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

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

[1]H Nomura*, [2]N Iwasa, [3]F Kataoka, [4]T Chiyoda, [4]W Yamagami, [1]T Fujii, [4]D Aoki. *[1]Fujita Health University, Japan; [2]National Hospital Organization Saitama Hospital, Japan; [3]International University of Health and Welfare, Japan; [4]Keio University, Japan*

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, 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.

IGCS20_1392

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

[1]S Mesnage*, [2]T Robb, [2]C Blenkiron, [3]K Payne, [3]H Hameed, [2]P Shields, [2]P Houseman, [2]M Findlay, [1]K Chrystal, [1]R Stephens, [2]C Print, [1]M Wilson. *[1]Department of Medical Oncology, Auckland City Hospital, New Zealand; [2]Faculty of Medical and Health Sciences, University of Auckland, New Zealand; [3]Department of Anatomic Pathology, Auckland City Hospital, New Zealand*

10.1136/ijgc-2020-IGCS.316

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.

IGCS20_1393

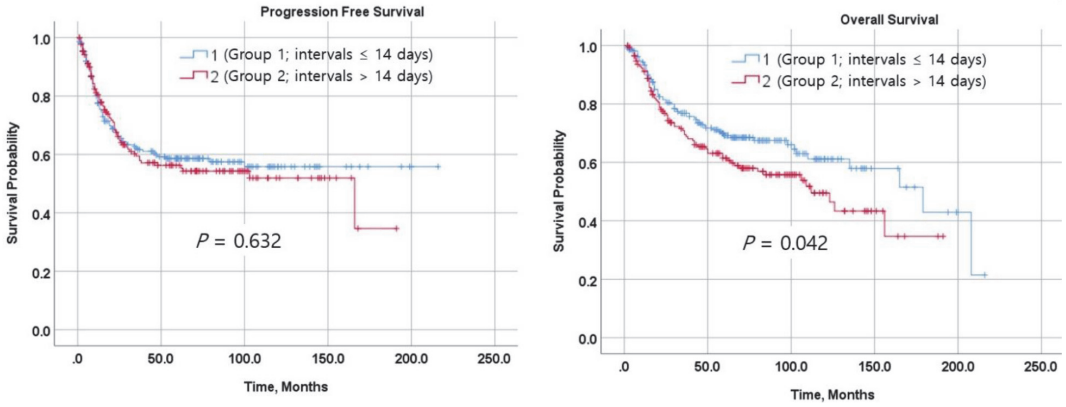
367 EFFECT OF WAITING TIME FROM PATHOLOGICAL DIAGNOSIS TO DEFINITIVE CONCURRENT CHEMORADIATION (CCRT) FOR CERVICAL CANCER ON OVERALL SURVIVAL

H Yeo*, K Noh, Y Lee, CH Choi, T Kim, J Lee, B Kim, D Bae, W Cho, W Park. *Division of Gynecologic Oncology, South Korea*

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



Abstract 367 Figure 1 Survival curves of cervical cancer patients.

Abstract 367 Table 1 Overall Survival, Univariate and Multivariate analyses (waiting time as cate-gorical variable based on median of 14 days)

	Univariate analysis			Multivariate analysis		
	HR	95% CI	*P*	HR	95% CI	*P*
Interval,						
0-14 days	1			1		
15-61 days	1.405	1.009-1.955	0.044	1.513	1.073-2.134	0.018
Age, y	1.015	0.999-1.030	0.059	1.015	0.999-1.031	0.066
FIGO stage			0.001			0.001
I	1			1		
II	1.102	0.528-2.304	0.796	1.138	0.540-2.399	0.734
III	2.015	0.941-4.316	0.071	2.273	1.056-4.893	0.036
IV	2.255	1.040-4.890	0.039	2.386	1.097-5.187	0.028
Cell type			<0.001			<0.001
SCC	1			1		
AD/ADS	2.337	1.540-3.548	<0.001	2.224	1.460-3.388	<0.001
Others	4.550	1.440-14.372	0.010	5.067	1.548-16.589	0.007
Chemotherapy						
Single agent	1			1		
Combination	1.279	0.917-1.784	0.147	1.267	0.883-1.820	0.200
No of cycles						
Insufficient	1			1		
Sufficient	0.427	0.274-0.666	<0.001	0.436	0.277-0.686	<0.001

SCC = squamous cell carcinoma, AD = adenocarcinoma, ADS = adenosquamous cell carcinoma, Others = small cell, clear cell, poorly differentiated carcinoma, Single agent = weekly platinum, Combination = platinum based combination chemotherapy, Insufficient = 1 or 2 cycles for combination chemotherapy and 1, 2, or 3 for single agent, Sufficient = 3 or more cycles for combination chemotherapy and 4 or more cycles for single agent

CCRT was analyzed both as a continuous variable (per day) and as a categorical variable in 2 groups (Group 1 ≤ median, Group 2 > median). Patients with a waiting time of more than 60 days were excluded.

Results The median waiting time was 14 days (0–60). There were differences between Group 1 and Group 2 in age and type of chemotherapy. However, no significant difference was found in the FIGO stage, cell type, or the number of cycles of chemotherapy received during CCRT. A longer waiting time was associated with poorer overall survival on the Kaplan-Meir curve (Group 1 vs. Group 2, P = 0.042). On multivariate analysis, intervals as either a continuous variable (HR; 1. 023, 95% CI; 1.006–1.040, P = 0.007) or a categorical variable (HR; 1.513, 95% CI; 1.073–2.134, P = 0.018), FIGO stage, cell type, and the number of cycles of chemotherapy received during CCRT were significant independent prognostic factors for overall survival.

Patients were divided into two groups based on the median waiting time.

Conclusions A longer waiting time from pathological diagnosis to definitive CCRT was associated with worse overall survival. Our findings suggest that an effort to minimize waiting times should be made in cervical cancer patients who are candidates for CCRT.

IGCS20_1394

368 OVARIAN SERTOLI-LEYDIG TUMORS : EPIDEMIOLOGICAL AND PROGNOSTIC FEATURES

[1]O Kaabia*, [1]O Ben Ahmed, [2]T Yaacoubi, [1]M Bibi, [2]M Mokni, [1]H Khairi. *[1]Université de Sousse, Faculté de Médecine de Sousse, Hôpital Farhat Hached, Sousse, Tunisie, Tunisia; [2]Université de Sousse, Faculté de Médecine de Sousse, Hôpital Farhat Hached, Department of Pathology, Sousse, Tunisie, Tunisia*

10.1136/ijgc-2020-IGCS.318

Objectives Sertoli Leydig cell tumors (SLCT) belong to the group of sex cord-stromal tumors. SLCTs of the ovary are rare (less than 0.5% of all ovarian tumors). The aim of this study is to establish the epidemiological and prognostic features of such a rare tumor entity.

Methods We conducted a retrospective study over a 12 year period (2004–2015) in the Tunisian Central Cancer Registry. We collected all the pathology established cases of ovarian SLCT.

Results The incidence of ovarian SLCT was 1.5% of all the Ovarian, fallopian tube, and peritoneal cancers in our registry. The mean age at the diagnosis was 30 years [14 – 79] with a 2-peak distribution: 14 –30 years (46.15% of the patients) and 50 – 80 years. Endocrine symptoms were present in 76,92% of the patients (virilization: 38.46%). Testosterone serum levels were high in 33.33% of the patients. The pathological FIGO staging was IA in 15.38%, IC in 61.53%, and IIIC in 23.07%. A fertility-sparing surgery was performed in 46.15%. Adjuvant chemotherapy (bleomycin, etoposide, and Cisplatin) was delivered in 46.15%. The recurrence rate in the conservatively operated group was 16.67% and the overall progression rate was 47.46%. The overall survival at 5 years was 38%.

Conclusions Our results suggest that ovarian SLCT are rare but can occur at any age, even in menopausal women. The clinical features are essentially endocrine symptoms. In young women, fertility-sparing surgery is feasible but with a 16.67% recurrency rate and 38% 5- year overall survival.

IGCS20_1395

369 PHASE II TRIAL ON THE FEASIBILITY OF SINGLE DOSE INTRAOPERATIVE NORMOTHERMIC INTRAPERITONEAL CARBOPLATIN (NIPEC) IN ADVANCED EPITHELIAL OVARIAN CANCER FOLLOWING OPTIMAL CYTOREDUCTIVE SURGERY

S Shivdas*, P Rathod, P RM, N Jain, P VR. *Kidwai memorial Institute of Oncology, India*

10.1136/ijgc-2020-IGCS.319

Introduction Intraperitoneal (IP) Chemotherapy and HIPEC have come to be accepted as standard options in advanced EOC, but are associated with morbidities and treatment delay. This study was done to evaluate the feasibility of administering single dose intraoperative normothermic IP carboplatin in advanced EOC after optimal primary or interval debulking surgery.

Methods In a Phase II non randomized prospective study from January 2015 to December 2019, patients of optimally cytoreduced advanced high grade serous ovarian cancer, were administered single dose intraoperative IP carboplatin at room temperature. The immediate (< 6 hours), early (6 – 48 hours) and late (48 hours – 21 days) perioperative complications were recorded, and analyzed.

Results Of 356 patients who underwent surgery for advanced EOC, 86 patients met the inclusion and exclusion criteria. 12 (14%) patients underwent PDS and 74 (86%) IDS. 13 (15.1%) patients underwent laparoscopic/robotic IDS. All patients tolerated IP carboplatin well with no or minimal adverse events. Three cases (3.5%) needed re-suturing for burst abdomen, three cases (3.5%) had paralytic ileus, one case underwent re-exploration for hemorrhage, and one patient died due to due late sepsis. 84 (97.7%) patients received adjuvant IV chemotherapy on time.

Conclusion Single dose normothermic intraoperative IP carboplatin is a feasible procedure with no or minimal manageable morbidity. The procedure is user friendly combining the prognostic benefits of IP chemotherapy with assurance of early timely administration of chemotherapy in advanced EOC. Our study is hypothesis generating for future clinical trials comparing single dose NIPEC versus HIPEC in advanced EOC.

IGCS20_1396

370 THE IMPACTS OF NEOADJUVANT CHEMOTHERAPY AND OF CYTOREDUCTIVE SURGERY ON TEN-YEAR SURVIVAL FROM ADVANCED OVARIAN CANCER

[1]S Kim*, [2]J Kotsopoulos, [2]P Sun, [1]M Bernardini, [1]S Laframboise, [1]S Ferguson, [3]B Rosen, [2]S Narod, [1]T May. *[1]Department of Obstetrics and Gynecology, University of Toronto, Canada; [2]Women's College Research Institute, Women's College Hospital, Canada; [3]Beaumont Health System, USA*

10.1136/ijgc-2020-IGCS.320

Objective To compare long-term survival outcomes for women with advanced ovarian cancer treated with chemotherapy, either before (neoadjuvant) or after surgery (primary cytoreductive) treated at a single tertiary cancer center.