

## Abstracts

40.8 to 42.9 with an annual percent increase (AAPC) of 0.5% per year ( $p<0.05$ ). The 65–69 year old group had the highest incidence (185.4). With respect to race, the highest baseline incidence was in Blacks at 49.5 that increased 2.3% per year (AAPC). Whites had an incidence of 43.6 with an annual percent increase of only 0.4%. The Hispanics had an incidence of 35.0 (AAPC=1.1%), then Asians incidence 24.0 (AAPC=1.3%). The intersectionality of age and race showed that the group with the highest risk was 65–69 year old and Black with an incidence of 281.1 (AAPC=2.3%).

**Conclusion** The intersectionality of age and race found age 65–69 Black women with the highest incidence of uterine cancer with a six-fold increase compared to the general population, using hysterectomy-corrected data. Further studies are warranted to determine potential genetic, social-determinant, or environment exposures to explain these findings.

## IGCS20\_1179

**31 SURVIVAL OUTCOMES IN ENDOMETRIAL CANCER PATIENTS HAVING LYMPHADENECTOMY, SENTINEL NODE MAPPING FOLLOWED BY LYMPHADECTOMY AND SENTINEL NODE MAPPING ALONE: LONG-TERM RESULTS OF A PROPENSITY-MATCHED ANALYSIS**

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**Objective** Sentinel node mapping (SLNM) has replaced lymphadenectomy for staging surgery in apparent early-stage endometrial cancer (EC). Here, we evaluate long-term survival of three different approaches of nodal assessment in EC.

**Methods** This is a multi-institutional retrospective study evaluating long-term outcomes (at least 3 years) of patients having lymphadenectomy, SLNM followed by lymphadenectomy and SLNM alone. We applied a propensity-matched algorithm. Survival outcomes were assessed using Kaplan-Meier and Cox proportional hazard models.

**Results** Applying a propensity score matching algorithm we selected 180 patients having SLNM (90 SLNM vs. 90 SLNM followed by lymphadenectomy). Additionally, a control group of 180 patients having lymphadenectomy was selected. Overall, 10% of patients were diagnosed with positive nodes. Low volume disease was observed in 16 cases (5 micrometastasis and 11 isolated tumor cells). Patients having SLNM followed by lymphadenectomy had a higher possibility to be diagnosed with a stage IIIC disease in comparison to lymphadenectomy alone ( $p=0.02$ ); while we did not observe a difference in the diagnostic value of SLNM followed by lymphadenectomy and SLNM ( $p=0.389$ ). Median follow-up time was 69 (7–206) months. There were no statistical differences in terms of disease-free ( $p=0.570$ , log-rank test) and overall survival ( $p=0.911$ , log-rank test); Similarly, they did not impact on survival outcomes after stratification by low, intermediate and high-risk patients.

**Conclusions** Our study highlighted that SLNM provides similar long-term oncologic outcomes than lymphadenectomy, even in high-risk patients. Further evidence is warranted to assess the prognostic value of low volume disease detected by ultrastaging in patients following SLNM.

## Oral Poster – TAPED

### Oral Featured Posters – Pre-Recorded

#### IGCS20\_1018

**32 DEVELOPMENT OF A TRIAGE TOOL INCLUDING HE4, D-DIMER, AND FIBRINOGEN FOR THE ASSESSMENT OF WOMEN PRESENTING WITH PELVIC MASSES**

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**Introduction** 10% of pre- and 20% of post-menopausal women presenting with a pelvic mass will receive a diagnosis of ovarian cancer (OC). Algorithms are being formulated to improve on CA125 alone in classifying women presenting with pelvic masses as high or low risk for OC. The aim of this study was to evaluate novel biomarkers HE4, the Risk of Ovarian Malignancy Algorithm, the Risk of Malignancy Index I and II, D-dimer, and fibrinogen, alone or in combination, compared to CA125.

**Methods** Pre-operative serum samples were collected from 274 patients undergoing primary debulking surgery in an Irish tertiary referral centre. Logistic regression models and ROC curves were fitted for each biomarker alone and in combination. The partial area under the curve (pAUC) in the 90–100% specificity range was determined. Biomarker cutoffs were calculated at 90–100% and 98% specificity.

**Results** There were 89 pre- and 185 post-menopausal women, consisting of 144 benign, 41 borderline, and 89 OC cases. In the premenopausal group, no biomarker(s) outperformed CA125 (AUC 0.73; 95% CI 0.63–0.84). In the postmenopausal group, HE4 + D-dimer + fibrinogen outperformed CA125 alone (AUC 0.83 versus 0.77,  $p=0.023$ ). HE4 + D-dimer had the highest pAUC at 72.59 (95% CI 66.16–79.72) and outperformed CA125 ( $p=0.001$ ).

**Conclusion** The addition of biomarker(s) to CA125 does not increase OC detection in premenopausal women. A novel biomarker panel (HE4 + D-dimer + fibrinogen) improved the diagnostic accuracy of CA125 alone in postmenopausal women and could aid in the preoperative triaging of pelvic masses.

## IGCS20\_1067

**33 MOLECULAR SUBTYPE DIAGNOSIS OF ENDOMETRIAL CARCINOMA: COMPARISON OF NGS PANEL AND PROMISE CLASSIFIER**

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**Objectives** The molecular classification of endometrial carcinoma (EC) is taking the diagnosis on EC to a more comprehensive level and will aid to better identify those patients whose disease is likely to behave differently than predicted when using traditional risk stratification. We are transitioning

towards the use of molecular classification in a clinical context; however, it remains undetermined, which would be the optimal approach.

**Methods** In this study, we characterized patients ( $n=60$ ) whose disease had a different than anticipated clinical course determined by current risk stratification tools and histomorphologically corresponding control samples. The aim was to access the molecular classification using two different methods; by performing the FoundationOne CDx NGS panel and using the ProMisE classifier and performing immunohistochemical stainings for MMR proteins and p53. POLE mutation status was in both settings derived from FoundationOne results.

**Results** 64 patients were entered in this study, and in 60 cases, the molecular classification was successful. MSI status was available from 53 cases. Tumour molecular subtype was of prognostic significance and showed the expected correlations with grade and histotype. Molecular subtype diagnosis based on NGS and ProMisE was in complete agreement for 50 of 53 tumors. In 2 tumors, a TP53 mutation was detected on NGS, but immunostaining showed subclonal pattern, and 1 case was MSI based on NGS but MMR deficient by immunohistochemistry.

**Conclusions** Both NGS panel sequencing of formalin-fixed paraffin embedded endometrial carcinomas and molecular subtype diagnosis based primarily on immunostaining (ProMisE) yield identical results in 94.3% ( $\kappa = 0.91$ ) of cases.

## IGCS20\_1226

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### SCREENING FOR CERVICAL CANCER IN WOMEN UNDER THE AGE OF 25: A CROSS-SECTIONAL STUDY AT AN UNIVERSITY HOSPITAL IN MINAS GERAIS – BRAZIL

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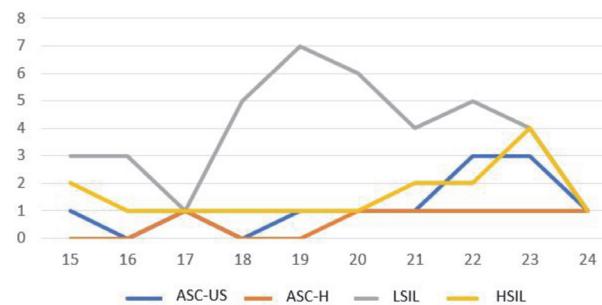
10.1136/ijgc-2020-IGCS.34

The main risk factor for cervical cancer (CC) is persistent infection by oncogenic types of human-papillomavirus. This infection promotes cellular changes leading to the emergence of pre-neoplastic lesions that, if left untreated, can progress to invasive neoplasia. In Brazil, screening programs that aim to detect these CC precursor lesions through cervical cytology are recommended only for women between 25 and 64 years old, who have had at least one sexual intercourse. This study aims to evaluate the histological diagnoses and the frequency of patients under 25 years of age who were referred to colposcopy due to altered colpocytologies; and the distribution of high-grade lesions according to age.

**Method** Cross-sectional study, with retrospective data collection from medical records of asymptomatic patients between 15 and 24 years old referred to the Hospital das Clínicas Samuel Libânia due to changes in the screening test (pap smear).

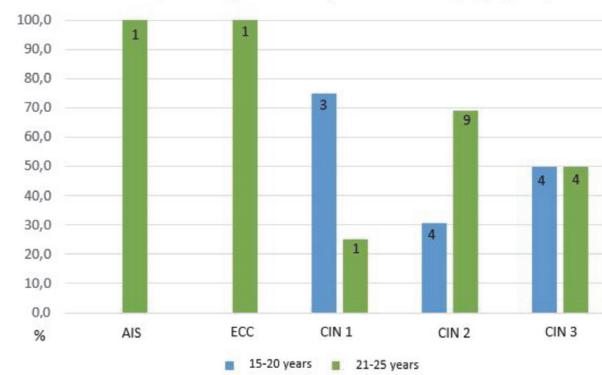
**Result** Among the 4,527 women aged 15 to 24 years, 304 (6.7%) had abnormal cytologies, 73 of whom (24%) were referred for colposcopy. Biopsy was performed in 63 patients. Approximately 65% of high-grade lesions (CIN 2+) were in the 21- to 24-year age range, including one case of 'in situ' carcinoma and one case of invasive squamous carcinoma.

### Oncological colpocytologies of patients by age



**Abstract 34 Figure 1** Results of oncological colpocytologies of patients by age

### Anatomopathological results, distributed by age groups



**Abstract 34 Figure 2** Anatomopathological results, distributed by age groups

**Conclusion** The highest rate of high-grade lesion was found in the 21–24 age group. This highlights the importance of reevaluating the indication for CC screening in younger women. Furthermore a better understanding of the risk factors involved in the evolution of these lesions in young patients is necessary.

## IGCS20\_1486

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### CLINICAL MANAGEMENT OF GYNECOLOGIC CANCER PATIENTS DURING COVID-19 PANDEMIA: THE EXPERIENCE OF DAY HOSPITAL TUMORI FEMMINILI OF FONDAZIONE POLICLINICO AGOSTINO GEMELLI, IRCCS

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**Introduction** During COVID-19 pandemic there was the need to reorganize cancer care. Italian and European association published recommendations to evaluate the risk/benefit ratio of delaying anticancer adjuvant/neoadjuvant/first line treatment, delaying all other treatments or maintenance therapy, reducing the risk for medical and paramedical staff. In this scenario, the aim of our work is to retrospectively evaluate the activity of Day Hospital (DH) Tumori Femminili of Fondazione Policlinico Agostino Gemelli, IRCCS, for the medical management