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.

IGCS20_1496

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.

IGCS20_1497

456 COMPARISONS OF CLINICAL OUTCOMES IN WOMEN WITH ADVANCED OVARIAN CANCER TREATED WITH FRONTLINE INTRAPERITONEAL VERSUS DOSE-DENSE PLATINUM/PACLITAXEL 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.

Abstract 456 Figure 1 Probabilities of (a) progression free survival and (b) overall survival between the intraperitoneal (IP) and dose-dense groups in all enrolled women (n = 50)

chemotherapy in the frontline treatment of women with advanced ovarian, fallopian tube or primary peritoneal cancer and not receiving bevacizumab.

IGCS20_1499

458 OVARIAN CANCER STATISTICS IN KAZAKHSTAN FOR 2004-2019 YEARS

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According to Globocan 2018, it is more than 295,000 new cases of ovarian cancer (OC) were registered and more than 184,000 deaths worldwide in 2018. In Kazakhstan OC is the 8th most common cancer among women with the one of highest mortality rate in women.

Objectives was to evaluate the OC incidence, mortality, 5-year overall survival rate in Kazakhstan for 2004–2019.

Methods Incidence, mortality data were sourced from the cancer registry database. A total 1028 patients with OC analyzed using the data of Cancer Registry for 2014. The primary endpoint was death from OC. Survival was performed using the life table method (Kaplan-Meier). The statistical processing was carried out with SPSS 23.0 for Windows.

Results Incidence over the past 15 years has been characterized by stable rates: 10.2 in 2004 and 11.1 per 100,000 female population in 2019. OC is found in all age groups and a increase in a group of 65–69 years. It is a decrease in the detection rate of the disease at the 4th stage for the analyzed period, from 18.1% to 8.4%. Mortality remains stable high and it is 5.3 per 100,000 female population in 2019. The overall 5-year observed survival of OC was $20.3 \pm 0.88\%$ (95%CI: 18.7–21.9).

Conclusions Analysis of OC Incidence in KZ showed a stable rate. Despite the reduction in the detection of ovarian cancer at stage 4, mortality from this disease remains high. According to these results, Kazakhstan is among the countries with low five-year OC survival.

IGCS20_1500

459 PREDICTIVE FACTORS OF PARA AORTIC LYMPH NODE INVASION IN EPITHELIAL OVARIAN CANCER

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Objectives To assess the predictive factors of para aortic lymph node metastasis (PAO LNM) in primary epithelial ovarian cancer (EOC).

Methods We retrospectively analyzed the charts of 73 patients with EOC who underwent pelvic and paraaortic lymphadenectomy during a primary (n=62) or secondary debulking surgery (n=11) at the Salah Azaiez institute of oncology between 2000 and 2010.

Results The mean number of retrieved LN was 13.18 (range 4–32) in the pelvic area and 16.53 (range 3–58) in the para-aortic area. PAOLNM were recorded in 21 patients (28.8%), pelvic LNM in 18 patients (24.7%) and 17.8% of patients presented pelvic and paraaortic LNM. Paraaortic LNM was significantly associated to high tumor grade (40.9% vs 10.3% in low grade, $p=0.005$), serous subtype (38.5% vs 4.8% in non serous subtype, $p=0.004$), bilateral tumors (36.6% vs 17.2% in unilateral tumor, $p=0.077$), the presence of lymphovascular invasion (41.7% vs 22.4%, $p=0.088$), the presence of carcinomatosis in the upper abdomen (52.6% vs 20.4%, $p=0.008$), and pelvic lymph node metastasis (66.7% vs 16.4% in case of negative pelvic LN, $p<0.0001$). Moreover, the mean number of pelvic LNM was significantly higher in patients with PALNM (3.25 ± 3.57 vs 1.83 ± 1.602 , $p=0.001$) and pelvic lymph node ratio (LNR) exceeding 10% was predictive of PAOLNM (75% vs 19.7% in case of pelvic LNR less than 10%, $p<0.0001$). Bilateral pelvic LNM as well as right positive pelvic LN were associated to a higher rate of PAOLNM.

Conclusions The risk of PAO LNM is correlated to pelvic LN status as well as histological and clinical features of the primary tumor.