

Background Tumor Treating Fields (TTFields) are a non-invasive, antimitotic cancer therapy. The Phase 2 INNOVATE study demonstrated safety of TTFields/weekly paclitaxel in 31 PROC (platinum-resistant ovarian cancer) patients (Vergote Gyn Onc 2018); efficacy: median PFS 8.9 months, 25% partial response, 71% clinical benefit and 61% 1-year survival rate. This phase 3 ENGOT-ov50/GOG-329/INNOVATE-3 study [NCT03940196] investigates TTFields plus weekly paclitaxel in PROC patients.

Study Design Patients (N=540) will have PROC (RECIST V1.1) within 6 months of last platinum therapy with maximum of 2–5 prior lines of systemic therapy, ECOG 0–1 and no peripheral neuropathy >grade1. Patients with primary refractory disease will be excluded. Patients will be randomized 1:1 to weekly paclitaxel alone or weekly paclitaxel (starting of dose 80 mg/m² weekly for 8 weeks, and then on Days 1, 8, and 15 for subsequent 28-day cycle) plus TTFields (200 kHz for 18 hours/day and continued if no progression in the abdominal or pelvic regions (“in-field region”) per RECIST V1.1. Clinical follow-up will be performed q4w, with radiological follow-up (CT or MRI scans of the abdomen and chest) q8w. The primary endpoint is overall survival. Secondary endpoints: PFS, objective response rate, AEs, and quality of life (EORTC QLQ-C30 with QLQ-OV28). Sample size (n=540) will detect an increase in median OS from 12 to 16 months (HR 0.75). Data Monitoring Committee (DMC) meeting (March 2020) concluded that data to-date showed no safety issues and recommended trial continuation.

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359 MORTALITY TRENDS IN GYNECOLOGICAL CANCERS IN CHILE

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Introduction Gynecologic cancers account for an important number of deaths in women in Chile. Substantial efforts have been made over the last 20 years to improve access to health care to reduce cancer mortality.

Objective To evaluate gynecologic cancer mortality trends during the last 21 years in Chile.

Methods Cause-of-death figures were obtained from 1996 until 2017. Age-adjusted mortality rate was calculated for each gynecologic cancer, using the 2017 census data as the standard population. Logistic regression model was utilized to determine trends, confidence interval and reveal changes in tendencies if occurred.

Results Three of the four studied cancers showed a significantly reduction in mortality rates. There was a sustained reduction, although modest, in breast and ovarian cancer mortality of 0.77% (CI -1.0 to -0.6) and 0.63% (CI -1.1 to -0.2) per year, respectively. The most significant change was observed in cervical cancer with an annual reduction of 4% (CI -4.3 to -3.7). All corpus uteri cancers considered together, had a non-significant tendency towards reduction. In a sub-analysis of mortality for cervical cancer in women under 40 years, we observed a break in the negative tendency after 2011, revealing a rise of 5.1% (CI -0.6 to 11.2) per year.

Conclusion There was a reduction in mortality rate in most of the studied cancers. Although cervical cancer showed the most

important reduction trend, is still far from the lowest figures published in the literature. The change in tendency for the younger population with cervical cancer is of concern.

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360 THE INCREASING INCIDENCE OF CARCINOSARCOMA OF THE OVARY AND FALLOPIAN TUBE IN THE UNITED STATES: WHO IS MOST AT RISK?

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Introduction The purpose of this study was to leverage a large population database to analyze trends in the incidence of carcinosarcoma of the ovary, fallopian tube, and peritoneum.

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 9,675, 658, and 745 women had carcinosarcoma of the ovary, fallopian tube, and peritoneum with an age-adjusted incidence of 0.33, 0.04, and 0.03 in 2016 respectively. Over a sixteen-year period, the incidence of ovarian carcinosarcoma increased 0.53% per year (95% CI 0.13, 0.94; P = 0.014), and the incidence of tubal carcinosarcoma increased 4.85% per year (95% CI 2.32, 7.43; P = 0.001). The incidence of local disease decreased 3.53% per year (95% CI -5.78, -1.23; p = 0.006) in contrast to significant increases in both regional and distant disease. The incidence of carcinosarcoma increased only in the Middle Atlantic and East North Central regions [APC 1.36%, (95% CI 0.36, 2.38), p = 0.011; APC 1.71%, (95% CI 0.60, 2.38), p = 0.005]. Non-Hispanic Blacks had the highest incidence (0.35) of carcinosarcoma and highest increase in incidence per year (1.59%).

Conclusions Although rare, the incidence of carcinosarcoma of the ovary and fallopian tube is significantly increasing in the United States, particularly for Non-Hispanic Blacks.

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361 PSOAS MUSCLE VOLUME IS PREDICTIVE FACTOR FOR POOR SURVIVAL IN ELDERLY OVARIAN CANCER PATIENTS

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Objective The association between muscle mass and strength decrease by aging (Sarcopenia) and adverse events of chemotherapy and prognosis has been reported in several solid cancers. Skeletal muscle mass has also been shown to be a prognostic factor in elderly epithelial ovarian cancer, it has been unclear in the Japanese population. Furthermore, the association between more easily calculated iliopsoas muscle

mass and prognosis of elderly epithelial ovarian cancer patients has not been clarified. This study aimed to evaluate association between iliopsoas muscle mass and prognosis of elderly ovarian cancer patients in the Japanese population.

Method Medical charts of 110 epithelial ovarian cancers aged 60 years and older at our hospitals between 2013 and 2014 were retrospectively reviewed. Muscle areas of bilateral psoas major muscles at the third lumbar vertebra were measured using images obtained by computed tomography tested before treatment. Psoas muscle index (PMI) was calculated as the psoas muscle area divided by the height squared. Cox-regression Hazard Models were applied.

Results Median follow-up period was 40 months, average age was 67.8 years, and median PMI was 313 mm²/m² (range 137–572). 44 patients (40.0%) with less than 300 mm²/m² PMI were found to be statistically significant poor prognosis in multivariate analysis (Hazard Ratio: 2.896, 95% Confidence Interval: 1.1510–7.287, P value: 0.024).

Conclusions Low PMI was a statistically significant poor prognostic factor in Japanese elderly patients with epithelial ovarian cancer. It suggests that low PMI can be a biomarker that predicts poor prognosis in elderly patients with epithelial ovarian cancer.

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362

DOUBLE ARM STUDY OF PERFORMING BOWEL ANASTOMOSIS AFTER OR BEFORE HIPEC IN PATIENTS UNDERGOING CRS+ HIPEC FOR ADVANCED EPITHELIAL OVARIAN CANCER

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Introduction Bowel anastomosis before or after HIPEC has been an unresolved debate. We report our experience of impact of HIPEC on anastomosis performed before or after.

Methods Patients diagnosed with advanced epithelial ovarian cancer undergoing CRS+ HIPEC who had bowel resection & anastomoses performed were included in the study. Our institution has two teams, of which one performs anastomosis before and one after HIPEC. Uni-variate and multivariate analysis performed to find factors predicting bowel complications.

Results 135 of 220 patients had bowel resection & restoration as a part of CRS+ HIPEC for advanced epithelial ovarian cancer. Of 135 patients, 66 had anastomosis before HIPEC and 69 after HIPEC. Mean PCI 13.4±4.5, blood loss 850 ±302.9 ml, duration of surgery 9.5±2.4 hr. Overall 57.05% had bowel resections, of which large bowel was 75.8% & small bowel 24.2% & stoma rate was 6.4%. Both the group had same number of total (55.4%vs58.6%), small (15.3% vs16.5%) & large bowel resections (44.3%vs 49.5%). We had 4 (2.9%) leak overall, of which 2 were in either groups. Prior surgical score, recurrent ovarian cancers, number of anastomosis >2, duration of surgery >8.5 hrs were significant on univariate analysis. On multivariate analysis prior surgical score >1 was significant.

Conclusions We conclude that leak rates & complications related to small or large bowel anastomosis is same when anastomosis is done either before or after HIPEC. However,

since this is not a randomized study a well-designed multi-institutional randomized study needs to be planned for stronger evidence of the same.

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363

A RETROSPECTIVE COHORT STUDY FOR FEASIBILITY OF LAPAROSCOPIC HYSTERECTOMY IN PATIENTS WITH STAGE IA1 CERVICAL CANCER

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Objective The objective of this study was to verify the feasibility of laparoscopic hysterectomy in patients with stage IA1 cervical cancer.

Methods This retrospective study was carried out using data for 103 patients with stage IA1 cervical cancer at Hokkaido Cancer Center from January 2000 to December 2016. Study outcomes including operation time, estimated blood loss, blood transfusion, recurrence, and survival were compared between conization group (n=36) and hysterectomy group (n=67). Among patients in the hysterectomy group, those outcomes were compared between non-laparoscopic hysterectomy group (n=31) and laparoscopic hysterectomy group (n=36).

Results In the present study, there was only one patient with cancer recurrence who underwent cervical conization. The rate of cases of cancer recurrence in the conization group tended to be higher than in the hysterectomy group (2.8% vs. 0%, P=0.18). Estimated blood loss in the laparoscopic hysterectomy group was significantly less than in the non-laparoscopic group (213 g vs. 46.5 g, P=0.0017). The rate of patients who received blood transfusion in the laparoscopic hysterectomy group tended to be higher than in the non-laparoscopic group (9.7% vs. 0%, P=0.056).

Conclusion It is highly possible that laparoscopic hysterectomy is a safe operative procedure in stage IA1 cervical cancer when performed by experienced surgeons in tertiary centers.

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364

MANAGEMENT OF BENIGN METASTASIZING LEIOMYOMA: A REPORT OF THREE CASES

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Benign metastasizing leiomyoma (BML) is a rare disease associated with a history of uterine surgery leiomyomas. BML is often seen in the lungs. Symptomatic patients with BML are usually treated with surgical resection or medical castration. Here, we report three patients diagnosed with BML. A 58-year-old patient presented with back pain. Magnetic resonance imaging (MRI) and positron emission tomography – computed tomography (PET/CT) showed a tumor of 3 cm in diameter in the L2/L3 vertebrae with Fluorine-18 deoxyglucose (FDG) accumulation. Histopathology of CT-guided biopsy was