

Abstract 449 Figure 1

Excluding the latter, all patients underwent surgery. Among the 9 with urethra involvement before NACT, 2 required a partial urethral amputation, and out of 7 patients with anus involvement 2 required surgery on the digestive tract. Surgical margins were negative in all cases. Of the 13 patients who underwent surgery, 3 had persistent disease and 3 relapsed.

The overall median survival was 55 months, with some long survivor patients (figure 1).

Conclusion NACT followed by surgery for the treatment of locally advanced vulvar carcinoma is feasible, well tolerated and allows surgical modulation.

IGCS20_1490

450 ORBITAL METASTASIS OF BREAST CARCINOMA: A SERIES OF FIVE CASES

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Introduction Breast cancer is the most frequent primary tumor of ocular metastasis in women. The diagnosis must be regarded with uncertainty. Unless there is a histological exam. Otherwise, the diagnosis can be raised on clinical exam and MRI findings.

Methods A retrospective review of five patients diagnosed with orbital metastasis of breast carcinoma from 2017 to 2020 in Salah Azaiz Oncology Institute in Tunisia.

Results All the patients were female and the average age of diagnosis was 59 (range from 51 to 78). All the patients have a history of ductal adenocarcinoma of the breast. The molecular subtype was Luminal A in four cases and was triple negative in one case. The most common signs were proptosis and ptosis. The MRI was performed in four cases and revealed a mass of the extraocular muscle and the retro-orbital space in three cases, an infiltration of extra-orbital muscle in one case. In one case, a contralateral breast carcinoma and pulmonary metastases were found. The other cases were free of metastasis. A navigation-assisted intraorbital biopsy from the orbital roof, performed in one patient, revealed metastasis of breast cancer. All the patients underwent palliative systemic chemotherapy by taxotere. One patient died three months after the diagnosis and four patients are under regular follow-up.



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Conclusion Orbital metastasis may occur years after the diagnosis. The diagnosis is not evident to establish since the surgical biopsy is not technically possible. The treatment is based on chemotherapy, local radiotherapy, and surgery in some cases.

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451 A PROSPECTIVE STUDY ON METRONOMIC SCHEDULING OF NON-CHEMOTHERAPEUTIC DRUGS IN ADVANCED EPITHELIAL OVARIAN CANCERS

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Introduction Epithelial Ovarian Cancer (EOC) continues one of the leading causes of cancer related mortality. The expenses of developing new drug and using the existing targeted therapies are enormous, in addition to their adverse effects on the quality of life of EOC patients. Here in, comes the value of 'drug repositioning/repurposing'. This study was designed to assess the role of non-chemotherapeutic combination of easily available and affordable drugs as maintenance therapy, after standard treatment, for advanced EOC and to determine the RFS and CSS.

Methods 100 women with advanced high grade EOC who had completed standard treatment by primary/interval

debulking surgery followed by adjuvant chemotherapy were randomised to either receive (study group) or not to receive (control group) the non-chemotherapeutic maintenance therapy (oral Metformin, Anastrozole, Aspirin, Atorvastatin, Vitamin-D, Injection. Zoledronic acid). Both groups were followed up and trends of RFS and CSS were analysed.

Results 100 patients were analysed. Median RFS was 18 months (95% CI: 13–24) in study group versus 16 (95% CI: 14–20) in the control group (P-value = 0.57). Median CSS in the study group was lesser than that in the control group [47 months (95% CI: 31–68) versus 51 (95% CI: 32–66), P-value = 0.76]. 5-year CSS was not significantly different between the groups (47% study vs 40% control, P-value = 0.51).

Conclusion The use of combination of non-chemotherapeutic drugs as maintenance therapy was found to have no significant impact on the survival or reduction of recurrences in patients with advanced epithelial ovarian cancer.

IGCS20_1494

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CLINICAL AUDIT ON QUALITY OF CANCER CARE WITHIN THE ONCOLOGICAL NETWORK OF PIEDMONT AND VALLE D'AOSTA: OVARIAN CANCER TREATMENT, INTERIM ANALYSIS 2017-2018

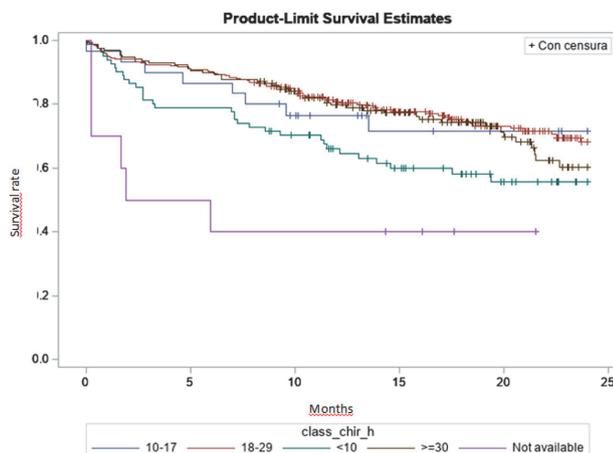
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Objectives The aim of this study is to assess the management of patients affected by ovarian cancer at first diagnosis in the Oncological Network of Piedmont and Valle d'Aosta.

Specific objectives of this audit are description of first line treatment, evaluation of adherence to international guidelines, description of overall survival and assessment of clinical and organizational factors that could influence the outcome.

Methods We carried out an audit of newly diagnosed cases of ovarian cancer treated within the oncological network of Piedmont and Valle d'Aosta between May 2017 and December



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2018. Using an algorithm we have identified 531 patients, whose data has been stratified by the surgical activity of the different centres of the network: group A with ≥ 30 , group B 18–29, group C ≤ 17 .

Results A preliminary analysis shows a statistically significant difference in quality of diagnostic and treatment pathways between centres with high volume activity and those with a low volume as shown in figure 1.

Conclusions These preliminary data suggest how diagnostic pathway, treatment efficacy and consequently survival could depend on amount of the surgical procedures of the hospital. If results will be confirmed at the end of the Audit (December 2020), it could be possible exporting this system also outside the Oncological Network in order to set improvement strategies.

IGCS20_1495

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STUDY IN PROGRESS: INTERNATIONAL RETROSPECTIVE STUDY ON LYMPHADENECTOMY IN ENDOMETRIOID OVARIAN CARCINOMA PATIENTS WITH EARLY STAGE DISEASE (LEOPARD)

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Introduction The benefit of systematic lymphadenectomy (LNE) in low-stage, low-grade ovarian carcinoma is unknown. However, most guidelines still recommend LNE in these patients. Prior studies examining the benefit of this invasive procedure have been hampered small numbers, and large-scale studies that consider modern classification are needed.

Methods A cohort of 666 pathology-reviewed and immunohistochemistry-validated endometrioid ovarian carcinomas has recently been evaluated using endometrial carcinoma-inspired molecular subtyping. This molecularly characterized series is now being used to assess the value of LNE. Contributing centers are performing detailed chart reviews, so that surgical procedures and lymph node status can be correlated with molecular subtype and outcomes.

Results 349 stage I, 181 stage II, 85 stage III, and 22 stage IV cases with a median OS follow-up of 6.11 years (RevKM) were collected from 17 centres across Canada and Europe.