Objective To evaluate prognostic factors for recurrence and survival among patients with early stage vulvar squamous cell carcinoma (VSCC).

Methods This is a retrospective study of patients with clinical stage I VSCC who were treated at Oslo University Hospital – Radium hospital between 01.01.2006 and 31.12.2016. Clinicopathological characteristics, treatment and follow-up were extracted from the medical records. Univariate and multivariate analysis were used to identify prognostic factors for recurrence, time to recurrence (TTR) and overall survival (OS). A p-value of <0.05 was considered to be statistically significant.

Results 133 patients who underwent primary vulva surgery and evaluation of groin lymph node status were included. The median age was 64 years, and groin lymph node metastases were identified in 22.6% of patients. The median follow-up time was 67 months (range 5–165). The 5-year recurrence and survival rates were 23.3% and 72.2%, respectively. In univariate analysis, the presence of lichen sclerosus and groin lymph node metastasis were independent prognostic factors for recurrence and TTR, with an odds ratio (95% CI) of 5.37 (2.13–13.53) and 2.8 (1.17–6.72) for recurrence, and a HR (95% CI) of 2.6 (1.35–5.19) and 2.2 (1.13–4.26) for TTR, respectively. Age >70 years and a history of recurrence were independent prognostic factors for OS, with a HR (95% CI) of 3.0 (1.58–5.65) and 2.1 (1.57–6.15), respectively.

Conclusions Patients with lichen sclerosus and groin lymph node metastasis have a higher risk for recurrence and shorter TTR. Patients with age >70 years and a history of recurrence have significantly poorer OS.
transplantation and she still suffered from a progressive tumor recurrence and died 5 years later.

Conclusion The potential complexity and heterogeneity of cervical carcinosarcoma contributed to the variety of treatment modality. Such rapidly growing tumor may be responsive to radiotherapy and the role of chemotherapy may also be important, but their expected effects on the sarcomatous component may not be ideal. As a result salvage surgical intervention could be a therapeutic option for such locally advanced diseases.

IGCS20_1454

KRAS MUTANT UTERINE CARCINOMAS

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417 10.1136/ijgc-2020-IGCS.362

Background Inhibitors of KRAS mutations (KRASm) disease have shown efficacy in early clinical studies. Data informing about KRASm targeting in endometrial cancer (EC) are lacking.

Methods ECs (n=8336 with various histologies) were queried for presence of actionable mutations (592 genes) and fusions (Whole Transcriptome Sequencing) using Caris Genomic Profiling database. Comparison was done using Fisher-Exact/Chi-Square (p values) and adjusted for multiple tests by Benjamini-Hochberg (q) and Pairwise nonparametric analysis using Wilcoxon Method.

Results a. KRASm is a frequent genotype in Endometrial Cancer.

KRASm were detected in 15.2% of EC cases. Code was most frequently mutated, with G12D (31%) and G12V (27%) being the most common subtypes (figure 1).

b. Biomarkers of immunotherapy response co-occur with KRASm in EC.

MSI-H/dMMR and TMB-H (>10 mt/MB) were seen 36.4% and 42.8% in KRASm and 15.9% and 27.9% in KRASwt, respectively (p>0.05).

c. BRCA1/2 mutations were detected with equal frequency among KRASm and KRASwt. BRCA1/2 mutations were seen in 6% of KRASm vs 4.6% in KRASwt (p>0.05).

d. KRASm are mutually exclusive of oncogenic fusions. No fusions in FGFR1/3, MET, ALK were detected concurrently with KRASm. Overall, incidence of fusion was extremely low, independent of KRAS status.

Conclusions KRASm EC represents a genomically distinct group of endometrial cancers. Targeted therapy using this biomarker should be explored in clinical trials. Overlap exists with predictors of immunotherapy response, suggesting a possible immunotherapy combination option. Clinical trials to evaluate these strategies are needed.

CLINICAL TRANSLATION OF METHYLATED DNA MARKERS OF ENDOMETRIAL CANCER USING TAMpon-BASED DETECTION

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418 10.1136/ijgc-2020-IGCS.363

Objective In tampon samples from women with and without EC, we tested methylated DNA markers (MDMs) for EC originally identified through discovery and validation in tissue.

Methods From 2/2013–8/2019, women ≥45 yrs with abnormal or postmenopausal bleeding or biopsy-proven EC were