

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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406 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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407 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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408 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.

Compared with ddTC, ddTC+Bev improved PFS ($p<0.01$). Multivariate analysis suggested that regimen, histological type, initial treatment, and debulking were independent variables. The frequency of adverse events grade 3/4 of -anemia ($p=0.02$), -hypertension ($p=0.02$) and -proteinuria ($p<0.01$) were higher in ddTC+Bev.

ddTC+Bev significantly prolonged PFS. Although the frequency of AE of ddTC+Bev is higher than ddTC, it is totally tolerable. ddTC+Bev is an effective 1st line regimen for AOC.

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409 PERIOPERATIVE COMPLICATIONS AFTER CYTOREDUCTIVE SURGERY (CRS) AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC) – AN EXPERIENCE FROM THE TERTIARY CARE CENTRE IN NORTH INDIA

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Introduction In recent decades, Cytoreductive Surgery (CRS) with Hyperthermic Intraperitoneal Chemotherapy (HIPEC) has become the treatment of choice for resectable peritoneal carcinomatosis (PC).

Methods A total of one hundred eighty-eight patients underwent CRS and HIPEC from May 2014 – May 2019 and data was recorded from a prospectively maintained computerized database. Peritoneal Cancer Index (PCI), Completeness of Cytoreduction (CC), Duration of hospitalization, Postoperative morbidities and mortalities were reviewed. Morbidities were graded according to the Clavien Dindo classification.

Results Median Peritoneal Cancer Index (PCI) was 14 (range; 8–25) and completeness of cytoreduction (CC) of 0 and 1 (CC-0 and CC-1) was achieved in all patients, with CC -0 in 87 patients (90%) and CC-1 in 10 patients (10%). The

median intensive care unit (ICU) was 2 days (range; 1–8 days), and the mean hospital stay was 7 days. Four (4.12%) patients died in the postoperative period. Overall 30-day morbidities after CRS and HIPEC were found in 33 patients (34%), whereas 26 patients (26%) developed Clavien Dindo major complications (III and IV). Paralytic ileus occurred in 9 patients (9%), whereas Deep Venous Thrombosis (DVT) developed in 10 patients (10%), and subacute intestinal obstruction in 11 patients (11%) in late (21–30 days) postoperative period. The most common cause of hospital re-admission was a subacute intestinal obstruction (SAIO) and managed conservatively.

Conclusion CRS & HIPEC can be performed with acceptable morbidities and mortality by experienced surgeons. Perioperative and postoperative outcomes can further be improved by proper patient selection and quality of team management.

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410 A SIMPLE SURGICAL TECHNIQUE OF GROIN DISSECTION IN GENITOURINARY CANCERS: A SINGLE CENTRE EXPERIENCE

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Introduction Groin dissection is associated with varying morbidities. Various incision modifications have been described in the literature but to date, morbidity still ranges widely up to 30–52%. Thereby, this study aims to share our experience with the new technique.

Methods We used 'River Flow incision' technique for 188 groin dissections surgeries in consecutive 104 (bilateral in 84 and unilateral in 20) patients from July 2012 to June 2019. Two, 5–7 cm curvilinear incisions parallel to inguinal ligament were made and flap raised keeping the dissection level just below the membranous layer of the groin (figure 1 A, B).



Abstract 410 Figure 1