63.3% of all women with a recurrence reported symptoms. Groin surgery was withheld in 13% of women with presumed stage IB-II.

Poorer RFS and OS was significantly associated with older age (HR 3.44; $p<0.001$ for RFS; HR 5.03; $p<0.001$ for OS), withheld groin surgery (withheld versus performed: HR 0.53; $p=0.001$ for RFS; HR 0.49; $p=0.001$ for OS) and advanced FIGO stage (HR 2.41; $p<0.001$ for RFS; HR 2.48; $p<0.001$ for OS).

Recurrences diagnosed in-between follow-up visitations were significantly larger (30 mm versus 18 mm, $p=0.003$) but after adjustment for age, type of recurrence and time since treatment not associated with worse survival.

Conclusions This population-based study confirms previous findings of predominantly local recurrences in vulvar cancer. Besides known prognostic factors as age and FIGO-stage, withheld groin surgery was associated with worse RFS and OS.

The value of regular follow-up remains undetermined.

IGCS20_1484

25 ENDOMETRIAL CANCER: LAPAROSCOPY VS ROBOTIC SURGERY. A LARGE SINGLE-INSTITUTION RETROSPECTIVE ANALYSIS

E Perrone*, I Capasso, A Gioè, S Restaino, E Distefano, G Dinioi, G Scambia, F Fanfani. Fondazione Policlinico Universitario Agostino Gemelli, IRCCS, Catholic University of Sacred Heart, Italy

10.1136/ijgc-2020-IGCS.25

Introduction Minimally invasive surgery (MIS) is the gold standard for endometrial cancer staging. Among MIS approaches, laparoscopy (LPS) and robotic surgery (RS) are the major techniques. The aim of this study is to compare these two approaches in endometrial cancer staging.

Methods In this large single-institution retrospective study we enrolled 1221 consecutive clinical stage I-II-III endometrial cancer patients undergone MIS surgical staging at the Gynecologic Oncology Unit, Fondazione Policlinico Universitario A. Gemelli IRCCS. We compared 766 patients treated by LPS and 455 by RS, on the basis of perioperative and oncological outcomes (disease free survival, DFS and overall survival, OS). A sub-analysis of the high-risk population was performed in the two cohorts.

Results The two cohorts were homogeneous in terms of perioperative and pathological data. We recorded differences in number of relapse/progression (11.7% in LPS vs 7% in RS, p value= 0.008) and in number of deaths (9.8% in LPS vs 4.8% in RS, p value=0.002). Whereas, in the univariable analysis, the age > 65, grading, the LVSI positivity and the risk group were independent predictors of DFS and OS. In the multivariable analysis the association of the age and grading was significant for DFS and OS. In the sub-analysis, the univariable and the multivariable confirmed the influence of the age in DFS and OS, despite of the MIS approach.

Conclusions/implications In our large retrospective analysis, we confirmed that robotic surgery is superimposable to the standard laparoscopic approach for MIS endometrial cancer staging also for the high-risk population.

IGCS20_1114

26 META-ANALYSIS COMPARING INFLUENCE OF NO ADJUVANT TREATMENT, POSTOPERATIVE RADIOTHERAPY AND/OR CHEMOTHERAPY ON SURVIVAL IN PATIENTS AFTER PRIMARY SURGERY INCLUDING LYMPHADENECTOMY FOR EARLY STAGE UTERINE CARCINOSARCOMA

¹V Student*, ¹S Garzon, ²L Prokop, ³MH Murad, ⁴I Sedlakova, ¹A Mariani. ¹Department of Obstetrics and Gynecology, Mayo Clinic, USA; ²Library Public Services, Mayo Clinic, USA; ³Center for the Science of Health Care Delivery, Mayo Clinic, USA; ⁴Univ Hosp, Hradec Kralove, Charles Univ, Fac Med Hradec Kralove, Czech Republic

10.1136/ijgc-2020-IGCS.26

Introduction Uterine carcinosarcoma (UCS, malignant mixed Müllerian tumor) is rare but aggressive form of endometrial cancer according to metastatic potential. Standard treatment is primary surgery. Adjuvant therapy improves survival in advance disease but its benefit remains unclear in stage I (FIGO 2009).

Methods A systematic review and meta-analysis to compare influence of no adjuvant treatment (No AT) $\pm$ postoperative vaginal brachytherapy (VBT), adjuvant external beam radiation therapy (EBRT) $\pm$ VBT, adjuvant chemotherapy (CT) $\pm$ VBT, and adjuvant CT + EBRT $\pm$ VBT on survival in patients with stage I UCS after primary surgery including at least hysterectomy, bilateral salpingo-oophorectomy, and lymphadenectomy. Prospectively stated selection criteria, data collection and comprehensive search strategy was registered on PROSPERO. Investigators independently extracted data. Random-effects meta-analysis was used to estimate risk ratios (RR).

Results We included 14 retrospective observational studies with 1,090 UCS patients (figure 1). No AT $\pm$ VBT was associated

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

For more information, visit www.prisma-statement.org.

Abstract 26 Figure 1 Study selection

Abstract 26 Figure 2 Forest plots

with higher mortality and recurrence compared to CT±VBT and compared to CT+EBRT±VBT; but no significant difference from EBRT±VBT. Both, CT±VBT and CT+EBRT±VBT, had significantly lower mortality and recurrence compared to EBRT±VBT. There was higher mortality associated with CT±VBT compared to CT+EBRT±VBT. Heterogeneity

was minimal in all analyses; however, none of these comparisons were randomized and the estimates were imprecise due to the small number of events (figure 2).

Conclusion/Implications Adjuvant chemotherapy appears to be effective in controlling recurrences and reduce mortality in early stage UCS.