debunking 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, Aspirin, Atovarstatin, Vitamin-D, Injection.Zoledronic acid). Both groups were followed up and trends of RFS and CSS were analysed.

**Methods**

Organizational factors that could influence the outcome.

**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_1495**

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


**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. 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.
Analysis of the first 70/666 cases revealed positive nodes in only a single presumed low stage patient after systematic pelvic and paraaortic LNE (n=1/44). LNE was not performed in 3/44 and restricted to pelvic nodes in 6/44 low-stage cases, all of which were pN0. Tumor spread beyond the Uterus and/or Adnexa was associated with positive nodes in 33%.

Conclusion Preliminary results indicate that abandonment of LNE in low-stage, low-grade endometrioid ovarian carcinoma may reduce morbidity without worsening prognosis for these patients. Completion and expansion of our international team initiative stands to provide a powerful statement on the value of LNE, and influence of molecular subtype on disease spread, possibly improving precision care for ovarian carcinoma patients.

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Epidemiology of Endometrium Cancer in Belarus

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Introduction According to GLOBOCAN STATISTICS 2018, Endometrial Carcinoma (EC) is the 6th most common cancer among female population in the world, and the 2nd among all tumors of the female reproductive system. Belarus takes the first place in the world by incidence rate of EC 24.9 per 100,000.

Objective The aim of this study was to estimate incidence rate, mortality and survival rate of newly diagnosed EC in Belarus from 2009 to 2018.

Method We analyzed the data from the Belarusian Cancer Registry.

Results In Belarus, from 2009 to 2018 were diagnosed 19,388 new cases of EC. The standardized incidence rate of EC has increased from 18.7 per 100,000 in 2009 to 24.1 per 100,000 in 2018 (p<0.01).

Comparison of two five year periods (2009–2013 and 2014–2018) showed that the rate of stage I EC increased from 72.6% to 76.6%, respectively. Meanwhile rates of advanced EC (stage III-IV) hasn’t been significantly changed 7.43% and 7.36%, respectively.

Standardized mortality rate in the studied period was 2.98 and 3.3, respectively. Adjustive relative survival rate for stage I EC was 93.1±0.5% and 92.1±0.5%, stage II 75.5±1.9% and 75.6±2%, for stage III 44.1±2.2% and 49.5±2%, for stage IV 15.9±3.3% and 17.3±2.3%, respectively.

Conclusion We did not find significant changes in the survival rate between the studied periods. The level of survival and mortality rate complies with international standards.