Prevalence of cachexia in treatment-naïve patients with gynaecological cancer: a systematic review

Background
Approximately half of all cancer patients develop cachexia, with 20% of cancer-related deaths attributed to cachexia. Gynaecological cancer has not featured extensively in published cachexia literature. Prevalence of cachexia in this population is therefore unclear. The aim of this review is to report estimated prevalence of cachexia in patients with gynaecological cancer prior to treatment.

Methods
A systematic review was conducted to estimate the prevalence of cachexia at diagnosis in patients with gynaecological cancer. CINAHL, Cochrane Library, EMBASE, MEDLINE Ovid, Scopus and Web of Science were searched and additional relevant articles were identified by hand searching a number of key journals. A narrative synthesis was used to integrate the findings from the included studies.

Results
Following de-duplication, the title and abstracts of 7894 articles were screened; two studies were identified as eligible for inclusion. Both included patients with a cervical cancer diagnosis. Prevalence of cachexia ranged from 0 – 32.4%.

Conclusions
Well-designed and robust studies in treatment-naïve patients with gynaecological cancer are needed in order to quantify the true prevalence of cachexia. This would support the early identification of at-risk patients for whom interventions may be most beneficial.

A carcinoid tumor arising from a mature cystic teratoma in a 33-year-old patient: a case report

Malignant transformation is extremely a rare complication of mature cystic teratoma and it usually occurs in postmenopausal women. The most common form of malignant transformation is squamous cell carcinoma. Carcinoid tumors are rare tumors of the diffuse neuroendocrine system and it represents about 0.1% of all ovarian neoplasms.

In this report, a carcinoid tumor arising from a mature cystic teratoma in a 33 year old nulligravida is presented. Adnexal mass was detected during physical examination. She underwent exploratory laparotomy. The left ovary was cystically enlarged to 10 × 9 × 8 cm with intact, thick whitish capsule and areas with normal ovarian tissues. The uterus, right ovary, bilateral fallopian tubes and appendix were grossly normal. Intraoperative diagnosis of Dermoid cyst was made, hence, left oophorectomy was done. On cut section, the cyst contained sebum and hair strands. Histopathologic diagnosis revealed a carcinoid tumor arising from a mature cystic teratoma. Immunohistochemical staining showed positivity for chromogranin and synaptophysin. Based on morphological and immunohistochemical staining, the tumor was diagnosed as a carcinoid tumor arising from a mature cystic teratoma. Our patient did not present with carcinoid syndrome.

Malignant transformation is a rare complication of mature cystic teratomas. Preoperative diagnosis of Mature Cystic Teratoma of the ovary can be made through history, physical examination and radiologic findings. The treatment of
carcinoid tumor is surgical excision regardless of histologic type. Thorough histopathologic examination and extensive sampling of a dermoid cyst is necessary to detect malignant transformation.

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**425** PATTERNS OF RECURRENCE IN LOW-RISK ENDOMETRIAL CANCER: EVIDENCE FOR A CHANGE IN FOLLOW-UP

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**Introduction** The recurrence rate of low-risk endometrial cancer is reported to be very low. Given the high prevalence of the disease and the low risk of recurrence in this population, the yield from routine gynecological oncology follow up for this group of women is questionable.

**Objective** To describe the rate and patterns of recurrence in low-risk endometrial cancer in patients with low-risk endometrial cancer.

**Methods** A retrospective study of all patients with stage 1A, grade 1–2 endometrial cancer that had primary surgical treatment and follow up in our centre was conducted. For patients with recurrent disease, demographics, site of recurrence, presentation, salvage treatment and long-term outcomes were analyzed.

**Results** 1215 Low-risk endometrial cancer patients were treated with primary surgery between 1981 and 2018. Of these, 24 patients were identified as having had recurrent disease (1.97%). In most patients recurrent disease (17/24 – 70%) was at the vault/locoregional and was deemed salvageable. Median time to recurrence was three years (range 1–8 years), and 12 patients (50%) were asymptomatic. Of those with symptoms, the most common presenting symptoms of recurrence were vaginal bleeding and abdominal pain.

**Conclusion** The incidence of recurrent disease in women with low-risk endometrial cancer is low, less than 2%, and indeed is lower than the risk for endometrial cancer in the general population. Hence, the value of routine tertiary follow up is questionable, and alternative models, including community-based review and patient report symptoms, should be strongly supported.

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**426** THE DIAGNOSTIC VALUE OF MICRORNA SIGNATURE IN ENDOMETRIAL CANCER

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**Background** MiRNAs are noncoding RNAs that regulate gene expression and contribute to the development of cancer. MiRNAs have been shown to be stable in urine, serum and tissue samples. They may be promising biomarkers for non-invasive detection of EC.

**Methods** A retrospective cohort study of women diagnosed with EC between January 2017 and December 2017 was performed at the Royal Cornwall Hospital. Archived formalin-fixed paraffin-embedded (FFPE) samples were obtained from