

IGCS20_1019

57 INDOCYANINE GREEN COMPARED TO TECHNETIUM-99M AND BLUE DYE IN THE DETECTION OF SENTINEL LYMPH NODES IN EARLY STAGE CERVICAL CANCER: A SYSTEMATIC REVIEW AND META-ANALYSIS

I Baeten*, J Hoogendam, R Zweemer, K Gerestein. *University Medical Centre Utrecht, Netherlands*

10.1136/ijgc-2020-IGCS.55

Introduction Indocyanine green (ICG) is a promising tracer in sentinel lymph node (SLN) procedure in patients with early stage cervical cancer. Our objective was to assess the differences in overall and bilateral detection rates of ICG versus technetium-99 m (99mTc) with or without blue dye.

Methods We searched Medline, Embase and the Cochrane Library from inception to April 1st, 2020. Studies reporting on a direct comparison of SLN detection with ICG versus 99mTc ± blue dye in early stage cervical cancer were included. Two reviewers independently selected eligible articles and assessed study quality using the ROBINS-I tool. The overall and bilateral detection rates were pooled with random-effects meta-analyses.

Results From 112 studies retrieved, nine met selection criteria. One study was excluded due to a critical risk of bias. The remaining eight cohort studies of limited quality (two prospective; six retrospective) included 654 patients. No significant differences were found in the pooled overall detection rate of ICG versus 99mTc ± blue dye (98.7% (95%CI, 96.5–100.0%) versus 95.6% (95%CI, 92.1–99.2%), respectively). Use of ICG significantly increased bilateral detection rates compared with 99mTc ± blue dye; 91.5% (95%CI, 82.3–100%) versus 71.7% (95%CI, 64.7–78.7%), respectively, with an OR of 5.17 (95% CI, 1.88–14.21, P 0.01). Five studies reported on patients in partial overlap of each other. No adverse events related to ICG were described.

Conclusion/Implications In early stage cervical cancer, ICG appears to be superior to the 99mTc with or without blue dye in terms of bilateral SLN detection. Additional prospective studies are needed.

IGCS20_1020

58 MULTIDISCIPLINARY SURGICAL APPROACH TO INCREASE COMPLETE CYTOREDUCTION RATES FOR ADVANCED OVARIAN CANCER IN A TERTIARY GYNAECOLOGICAL ONCOLOGY CENTRE

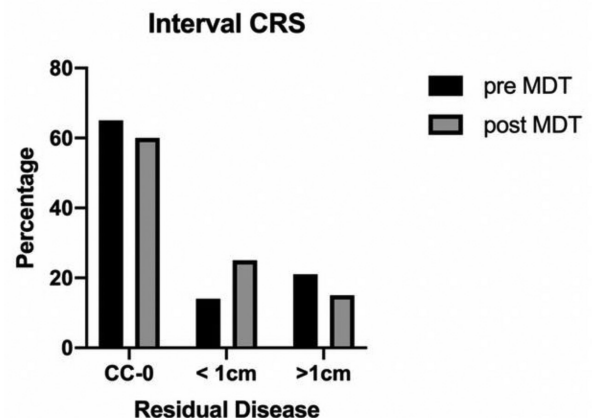
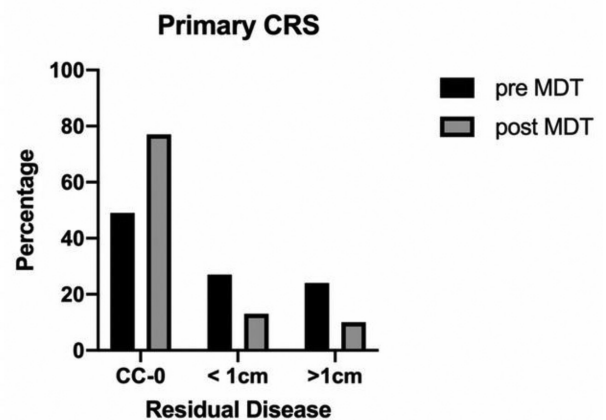
¹K Mulligan*, ¹K Glennon, ¹F Donohoe, ¹Y O'Brien, ¹R Mc Donnell, ¹H Bartels, ¹C Vermeulen, ¹T Walsh, ²C Shields, ³O Mc Cormack, ³J Conneely, ¹W Boyd, ¹R McVey, ²J Mulsow, ¹D Brennan. ¹Dept of Gynaecological Oncology, UCD School of Medicine, Mater Misericordiae University Hospital, Ireland; ²National Centre for Peritoneal Malignancy, Mater Misericordiae University Hospital, Ireland; ³Dept of Surgery, Mater Misericordiae University Hospital, Dublin 7, Ireland, Ireland

10.1136/ijgc-2020-IGCS.56

Objective The aim of this paper is to report on changes in complete cytoreduction rates and morbidity following the implementation of a multi-disciplinary surgical team including gynaecological oncologists, colorectal and upper GI surgeons in a tertiary gynaecological oncology unit. In 2017 we

Abstract 58 Table 1 Comparison of pre – MDT and post – MDT cohorts

	Pre MDT (Cohort A) (n=146)	Post MDT (Cohort B) (n=93)	P Value
Median Age (Range)	60 (28-84)	60 (35-81)	0.595
FIGO stage			
III (%)	113 (77)	70 (75)	0.229
IV (%)	33 (23)	23 (25)	
Histological Subtype			
Serous (%)	115 (78.7)	74 (79.6)	0.96
Endometrioid (%)	7 (5)	4 (4.3)	
Clear Cell (%)	1 (0.6)	5 (5.4)	
Mucinous (%)	4 (2.7)	2 (2.1)	
MMMT (%)	0	1 (1.1)	
Other (%)	19 (13)	7 (7.5)	
Surgical Approach			
Primary	55 (38)	39 (42)	0.511
Interval	91 (62)	54 (58)	
Residual Disease			
No Macroscopic Disease	86 (58.9)	63 (67.7)	0.2
0-0.9cm	28 (19.2)	18 (19.4)	
>1cm	32 (21.9)	12 (12.9)	



Abstract 58 Figure 1 Impact of multidisciplinary surgical team on rates of complete macroscopic resection in advanced ovarian cancer

implemented a multi-disciplinary surgical team including gynaecological oncologists, colorectal, hepatobiliary and upper GI surgeons to increase gross macroscopic resection rates.

Methods Two cohorts were used. Cohort A was a retrospectively collated cohort from 2006–2015. Cohort B was a prospectively collated cohort of patients initiated in 2017. A multidisciplinary approach to preoperative medical optimisation, intra operative management and postoperative care was implemented in 2017. Patients in cohort B with upper abdominal disease were offered primary cytoreduction ± HIPEC. Prior to 2017 patients with upper abdominal disease received neoadjuvant chemotherapy.

Results This study include 146 patients in cohort A (2006–2015) and 93 patients in cohort B (2017–2019) with stage III/IV ovarian cancer. The overall complete macroscopic resection rate (CC-0) increased from 58.9% in cohort A to 67.7% in cohort B. The rate of primary CRS increased from 38% (55/146) in cohort A to 42% (39/93) in cohort B. The CC-0 rate in those who had primary CRS increased from 49% in Cohort A to 77% in Cohort B. Major morbidity remained stable throughout both study periods.

Conclusions Our data demonstrates that the implementation of multidisciplinary team intraoperative approach and a meticulous approach to preoperative optimisation has resulted in an significant improvement in complete resection rates particularly in women offered primary CRS.

IGCS20_1021

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RACIAL DISPARITIES ASSOCIATED WITH INCREASING INCIDENCE OF EPITHELIAL OVARIAN CANCER IN THE UNITED STATES

¹R Ratnaparkhi*, ²C Liao, ³A Chan, ⁴C Tian, ⁴KM Darcy, ⁴L Maxwell, ¹DS Knapp, ³JK Chan. ¹Department of Obstetrics and Gynecology, Stanford University, USA; ²Kaohsiung Veterans General Hospital, Taiwan; ³Division of Gynecologic Oncology, Palo Alto Medical Foundation, California Pacific Medical Center, Sutter Health, USA; ⁴Walter Reed National Military Medical Center, USA

10.1136/ijgc-2020-IGCS.57

Introduction The incidence of ovarian cancer has decreased in the United States since the 1980s, predominantly driven by decreasing incidence in Non-Hispanic Whites. The purpose of this study was to identify racial disparities in histologic subtypes of epithelial ovarian cancer.

Methods Data were obtained from the United States Cancer Statistics (USCS) database from 2001 to 2016. Age-adjusted incidence per 100,000 women and annual percent change (APC) in incidence were calculated using SEER*Stat and Joinpoint Software.

Results Of 319,257 women diagnosed with epithelial ovarian cancer, 79.9% were Non-Hispanic White, 7.8% were Non-Hispanic Black, 7.9% were Hispanic, 3.5% were Asian/Pacific Islanders, and 0.9% were Other/Unknown. Over a sixteen-year period, the overall incidence of epithelial ovarian cancer decreased 1.96% per year (95% CI -2.13, -1.78, p < 0.001). However, in Non-Hispanic Blacks (APC 0.84%, 2.72%) and Asian/Pacific Islanders (APC 0.94%, 2.09%), the incidence of serous and clear cell carcinoma respectively have both increased significantly in the same period. Hispanics had a significant decrease only in incidence of endometrioid (-2.1%) and mucinous (-4.23%) histologies (figure 1). This contrasts the decrease in incidence for Non-Hispanic Whites seen across all histologic subtypes.

Conclusions Persistent racial disparities are unmasked when analyzing trends in ovarian cancer incidence by histologic subtype. Non-Hispanic Blacks and Asian/Pacific Islanders continue to have an increasing incidence of serous and clear cell ovarian carcinomas.

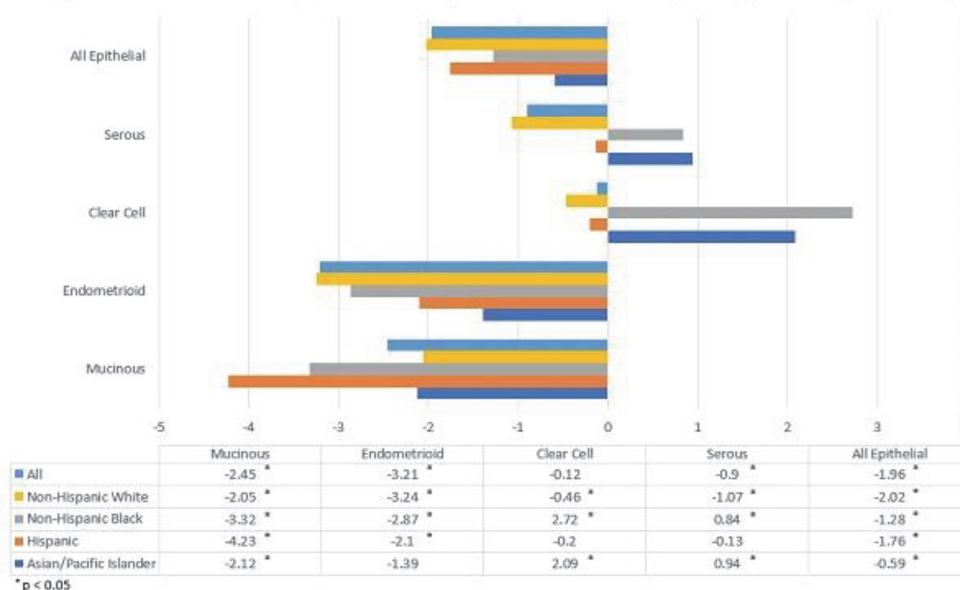
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RECURRENT PAGET'S DISEASE OF THE VULVA IN A SPLIT-THICKNESS GRAFT

R Imperio-Onglao*, J Luna. Philippine general hospital, philippines

10.1136/ijgc-2020-IGCS.58



Abstract 59 Figure 1 Annual percent change in incidence of epithelial ovarian cancer by histology and race (2001 – 2016)