

**Conclusions** Increased PD-1 expression after HIPEC suggests early HIPEC-induced T cell activation, and is associated with improved survival, implicating a potential future role for PD-1 inhibitors following HIPEC in ovarian cancer.

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### SENTINEL LYMPH NODE IN CERVICAL AND ENDOMETRIAL CANCER: REVIEW OF THE FIRST 58 CASES IN A UNIVERSITY SETTING

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**Introduction** Lymphadenectomy is a common procedure in gynecologic oncology. Nonetheless, it is associated to important number of side effects. During the last decade there have been enormous efforts to develop different SLN techniques to reduce complications without affecting survival.

**Objective** Evaluate the experience of SLN technique in a university setting.

**Methods** Retrospective review of 58 cervical and endometrial cancers evaluated with SLN.

**Results** Forty-one of the patients presented with uterine cervical cancer and 17 endometrial cancer. The method used for detection of the SLN was patent blue dye only in 42 patients (72%), technetium 99 in 2 (3.5%), both techniques was used in 10 (17%) and ICG in 4 (%) cases. 40 (69%) patients had laparoscopy. At least one pelvic SLN was detected in 53 (91.4%) 7 patients. Bilateral detection was achieved in 39 (67.2%). Most of the SLN were identified next to external iliac vessels and the obturator fossa. In 97% of the 92 samples identified as SLN had at least one lymph node detected. The mean of lymph-node count was 1.8 (1–7). Patients with uterine cervical cancer had neither SLN nor non-SLN positive. Four patients with endometrial cancer (23.52%) had metastasis on SLN. There were no false negative SLN on those patients who underwent lymphadenectomy. There were no surgical complications derived from de SLN technique.

**Conclusion** SLN technique in cervical and endometrial cancer is technically feasible. Our results show that a good detection rate can be achieved for a proper diagnostic of lymph node status.

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### LEIOMYOMA WITH BIZARRE NUCLEI: CLINICAL AND PATHOLOGIC FEATURES OF 10 PATIENTS

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**Introduction** Leiomyoma with bizarre nuclei (LBN) is defined histologically by significant cytologic atypia, but high mitotic rate and tumor cell necrosis are absent. Despite its benign clinical behavior, differential diagnosis from leiomyosarcoma can sometimes be difficult.

There have been a few sizable studies that have described the clinical and pathologic features of LBN with follow-up data.

**Objective** we investigated the clinical and pathologic features of LBN and compared them with related studies.

**Methods** A total of 10 patients diagnosed with LBN in our department were included.

In all cases, clinical data, macroscopic with microscopic features, and follow-up data were evaluated.

**Results** The median age of the patients was 46 years. Six patients had undergone hysterectomy and 4 myomectomies. The mean tumor diameter was 6 cm.

The tumor was intramural in all cases. Margins were regular in 7 cases, but expansive in 3 cases.

Microscopically, the bizarre cell distribution was multifocal. Their density was low in 8 cases and high in 2 cases. Mitosis was observed in 3 cases, not exceeding 8/10 high power fields. The prognosis was favorable in all cases, with no signs of recurrence or metastasis after a median follow up of 10 years.

**Conclusion** LBN is a histologic variant of benign uterine smooth muscle tumors. Expansive margins, a multifocal distribution with a high density of the bizarre cells, are possibly noted. Other morphologic criteria for malignancy, such as high mitotic rate and coagulative tumor cell necrosis, should be excluded. Additional sampling may be needed for an accurate diagnosis.

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### DOSE-DENSE PACLITAXEL AND CARBOPLATIN PLUS BEVACIZUMAB IS AN EFFECTIVE AND A TOLERABLE FIRST-LINE REGIMEN FOR ADVANCED OVARIAN CANCER

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The JGOG 3016 showed that dose-dense paclitaxel and carboplatin (ddTC) improved progression-free survival (PFS) and overall survival (OS) in advanced ovarian cancer (AOC). ICON7 and GOG-0218 showed that bevacizumab (Bev) improved PFS. GOG-0262 suggested that ddTC+Bev showed no superiority in PFS. The aim of this study is to evaluate the efficacy and safety of ddTC+Bev compared with ddTC in AOC.

We retrospectively investigated patients with FIGO stage III-IV OC who received ddTC or ddTC+Bev as first-line chemotherapy. PFS was investigated about ddTC+Bev compared with ddTC using log-rank test. Age (<60 vs 60≤), FIGO stage (III vs IV), histological type (serous/endometrioid vs others), initial treatment (primary debulking surgery (PDS) vs neoadjuvant chemotherapy±interval debulking surgery (NAC±IDS)), debulking (complete vs others) and regimen (ddTC+Bev vs ddTC) were investigated by multivariate analysis using cox proportional hazards model to predict prognostic factors.

A total of 134 patients were enrolled. Median follow up periods was 30.5 months. 80.1% of patients had stage III disease. 76.7% had serous/endometrioid histologic findings. 59.7% received PDS. 61.9% received complete surgery.