



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.

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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 ≥ 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 ≥ 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.

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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 ≥ 35 years did so (78.9%) than did those aged ≤ 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 ≥ 5 years of regular hospital visits should be emphasized to patients with CIN2/3 who are candidates for cervical laser vaporization, especially those aged ≤ 34 years.