health policies and attitudes of the population, we may one day eradicate cervical cancer.

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446 SYNCHRONOUS TUMORS OF ENDOMETRIUM AND UNILATERAL FALLOPIAN TUBE: A RARE CASE REPORT

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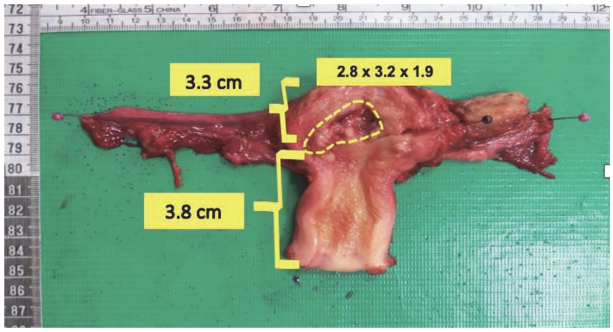
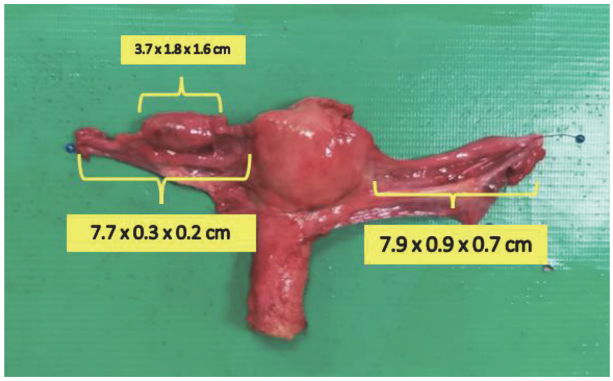
Synchronous multiple tumors of female genital tract are relatively rare comprising only 1–6% of genital neoplasms. This is a case report of a 62 year old woman with a double primary carcinoma of the endometrium and fallopian tube and is the first reported case in our institution. Fallopian tube is an uncommon tumor accounting for 0.14–1.8% of female genital malignancies. Endometrial cancer is one of the most common gynecologic malignancies. In the Philippines, endometrial cancer ranks 11th in the most common cancer with 4,048 newly diagnosed cases in 2018 alone. To be able to distinguished it from a metastatic one, criteria should be fulfilled. It includes conditions such that every tumor must be malignant. The pathological type of each tumor must be different and metastases from the primary tumor must be excluded. In our case, the patient's malignancy occurred in the uterus and left fallopian tube. The pathological types are significantly different from each other and all tumors were diagnosed at the same time, consistent with the diagnostic criteria for multiple primary malignant tumors. Herein, we present a case of a woman with a concurrent simultaneous endometrial and fallopian tubal carcinoma with different histopathological characteristics. Final pathology result was reported as synchronous stage IB, well differentiated, endometrioid adenocarcinoma of the uterus, stage IA clear cell carcinoma, left fallopian tube. At present, the diagnosis of double primary malignancies mainly depends on clinical findings and histopathology. Criteria's were also set to define between and synchronous and metastatic tumor.



Abstract 446 Figure 1



Abstract 446 Figure 2

IGCS20_1487

447 STAGE ONE ENDOMETRIAL CANCER. CONCEPT EXTENSIONS OF RISK GROUP

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Background According to the data of the role of adjuvant radiation therapy (RT) in EC stage I, EC IaG3 can be separated as a high intermediate subgroup. We evaluated long-term results of treatment of intermediate and high risk of EC.

Methods In a retrospective study included 1143 patients. 918 women - intermediate risk and 225 patients with high-risk of EC who received treatment N.N. Alexandrov National Cancer Center of Belarus. We use data from the Belarusian Cancer Registry.

Result Overall (OS), cancer-specific (CSS) and disease-free (DFS) 5-year survival rate in the EC IB G1-2 stage was 83.7 ±1.6%, 91.2±1.2%,88.4±1.4%, in EC of stage IA G3 stage ¬ 76.2±2.2%, 82.4±2.0%, 79.3±2.2%, in EC IB G3 stage ¬ 70,8±3.8%, 81.1±3.3%, 81.1±3.3%, non-endometrioid EC stage I ¬ 58.6±5.7%, 69.3±5.6%, 68.2±5,6%. We've got statistic significant differences between the subgroups of intermediate risk IB G1-2 and IaG3 stage of EC (pos=0.022, pcss=0.00009, pdfs=0.0002) and statistic significant differences in OS rate between IaG3 stage of EC and high-risk stage I of EC (pos= 0.039) which may support for highlight EC stage IaG3 for separate subgroup. However, we've not gotten any significant differences between EC stage IaG3 and EC stage IbG3 (pos=0.212, pcss=0.439, pdfs=0.899).

Conclusion EC stage IaG3 can be highlighted as an individual high intermediate subgroup on the grounds of study of the long-term results of treatment. However, the treatment of intermediate and high intermediate risk of EC isn't different, but the high-risk of EC has a difference because of using adjuvant chemotherapy in the treatment scheme.

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448 STRUMA OVARII: A RARE OVARIAN MALIGNANCY MASQUERADING AS A DERMOID CYST. A CASE REPORT

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