

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 blows out was not observed in any patient even after receiving radiotherapy.

Conclusion This modified technique reduced the 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,

and no evidence of lymph vascular space invasion (LVSI). Conization could be an oncologically safe option. The aim of this study was to evaluate the oncological and obstetric data of patients with low risk early cervical cancer treated with conization and sentinel lymph node (SLN) ± complete pelvic lymphadenectomy (CPL) to preserve fertility.

Abstract 413 Table 1

Patients and tumor characteristics (n=27)	
Age Median (range)	31.33 (23-39)
Gravida (%)	
G0	15 (55.55)
G1	10 (37.04)
G2	2 (7.41)
Stage (%)	
1A1	7 (25.92)
1A2	10 (37.04)
1B1	10 (37.04)
Histology (%)	
Squamous	20 (74.07)
Adenocarcinoma	7 (25.93)
LVSI (%)	
Yes	9 (33.33)
No	18 (66.67)
Diagnostic Procedure (%)	
LEEP	15 (55.56)
Biopsy	12 (44.44)

Abstract 413 Table 2

Pathology Results (n=27)	
Reconization (%)	
Yes	14 (51.85)
No	13 (48.15)
Cause of reconization (%)	
Residual disease	4 (28.57)
Margins less <3mm	3 (21.43)
Unknown Margins	3 (21.43)
Diagnostic in other Institution	4 (28.57)
Tumor size (mm) <u>Median(Range)</u>	10.04 (2-20)
Deepth invation (mm) <u>Median (Range)</u>	4.84 (1-10)

Abstract 413 Table 3

Surgical Results	
Type Surgery (%)	
Conization+CPL	9 (33.33)
Conization+SLN	18 (66.66)
SLN number Median (Range)	2.22 (1-3)
Lymph nodes number Median (Range)	12.2 (6-22)
Magnetic Resonance Image (%)	
Yes	18 (66.67)
No	9 (33.33)
Blood Loss (ml) Median (Range)	75.93 (50-500)
Surgery Time(min) Median (Range)	109,07 (45-180)
Tranfutsion (%)	0 (0)
Intraoperative Complications (%)	0 (0)
Postoperative Complications (%)	
Limphocele	1 (3.70)

Abstract 413 Table 4

Oncologic Outcomes	
Follow up (month) Median (Range)	37.37 (5-81)
Recurrence (%)	0 (0)

Abstract 413 Table 5

Obstetrics outcomes (n=8)	
First trimester loss	1
Term Deliveries	5
Ongoing pregnancies	2

Methods Double-institution retrospective study of patients with low risk cervical cancer treated with conization and SLN/CPL from September 2013 to January 2020. Inclusion criteria: FIGO (2018) stages 1A1 with LVSI to IB1, invasion depth ≤10 mm, squamous or adenocarcinoma histology, negative margins, age < 45 years, fertility desire.

Results Included 27 patients; median age was 31.33 years (23–39). Seven patients had stage IA1 with LVSI (25.9%), 10 (37.04%) IA2 and 10 (37.04%) IB1. We performed nine (33.33%) conization and CPL and 18 (66.66%) conization + SLN ± CPL. Bilateral SLN detection was 100%. We didn't have intraoperative complications. No recurrences have been diagnosed in 37.37 (5–81) months of follow up. Eight pregnancies have been documented with 1 first trimester miscarriage, 5 term deliveries and 2 on-going gestations.

Conclusion Conization and SNL ± CPL in early stage cervical cancer has favorable prognostic features and could be oncologically safe in a selected group of patients.