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

IGCS20_1485

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

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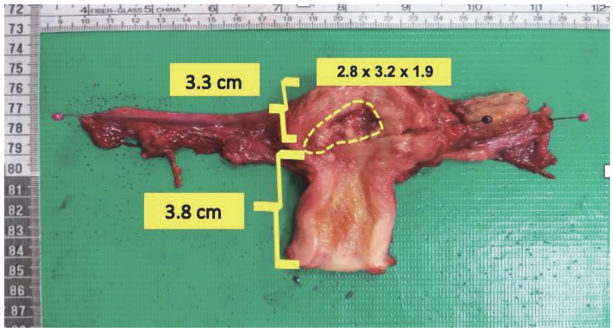
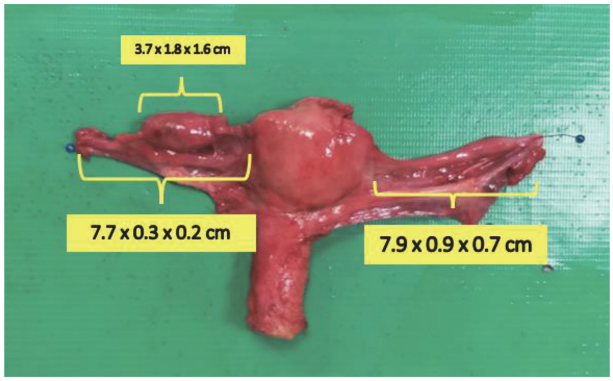
Synchronous multiple tumors of female genital tract are relatively rare comprising only 1–6% of genital neoplasms. This is a case report of a 62 year old woman with a double primary carcinoma of the endometrium and fallopian tube and is the first reported case in our institution. Fallopian tube is an 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.

IGCS20_1488

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

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Introduction Struma ovarii (SO) is rare, accounting for 0.3–1% of ovarian tumours. So is defined histologically as replacement of at least 50% of the ovarian tissue by thyroid tissue. Malignant transformation occurs in less than 5% of cases, most often into a papillary thyroid carcinoma (PTC). An association with a synchronous cancer of the thyroid gland proper exists.

Methods We present a case of malignant struma ovarii - considering presentation, diagnosis, management and follow-up.

Results A 75 year-old presented with the incidental finding of an ovarian mass on imaging. Pre-operative CA125 was 38 and CT described a 9 cm dermoid cyst. The patient underwent TAH, BSO and omentectomy. Final histopathology reported struma ovarii with co-existing papillary thyroid carcinoma. Post-operative CT confirmed FIGO stage 1A disease. Adjuvant thyroidectomy and radio-active iodine ablation (RAI) therapy were recommended by the multi-disciplinary team (MDT). The patient remained under follow-up, incorporating long-term thyroid-stimulating hormone (TSH) suppression and surveillance of serum thyroglobulin – with no recurrence to date.

Conclusions Patients with malignant SO usually present with non-specific symptoms and early stage disease. Very few cases are identified pre-operatively due lack of characteristic features on imaging, with the most common mis-diagnosis being that of a dermoid cyst. CA 125 has no role. Fertility-sparing surgery, pelvic clearance, thyroidectomy and radio-active iodine ablation therapy have all been described in the management of malignant struma ovarii.

IGCS20_1489

449 ROLE OF NEOADJUVANT CHEMOTHERAPY ON LOCAL CONTROL IN LOCALLY ADVANCED VULVAR CARCINOMA: A SINGLE INSTITUTION EXPERIENCE

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Introduction About one third of vulvar carcinoma is diagnosed at an advanced stage and is either surgically unresectable or require pelvic exenteration. Neoadjuvant chemotherapy (NACT) has been introduced to reduce surgical invasivity. In this case series we describe our experience with NACT from January 2000 to December 2018.

Methods This retrospective study analyzes 15 patients affected by locally advanced vulvar carcinoma (FIGO II-IVB) treated with NACT for large tumors (T2-T3) involving the anal sphincter or the urethra. The chemotherapy regimen mainly used a combination of Cisplatin Taxol and Ifosfamide. Clinical data were obtained by reviewing medical, radiological and pathological records.

Results 14 patients completed all the expected cycles of NACT and only 3 presented G3-G4 toxicity. Locally, the treatment resulted in 3 complete responses (20%), 7 partial responses (46.6%), 3 stable diseases (20%) and 2 progressions of disease (13,3%) (Table 1).

Abstract 449 Table 1

Age	Stage FIGO	Tumor size (cm)	Urethra/Anal involvement	NACT	RESPONSE			SURGERY			Adjuvant therapy	Relapse/ Persistency	Status	Survival months
					T	N	M	Radical vulv	Anal Urethral	Nodes				
63	IVB	7x5	urethra	TIP	PR	CR	PR	Y	NO	Inguinal bil	RT	NO	NED	99
63	IVB	15x8	urethra	TIP	CR	PR	CR	Y	NO	Inguinal mono Pelvic mono	CHT	NO	NED	107
76	IVB	8x6	urethra	TIP	SD	SD	SD	Y	Urethra amputation	NO	RT	NO – PD Metastasis	DOD	7
73	II	15x10	urethra	Cisplatin	PR	-	-	Y	Urethra amputation	NO	NO	YES	DOD	4
71	IVB	NA	urethra	TIP	PD	PD	SD	-	-	-	-	-	DOD	6
75	IIIB	7	urethra	TIP	PR	PR	-	Y	NO	Inguinal bil	NO	YES	DOD	4
72	IIIA	8	urethra	TIP	PR	PR	-	Y	NO	Inguinal bil	CHT	YES	DOD	13
57	IVB	8	urethra & anal	TIP	CR	CR	CR	Y	Miles amputation, colostomy	Inguinal bil Pelvic bil	CHT	YES	NED	53
46	IVB	15	urethra & anal	TIP	PD	PD	SD	-	-	-	-	-	DOD	6
78	IIIB	6x3	anal	Cis-Tax	CR	PR	-	Y	NO	Inguinal bil	NO	NO	DOOD	85
70	II	NA	anal	TIP	PR	-	-	Y	NO	Inguinal bil	NO	YES	NED	161
52	IVB	12	anal	TIP	SD	SD	-	Y	Colostomy	Inguinal bil Pelvic bil	RT	YES	DOD	56
80	II	5x3,5	anal	Carbo-Tax	PR	-	-	Y	NO	Inguinal bil	NO	NO	NED	192
68	IIIA	NA	anal	TIP	PR	PR	-	Y	NO	Inguinal mono	CHT	NO	DOOD	128
82	IIIB	12x6	NO	Cis-Tax	SD	CR	-	Y	-	Inguinal mono	NO	NO	DOOD	166

DOD: Death Of Disease **NED:** No Evidence of Disease **DOOD:** Death Of Other Disease