

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

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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.

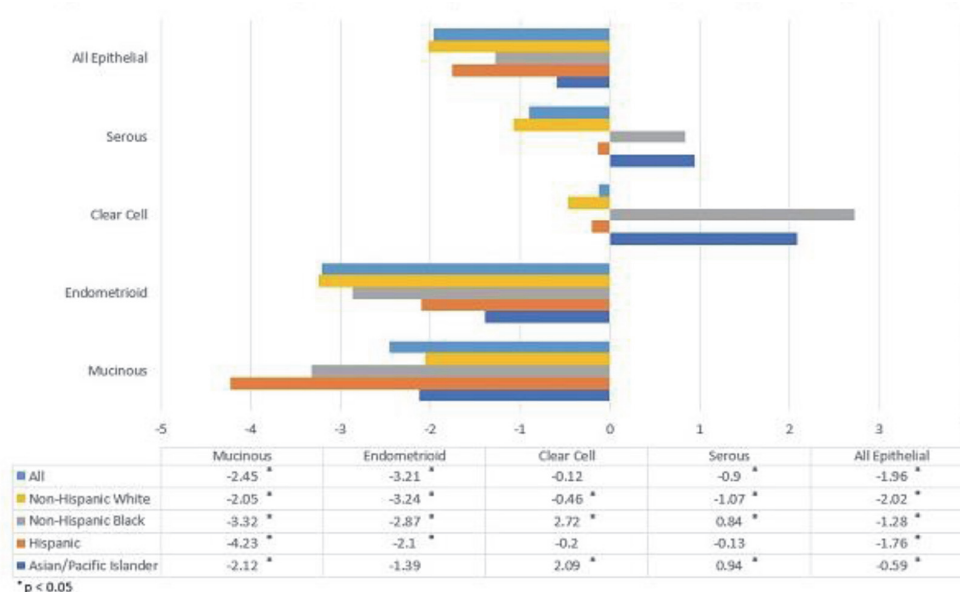
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RECURRENT PAGET'S DISEASE OF THE VULVA IN A SPLIT-THICKNESS GRAFT

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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)