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 rel-
atively 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 Philip-
pines, 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 malign-
nancy 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 con-
current simultaneous endometrial and fallopian tubal carci-
noma 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 meta-
static tumor.

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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 sepa-
rated 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-endome-
trioid EC stage I ¬ 58.6±5.7%, 69.3±5.6%, 68.2±5.6%.
We’ve got statistic significant differences between the sub-
groups of intermediate risk IB G1-2 and IaG3 stage of EC
(poss=0.022, pcss=0.00009, pdfs=0.0002) and statistic sig-
nificant differences in OS rate between IaG3 stage of EC
and high-risk stage I of EC (poss= 0.039) which may sup-
port for highlight EC stage IaG3 for separate subgroup.
However, we’ve not gotten any significant differences
between EC stage IaG3 and EC stage IbG3 (poss=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 OVARI: A RARE OVARIAN MALIGNANCY
MASQUERADING AS A DERMOID CYST. A CASE REPORT
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