

respectively). Similarly, when stratified by LN status, SLN-B and SLN-B/LND reported similar OS compared to LND, both in negative (HR: 1.03; 95%CI: 0.85–1.26 – HR :0.95; 95% CI: 0.73–1.23, respectively) and positive (HR: 0.92; 95%CI: 0.55–1.54 – HR: 0.76; 95%CI: 0.57–1.03, respectively) LNs. Including only LND with ≥ 10 pelvic and ≥ 1 para-aortic LNs removed, no difference in OS was observed between LND and SLN-B or SLN-B/LND in the entire cohort, and in negative or positive LNs. In all analyses, older age, Charlson-Deyo Score ≥ 2 , black race, higher American Joint Committee on Cancer (AJCC) pathologic T stage, grade 3, presence of lymphovascular infiltration, type-2 histology, and absence of chemotherapy or radiation therapy were independently associated with worse OS.

Conclusions When compared to SLN-B or SLN-B/LND, LND does not appear to improve OS in EC, even in the presence of LN metastases.

IGCS20_1082

20 LONG-TERM SURVIVAL OUTCOMES OF INTRAVENOUS VS INTRAPERITONEAL CHEMOTHERAPY IN THE TREATMENT OF ADVANCED OVARIAN CANCER

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Objectives The role of intraperitoneal (IP) chemotherapy in the management of advanced ovarian cancer has been controversial. We aimed to compare survival outcomes associated with IP vs intravenous (IV) chemotherapy.

Methods We reviewed the long-term survival records of 271 women with stage IIIC or IV high-grade serous ovarian cancer treated with primary cytoreductive surgery (PCS) followed by IP or intravenous (IV) chemotherapy between 2001–2015 with a minimum follow-up of 4 years. 5-year progression free (PFS) and overall survival (OS) rates were compared using Kaplan-Meier survival analysis and covariates were evaluated using Cox regression analysis.

Results Women who received IP chemotherapy after PCS (n=91) were more likely to have undergone aggressive surgery (p<0.001), longer surgery (p<0.001), and had no residual disease (p<0.001) compared to the IV arm (n=180). Median follow-up was 51.6 months. Five-year PFS was 19% vs. 18% (p=0.63) and OS was 73% vs. 44% (p=0.00016) in the IP vs. IV arms, respectively. After controlling for covariates in a multivariable model, the use of IP was no longer a significant predictor of OS in the entire cohort (p=0.12). In patients with 0 mm residual disease, PFS was 28% vs. 26% (p=0.67) and OS was 81% vs. 60% (p=0.059) in IP (n=61) vs. IV (n=69), respectively. In patients with residual of 1–9 mm, PFS was 30% vs. 48% (p=0.076) and OS was 60% vs. 43% (p=0.74) in IP (n=29) vs. IV (n=31), respectively.

Conclusions IP chemotherapy showed a trend towards improved survival over conventional IV chemotherapy, especially in patients with no residual disease.

IGCS20_1170

21 CAN CONISATION SPECIMENS PREDICT SENTINEL LYMPH NODE STATUS IN EARLY-STAGE CERVICAL CANCER? A SENTICOL GROUP STUDY

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Objectives The goal of this study was to determine pathologic risk-factors on conisation specimen predicting the sentinel lymph node (SLN) in early-stage cervical cancer.

Methods An ancillary analysis of 2 prospective multicentric database on SLN biopsy for cervical cancer (SENTICOL I and II) were carried out. Patients with IA to IB1 FIGO stage, who underwent SLN biopsy and conisation were included.

Results and Discussion Between January 2005 and July 2012, 161 patients from 25 French centers fulfilled the inclusion criteria. The majority of patients had IB1 clinical FIGO stage (81.4%) and squamous cell carcinoma (76.3%). Macrometastases, micrometastases and isolated tumor cells (ITCs) were found in 4 (2.5%), 6 (3.7%) and 5 (3.1%) patients respectively. Compared to negative SLN patients, patients with micrometastases or macrometastases were more likely to have lymphovascular space invasion (LVSI) (60% vs 29.5%, p = 0.04) and deep stromal invasion (DSI) ≥ 10 mm (50% vs 17.8%, p = 0.046). By multivariate analysis, DSI ≥ 10 mm on conisation specimens was an independent factor of micrometastases and macrometastases (OR = 3.91, 95%CI = [1.03 – 14.9], p = 0.046). Among the 94 patients with DSI < 10 mm and absence of LVSI on conisation specimens, 4 patients (4.2%) had ITCs and only one (1.1%) had micrometastases.

Conclusions Patients with DSI ≥ 10 mm and LVSI had higher risk of micrometastatic and macrometastatic SLN. In this subpopulation, SLN mapping should be performed meticulously to avoid missing metastatic nodes.

IGCS20_1222

22 COVID-19: A REVIEW OF THE IMPACT OF THE PANDEMIC ON OVARIAN CANCER PATIENT ADVOCACY ORGANIZATIONS FROM AROUND THE WORLD

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Introduction The World Ovarian Cancer Coalition is a not-for-profit organization that works with patient organizations in 47 countries around the world to ensure that every woman diagnosed with ovarian cancer has the best chance of survival and best quality of life where ever she may live.

Methods Concerned about the impact of COVID-19 on all aspects of their members' work, a survey was conducted as part of a joint effort with four other global cancer coalitions.

The consultation was completed by 28 ovarian cancer groups from 16 countries during May 2020.

Results The pandemic has had a significant impact on the work and viability of ovarian cancer patient advocacy organizations. Half (50%) saw an increase in requests for information and support (45% increase on average) mainly relating to treatment and the fear of COVID-19. This coincided with 95% experiencing a sharp decline in income resulting in the need to reduce staff and manage a move to virtual working practices. Of those who fund research, 70% say their ability to fund or carry out research is, or may be, affected. Almost 80% had concerns about their overall current, or future viability. Groups also reported significant disruptions to ovarian cancer services, including delays in access to diagnostics and changes in treatment regimes.

Conclusions Ovarian cancer patient advocacy groups play a vital role in supporting those who are diagnosed with ovarian cancer. The impact of the pandemic means many organizations need additional resources to ensure that they continue to provide these vital services.

IGCS20_1127

23

IMPACT OF COVID-19 IN GYNECOLOGIC ONCOLOGY: A NATIONWIDE ITALIAN SURVEY

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Objective Several attempts are done in order to control COVID-19 and promote a fair allocation of resources during

the outbreak. The Italian society of obstetrics and gynecologist (SIGO), and the Multicenter Italian Trials in Ovarian cancer and gynecologic malignancies (MITO) are promoting research activities in the field of gynecologic oncology on a national basis, even in the era of COVID-19.

Methods The SIGO and MITO group promoted a national survey aiming to evaluate the impact of COVID-19 on clinical activity of gynecologist oncologists and the implementation of containment measures of COVID-19 diffusion.

Results Overall, 604 participants completed the questionnaire with a response rate of 70%. The results of this survey suggest that gynecologic oncology units had set a proactive approach to COVID-19 outbreak. Triage methods were adopted in order to minimize the in-hospital diffusion of COVID-19. Although 73% of the participants stated that COVID-19 has not significantly modified their everyday practice, 21% declared a decrease in the use of laparoscopy in favor of open (19%) and vaginal (2%) surgery. Interestingly, about 5% of the participants stated that the use of laparoscopic surgery has increased during the COVID-19 outbreak. However, less than 50% of surgeons adopted specific protection against COVID-19. Additionally, responders suggested to delay cancer treatment (10–15%), and to perform less radical surgical procedures (20–25%) during COVID-19 pandemic.

Conclusions International cooperation is of paramount importance, as heavily affected nations can serve as an example to find out ways to safely preserve clinical activity during the COVID-19 outbreak

IGCS20_1162

24

PATTERNS OF RECURRENCE IN VULVAR CANCER: A NATIONWIDE POPULATION-BASED STUDY

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Objectives To explore patterns of recurrence and prognostic factors in patients with vulvar squamous cell carcinoma (VSCC) in Sweden.

Methods A nationwide population-based retrospective cohort study, including women diagnosed with VSCC between 2012–2015 and registered in the Swedish Quality Registry for Gynecologic Cancer. Further information about recurrences and follow-up was retrieved from medical charts. Prognostic factors (groin surgery; age (> 79 years vs < 65 years), stage (I-II vs III-IV)) for recurrence-free (RFS) and overall survival (OS) were analyzed by multivariate regression models.

Results 489 eligible women were included. Median follow-up was 5.3 years. The overall recurrence rate was 22.3%; in 56% local, in 27.5% groin and in 7.3% distant recurrences.