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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455 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.

Conclusions 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.

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456 COMPARISONS OF CLINICAL OUTCOMES IN WOMEN WITH ADVANCED OVARIAN CANCER TREATED WITH FRONTLINE INTRAPERITONEAL VERSUS DOSE-DENSE PLATINUM/PACITAXEL CHEMOTHERAPY WITHOUT BEVACIZUMAB

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Background We aimed to compare the clinical outcomes between intraperitoneal chemotherapy and dose-dense chemotherapy for the frontline treatment of advanced ovarian, fallopian tube and primary peritoneal cancer in women not receiving bevacizumab.

Methods All consecutive women with stage II–IV cancer treated with either frontline intraperitoneal or dose-dense platinum/paclitaxel chemotherapy and not receiving bevacizumab between March 2006 and June 2019 were reviewed.

Results A total of 50 women (intraperitoneal group, n=22; dose-dense group, n=28) were reviewed. Median progression-free survival (32.6 months versus 14.2 months; adjusted hazard ratio=0.38; 95% CI=0.16 to 0.90, p=0.03, figure 1a) and overall survival (not reached versus 30.7 months; adjusted hazard ratio=0.23, 95% CI=0.07 to 0.79, p=0.02, figure 1b) were significantly higher in the intraperitoneal group than in the dose-dense group. A multivariable Cox proportional-hazards model also indicated that the number of frontline chemotherapy cycles (adjusted hazard ratio=0.66, 95% CI 0.47 to 0.94, p=0.02, table 1) was a predictor of better overall survival. Nausea/vomiting and nephrotoxicity occurred more frequently in the intraperitoneal group (p=0.02 and <0.0001, respectively).

Conclusion Intraperitoneal chemotherapy seems to be superior in progression free survival and overall survival to dose-dense

Abstract 456 Table 1 Cox proportional-hazards model to predict overall survival (n=50)

Variable	Hazard ratio	Univariate			Multivariable		
		95% CI	tp	Hazard ratio	95% CI	tp	
Regimen (IP=1 vs. dose-dense=0)	0.35	0.13 to 0.93	0.04	0.23	0.07 to 0.79	0.02	
Age (years)	1.04	0.99 to 1.10	0.10	1.04	0.99 to 1.10	0.13	
FIGO stage	1.34	0.70 to 2.55	0.37	0.57	0.22 to 1.49	0.26	
ECOG score	1.55	0.76 to 3.14	0.23	1.33	0.49 to 3.57	0.57	
Suboptimal debulking	1.96	0.85 to 4.53	0.12	1.53	0.57 to 4.14	0.40	
Number of IP or dose-dense chemotherapy cycles	0.84	0.66 to 1.09	0.19	0.66	0.47 to 0.94	0.02	

CA-125=cancer antigen 125, CI=confidence interval, ECOG=Eastern Cooperative Oncology Group, FIGO=The International Federation of Gynecology and Obstetrics, IP=intraperitoneal. †Univariate Cox proportional-hazards model. ‡Multivariable Cox proportional-hazards model.