

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.

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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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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, but 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.

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GENOMIC PROFILE OF CLEAR CELL OVARIAN CANCERS AND EVOLUTION WITH DISEASE PROGRESSION

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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.

10/13 patients had 10 distinct ARID1A mutations, most were indels. In 3 patients ARID1A mutations were present at diagnosis and relapse, in 1 patient ARID1A mutation was present at first and second relapse but absent at diagnosis. Other driver mutations were identified in PIK3CA 2/13, AKT1 2/13, PTEN 1/13, NOTCH1 1/13, SMARCA4 1/13, PPP2R1A 1/13, TP53 1/13 and ARID5B 1/13. Putative driver mutations in ACVR1B and IGF2R were seen in relapse and not diagnostic samples.

Three patients had euploid tumours, the remainder had a range of aneuploidy, predominantly in chromosomes 8, 9, 16 and 19. Ploidy remained stable with relapse, except in one chemotherapy-naïve patient, who was euploid at diagnosis, and developed loss of heterozygosity (LOH) in several chromosomes at relapse. Tumour mutational burden (TMB) ranged from <1 to >10 mutations per MB, with no clear trend with disease progression. In one patient TMB was higher in the primary compared with 2 metachronous metastatic sites.

Conclusion There was little change in genomic characteristics with disease progression. One chemotherapy naïve patient developed LOH and increased TMB at relapse.

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

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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