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.

**IGCS20_1389**

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

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10.1136/ijgc-2020-IGCS.313

**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**

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10.1136/ijgc-2020-IGCS.314

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 since this is not a randomized study a well-designed multi-institutional randomized study needs to be planned for stronger evidence of the same.
smooth muscle tumor, which was compatible with the specimen obtained by hysterectomy for leiomyoma five years before. After administration of letrozole for one month, her back pain improved. Letrozole was used for 5 years, and the size of the tumor remained stable. A 38-year-old patient presented with abdominal distension. CT demonstrated multiple abdominal and subcutaneous tumors and uterine leiomyomas. She had myomectomy and complete surgical resection of the multiple tumor, and was diagnosed with BML. Six years later, she presented with slight cough, and CT showed multiple small nodules in the lungs. Because her symptom diminished spontaneously, she was followed without treatment. Her lung tumors gradually increased without symptoms. A 45-year-old patient with a past history of myomectomy twice presented with Raynaud symptom. CT showed multiple small nodules in the lung which showed no accumulation of 18-FDG. Histopathology of CT-guided biopsy was well-differentiated smooth muscle tumors, and she was diagnosed with BML. Because she had no symptoms, she was followed conservatively without treatment.

IGCS20_1391

PROSPECTIVE FEASIBILITY STUDY OF NEOADJUVANT DOSE-DENSE PACLITAXEL PLUS CARBOPLATIN WITH BEVACIZUMAB THERAPY FOR ADVANCED OVARIAN, FALLOPIAN TUBE AND PRIMARY PERITONEAL CANCER PATIENTS

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10.1136/ijgc-2020-IGCS.315

Objectives This study aimed to investigate the clinical benefit of dose-dense paclitaxel plus carboplatin (ddTC) with bevacizumab (Bev) therapy in neoadjuvant setting for advanced ovarian, fallopian tube and primary peritoneal cancer patients (UMIN-CTR: 000016176).

Methods Ovarian, fallopian tube or primary peritoneal cancer patients with estimated stage III-IV were included. They received paclitaxel (80 mg/m2) on day1, 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, yet 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.

IGCS20_1393

EFFECT OF WAITING TIME FROM PATHOLOGICAL DIAGNOSIS TO DEFINITIVE CONCURRENT CHEMORADIATION (CCRT) FOR CERVICAL CANCER ON OVERALL SURVIVAL

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10.1136/ijgc-2020-IGCS.317

Objective This study aimed to evaluate the effect of waiting time, from diagnosis to initiation of definitive concurrent chemoradiation (CCRT), on overall survival in cervical cancer patients.

Methods Patients with cervical cancer who were diagnosed with definitive CCRT between 2000 and 2017 were retrospectively reviewed. Time from pathological diagnosis to definitive chemoradiation was evaluated, and Censoring was performed on January 10, 2021 by guest. Protected by copyright.