

Abstracts

Compared with ddTC, ddTC+Bev improved PFS ($p<0.01$). Multivariate analysis suggested that regimen, histological type, initial treatment, and debulking were independent variable. 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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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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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).



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Results The median lymph nodes harvested were 10 on both sides (range: 7–15). The median operative time was 80 min (range 60–90) and blood loss was approximately 25 ml (range: 20–35 ml). There was no treatment specific peri-operative mortality. None of the patients had flap necrosis. Seroma formation was the most common complication, observed in 26 (13.8%), skin edge necrosis in 22 (11.7%) including surgical wound infection in 13 (6.9%) cases. During the routine follow-up, six had (3.2%) persisting seroma, five (2.6%) had grade II lymphedema and two developed deep venous thrombosis (1.06%). Eleven patients (5.8%) developed recurrence during the follow-up period. Six patients had locoregional recurrence, while 5 patients (3.2%) developed systemic recurrence. The femoral artery blowout was not observed in any patient even after receiving radiotherapy.

Conclusion This modified technique reduced all possible morbidities without compromising oncological principles. It can be reproducible and feasible with a comparable learning curve.

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411 ENDOMETRIAL ADENOCARCINOMA ARISING FROM ADENOMYOSIS: AN UNUSUAL CASE

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Endometrial cancer is the third most common genital malignancy in women. It comprises 3% of cancer-related mortalities. The typical precursor lesion for this is endometrial hyperplasia. Adenomyosis, on the other hand, is a benign uterine pathology that is present in up to 30% of women. There is no clear understanding on how malignant transformation occurs in this condition.

This paper presents an unusual case of a 36-year-old Gravida 1 Para 0 (0010), who consulted at the gynecologic emergency room with a chief complaint of vaginal bleeding. She was diagnosed with adenomyosis and endometrial polyps, which were also appreciated sonographically. After failed efforts to address her recurring bleeding over the course of three years, hysteroscopically and medically, she eventually underwent total hysterectomy with bilateral salpingectomy. On histopathologic examination, there were noted foci of endometrioid adenocarcinoma, FIGO grade I, confined within adenomyotic foci with no myometrial invasion. When she consulted at the Gynecologic Oncology Clinic after missing follow-ups, an impression of tumor recurrence was made based on examination and imaging. She was advised for re-exploration for bilateral oophorectomy and tumor debulking, but she opted to forego treatment.

The occurrence of such malignancy with a background of a benign lesion is considered rare in literature. This emphasizes the significance of careful histopathologic evaluation, even after a surgery for a supposed benign illness. This also poses the need for further exploration regarding the pathogenesis and clinical course of patients who have this malignant transformation.

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412 T HELPER CELL 17 IS INVERSELY RELATED TO CLINICAL OUTCOME TO NEOADJUVANT CHEMOTHERAPY IN OVARIAN CANCER

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Background and Objective Immune-related factors have the potential as prognostic biomarkers for treatments of cancers. Current study was to evaluate the correlation between the immune-related factors and the outcome of neoadjuvant chemotherapy (NAC) in patients with advanced ovarian cancer (OC) and select patients who would benefit from this strategy.

Material and Methods Prospective collection of serum samples from patients with OC who are treated with NAC at the Harbin Medical University Cancer Hospital between April 2017 and April 2018. Patients were divided into early-recurrence (ER) and late-recurrence (LR) groups according to whether relapsed within 2 years after surgery. Multiplexed magnetic beads immunoassays were performed on pre- and post-NAC serum samples to examine expression levels of 59 immune-related factors.

Results A total of 18 women were included, 8 in the ER group and 10 in the LR group. CA-125, IL-1beta, IL-2, IL4, IL-5, IL-17A, IL-23 and IL-27 decreased after NAC, whereas concentrations of IL-18, MCP-1, MIP-1alpha, MIP-1beta increased after NAC. Furthermore, the ER group had markedly higher T helper cell 17 (Th17) signature (average level of IL17A, IL21 and IL22) than LR group at both the pre- and post-NAC serum. Subsequent ROC curves analyses indicated a significant value of Th17 signature for predicting LR with an AUC of 0.813 (pre-NAC, p = 0.026) and 0.833 (post-NAC, p = 0.039), respectively.

Conclusions Our data showed NAC changed the expression of cytokines in the peripheral blood and elevated Th17 signature was associated with poor prognosis in OC patients with NAC.

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413 CERVICAL CONIZATION AND SENTINEL LYMPH NODE FOR FERTILITY PRESERVATION IN EARLY LOW-RISK CERVICAL CANCER. LESS IS BETTER?

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Introduction Radical trachelectomy is the standard treatment to preserve fertility in early stage cervical cancer. Several studies reported a low rate of parametrial spread in selected groups of patients. There is no a consensus of low-risk tumors: size <2 cm, squamous or adenocarcinoma histology,