. The biopsy image of the bladder showed similar findings, which was considered as direct invasion. Adjuvant chemotherapy with cisplatin and doxorubicin is being performed.

**Discussion** We experienced a rare case of mixed carcinoma of uterus with serous carcinoma and endometrioid carcinoma. She was free of irregular bleeding because the myometrial lesion was the main site of the lesion. Uterine adenomyosis may be involved in the tumor invasion from the uterine to the bladder lumen. Further cases are expected to accumulate.

## IGCS20\_1370

### 347 OUTCOMES OF PATIENTS UNDERGOING EXTREMELY HIGH COMPLEXITY SURGERY (EHCS) FOR ADVANCED OVARIAN CANCER, A SINGLE CENTRE REVIEW OF PRACTICE

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**Introduction** The surgical complexity score (SCS) divides surgical extent by score into 3 categories; Low (0–3), Intermediate (4–7) and High (8+). This study addressed patients whose surgery for advanced ovarian/peritoneal/tubal epithelial cancer (AOC) scored  $\geq 12$ . The outcomes following such extensive surgery are poorly described in the literature.

**Methods** A retrospective review of surgical and oncological outcomes of all patients diagnosed between 17/2/16–14/5/19 with AOC treated with a SCS of  $\geq 12$ .

**Results** 11 patients received EHCS over 38 months, mean age 58. Median SCS was 13 (Range 12–16). 10 patients had serous cancer (grade 1=1, grade 3=9) and 1 had carcinosarcoma. 7 patients (63.6%) underwent primary debulking surgery and 4 (36.4%) interval debulking. All patients required diaphragmatic surgery, six (54.5%) required splenectomy and five (45.5%) paracardiac node resection. Mean blood loss was 1838 ml, mean operating time was 489 minutes (range 323–613).

Complete cytoreduction was achieved in 10/11 patients (91%), 1 patient had  $< 1$  cm residual disease on small bowel serosa. 91% (10/11) patients received adjuvant chemotherapy with a median time to initiation of 55.5 days. Major grade 3 morbidity occurred in 4/11 (36%) of patients (Return to theatre (n=2) and thoracocentesis (n=2)). There were no grade 4 or grade 5 complications and no deaths within 30 days. At time of analysis three patients had died. Median OS had not been met with a 3 year survival of 71%.

**Conclusion** Surgery involving EHCS is safe and feasible. Larger data collection is needed to better inform both patients and clinicians on expected outcomes.

## IGCS20\_1372

### 348 CERVICAL LASER VAPORIZATION FOR WOMEN WITH HIGH GRADE SQUAMOUS INTRAEPITHELIAL LESION OF THE CERVIX

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**Objective** This study evaluated outcomes of laser vaporization of the cervix for women with cervical intraepithelial neoplasia (CIN)-2 or 3.

**Methods** We retrospectively reviewed 300 consecutive patients with CIN2/CIN3 who were treated with cervical laser vaporization between January 2008 and December 2014. At each follow-up visit, histologically confirmed CIN2/CIN3, and invasive carcinoma were defined as treatment failures, as were high-grade squamous intraepithelial lesion (HSIL) or atypical squamous cells that cannot exclude HSIL (ASC-H) with subsequent treatment or lost to follow-up. Primary endpoints included long-term follow-up (at least five years of regular hospital visits) and treatment failure rate. Treatment failure rates were estimated by the Kaplan–Meier method.

**Results** Patients' median age was 32 years old. Median follow-up period was 70 months (interquartile range: 51 – 84 months). Eighty-seven patients had CIN2 and 213 CIN3.

Over 5 years, 72.0% continued their follow-up visits, but significantly more patients aged  $\geq 35$  years did so (78.9%) than did those aged  $\leq 34$  years (66.9%). Treatment failure was observed in 23 patients (2 CIN2 and 21 CIN3), 3 of whom progressed to invasive cancer (1.1%). Four (21.1%) initial failures occurred after the first 5 years.

Cumulative treatment failure rates were 2-year: 96.0%, 5-year: 93.6%, and 8-year: 89.6%.

**Conclusions** The importance of  $\geq 5$  years of regular hospital visits should be emphasized to patients with CIN2/3 who are candidates for cervical laser vaporization, especially those aged  $\leq 34$  years.