mass and prognosis of elderly epithelial ovarian cancer patients has not been clarified. This study aimed to evaluate association between iliopectas 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 mm^2/m^2 (range 137–572). 44 patients (40.0%) with less than 300 mm^2/m^2 PMI were found to be statistically significant poor prognosis in multivariate analysis (Hazard Ratio: 2.896, 95% Confidence Interval: 1.151–7.287, 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.

IGCS20_1389

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

R Yamada*, Y Todo, H Matsumiya, H Kurosui, K Minowa, T Tsuruta, S Minobe, H Kato. Hokkaido Cancer Center, Japan

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.

IGCS20_1390

MANAGEMENT OF BENIGN METASTASIZING LEIOMYOMA: A REPORT OF THREE CASES

K Inoue*, M Yamaguchi, T Ueda, R Isono, Y Takimoto, T Tsuruta, S Minobe, H Shibahara. Hyogo College of Medicine, Japan

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
Prospective Feasibility Study of Neoadjuvant Effect of Waiting Time from Pathological Genomic Profile of Clear Cell Ovarian Cancers

Introduction
In clear cell ovarian cancers (CCOC) limited data is available on genomic evolution with disease progression.

Methods
23 FFPE tumours collected from 12 patients with advanced CCOC, and 1 mixed clear cell endometrioid OC, treated at Auckland Hospital from 2003–2017, underwent whole exome sequencing (Macrogen), with matched normal tissue.

Results
8 patients had diagnostic samples, 5 had diagnostic and first relapse samples, of these 2 had samples from a second relapse.

Conclusions

Necrosis and Peritonitis
A 45-year-old patient with a history of recurrent serous carcinoma had no symptoms, she was followed conservatively without treatment.

Conclusion

Clinical Benefit of Neoadjuvant Drug Therapy in Ovarian Cancer
This study aimed to investigate the clinical benefit of dox-dense paclitaxel plus carboplatin (ddTC) with bevacizumab (Bev) therapy in neoadjuvant setting for advanced ovarian, fallopian tube and primary peritoneal cancers.

Methods
Ovarian, fallopian tube or primary peritoneal cancer patients with estimated stage III-IV were included. They received paclitaxel (80 mg/m²) on day 1, 8, 15, carboplatin (AUC 6.0 mg/mL x minute) on day 1, and Bev (15 mg/kg) on day 1 every 3 weeks as neoadjuvant chemotherapy. Interval debulking surgery (IDS) was performed after 3 cycles of ddTC + Bev therapy. The primary endpoint was rate of complete surgery. Secondary endpoints were response rate and adverse events.

Results
Twenty-four patients were included in this study. The median age was 55.5 years (37–80 years), and high-grade serous carcinoma accounted for 18 patients. IDS was performed in all patients and the rate of complete surgery was 75%. The response rate in NAC was 79%, and CA125 declined below the cut-off in 58% of patients. Grade 4 hematological toxicities and grade 3/4 non-hematological toxicities were observed in 29% and 17% of patients during NAC respectively. Grade 3/4 perioperative complications were found in 29% of patients, and there was no gastrointestinal perforation or treatment-related death.

Conclusions
Neoadjuvant ddTC+Bev therapy was well tolerated, and the sufficient rate of complete surgery in IDS was obtained.