region, creating a need to search for alternative markers that are available and affordable. This study aims to determine the relationship between preoperative serum lymphocyte-monocyte ratio (LMR) and CA-125 in EOC.

Materials and Methods This was a retrospective cross-sectional study among 70 women, diagnosed with EOC. Data was extracted from the case notes. LMR was calculated as the absolute lymphocyte count divided by the absolute monocyte count. Data was analysed using SPSS version 25.0. The correlation between LMR and CA-125 was determined using the Spearman's correlation coefficient.

Results The mean age of the patients was 48.57 ± 13.97 years. Serous adenocarcinoma was the most common subtype of ovarian cancer 66 (94.3%). The median serum CA-125 was 393.5 (215.00 – 765.67) U/mL. The median LMR was 6.77 (1.28–43.0) $\times 10^9/L$. There was a statistically significant negative correlation between CA-125 and LMR, $r = -0.28$, $p = 0.22$.

Conclusion LMR was negatively associated with CA-125 in women with EOC. LMR may be considered as a simple, affordable alternative marker to CA-125 in the management of EOC.

IGCS20_1033

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NEOADJUVANT CHEMOTHERAPY IN EPITHELIAL OVARIAN CANCER: A CASE-CONTROL STUDY IN A LEBANESE TERTIARY CARE CENTER

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Objectives We aim to compare the outcomes of patients with epithelial ovarian carcinoma treated with neoadjuvant chemotherapy to those with primary debulking surgery.

Methods A retrospective case-control study was conducted at a Hôtel-Dieu de France University Hospital. We reviewed the clinipathological data of 184 patients who were operated on for an epithelial ovarian cancer and we compared the outcomes of patients who received a neoadjuvant chemotherapy ($n=94$) with those treated with primary surgery ($n=90$).

Results Patients in both groups had comparable age, menopausal status and comorbidities ($p>0.05$). Patients receiving neoadjuvant chemotherapy had more serous histology and high-grade lesions (58,1% vs. 41,9% ($p=0.003$), 58,8% vs. 41,2% ($p=0.005$), respectively). Bilateral adnexal involvement was more seen in the neoadjuvant group (57,4% vs. 42,6%, $p=0.19$). Patients receiving neoadjuvant chemotherapy were more likely to present lymph node involvement (61,1% vs. 38,9%, $p=0.006$). More bowel resection was done in the neoadjuvant group (62,4% vs. 37,6%, $p=0.005$). Postoperative complications were comparable between the two groups ($p=0.441$). Interval surgery group received more blood transfusion as primary surgery group (55,7% vs. 44,3%, $p=0.004$). Survival rate was 41,8% in the interval surgery group vs. 58,2% in the primary surgery group ($p=0.000$). Recurrence rate 60% in the interval surgery group vs. 40% in the primary surgery group ($p=0.025$). No difference in the recurrence interval was seen in both groups ($p=0.272$).

Conclusion Patients with ovarian cancer receiving neoadjuvant chemotherapy seem to have more aggressive disease and do not have better outcomes in terms of survival and recurrence in comparison to primary surgery group.

IGCS20_1034

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CAN INTRAOPERATIVE VISUAL EXAMINATION OF DIAPHRAGMATIC PERITONEUM BE A RELIABLE TOOL TO MODULATE THE EXTENT OF INTERVAL DEBULKING SURGERY IN ADVANCED OVARIAN CANCER?

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Introduction ²Department of Woman, Child and Public Health, Fondazione Policlinico Universitario A. Gemelli IRCCS, Italy

Complete disease removal during cytoreductive surgery for AEOC is the main prognostic factor for both PDS and IDS. While a unanimous consensus exists on the RT=0 during PDS, the same is not true for IDS. Many surgeons do not consider necessary the removal of macroscopically normal or with apparent scarring areas peritoneum.

This study aims to establish whether the intraoperative visual assessment can be a sufficiently sensitive tool to identify the presence or absence of residual disease.

Methods Observational retrospective study. Pre-operative, surgical and histopathological features of patients subjected to IDS with visually-suspected (figure 1) or certain (figure 2) residual disease at the level of the right diaphragmatic peritoneum, have been collected.

Visually-Suspected diaphragmatic peritoneum"

Abstract 72 Figure 1

Visually-Pathologic diaphragmatic peritoneum

Abstract 72 Figure 2

Results The study included 155 patients, with 92 patients classified as patients with 'Visually-Pathologic diaphragmatic peritoneum' (group-1) and 63 as patients with Visually-Suspected diaphragmatic peritoneum'(group-2).

In group-1, all diaphragmatic specimens resulted positive, while group-2 showed 19% of patients with negative histological results and 81% with positive specimens.

Visual examination showed a sensitivity of 64.3% and a specificity of 100%. PPV has been of 100% while NPV has been of 19%. Accuracy was of 67% ($k=0.218$).

Frozen section evaluation was applied in 28 cases, and showed an accuracy of 92.6% ($k=0.700$).

Conclusions Visually suspected areas often hide micro-macroscopic residual disease after chemotherapy. Frozen section of suspicious areas could be the key to perform a patient tailored surgery.

IGCS20_1035

73 STUDY OF LIPID PROFILE AND THYROID HORMONES IN PATIENTS WITH UTERINE FIBROIDS

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Background Uterine fibroids (UFs) are the common gynecological neoplasms of unknown etiology affecting many women of reproductive age. We aimed to investigate the association between UFs and thyroid hormones and lipid profile.

Materials and Methods Thirty six (14 cases and 22 controls) were enrolled. Cases were those having at least one uterine fibroid > 10 mm detected on ultrasonography, while controls where those having no uterine fibroids. Clinical history and anthropometric parameters were collected for every woman. lipid profile, TSH, ft4, ft3 were evaluated on plasma from participants. The control group age was 38.36 ± 1.773 , and study group - 44.5 ± 1.715 . $P < 0.05$ was consider statistically significant, respectively.

Results As the studies revealed, it's according to lipid Profile, triglycerides level were 2-fold elevated in study population. Also, TSH was elevated 1.2 times ($P=0.0248$, respectively).

Conclusion Our Experimental studies suggest a possible association between thyroid function and UFs. Blood lipid levels are a crucial part of the metabolic syndrome, accordingly have some implication in UFs.

IGCS20_1037

74 REGIONAL REVIEW OF ENDOMETRIAL CANCER OUTCOMES IN KENT AND MEDWAY, UK

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Introduction Randomised Control Trials have not demonstrated a survival benefit for pelvic lymphadenectomy (PL)

in endometrial cancer (EC) surgery, but it has been advocated to triage high and intermediate risk disease to avoid external beam radiotherapy (EBRT) in node negative patients. A recent review of the Cancer Outcomes and Services Data in England, showed geographical variations in PL and EBRT rates, identifying Kent and Medway (K&M) Alliance as an outlier with high PL rates. We reviewed granular patient data of the K&M cohort to assess the clinical indications for PL, its impact on triage of adjuvant EBRT, and clinical outcomes.

Methods Retrospective case review EC cases in 2013–2016 in two gynaecological oncology centres and two district hospitals in K&M.

Results 668 of 815 cases were accessed. 295/550 (53%) FIGO stage IA to IIIC undergoing primary surgery had PL. This group had a higher recurrence rate (47/295,16%), compared to no PL (17/255,7%). 88/295 (30%) had EBRT following PL, 70% of which had proven extrauterine disease (FIGO stage II to IIIC). Recurrence after PL + EBRT (24/88,27%) was higher than PL only (23/207,11%) but most were systemic disease outwith the EBRT field. There was no significant difference in pelvic recurrence between these high/intermediate risk cohorts triaged for EBRT with PL.

Conclusions PL at primary surgery enabled management of selected node negative intermediate/high risk histology EC without adjuvant EBRT, with comparable pelvic recurrence to irradiated node positive cases. A comparison of outcomes from the national cohorts comparing varying management pathways would provide further insight into the impact of these interventions.

IGCS20_1038

75 INCIDENCE OF LYMPH NODE METASTASIS IN APPARENT EARLY STAGE ENDOMETRIOID OVARIAN CARCINOMA

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Introduction Aim of the present study was to evaluate the incidence of lymph node metastasis among patients with apparent early stage endometrioid ovarian carcinoma (EOOC).

Methods Patients with apparent early stage EOOC, with known tumor grade and substage diagnosed between 2004–2015 were drawn from the National Cancer Database. Performance of lymph node sampling/dissection (LND) and incidence of LN metastases were evaluated from the pathology report.

Results A total of 9725 patients with apparent early stage EOOC were identified; 44.4%, 40.5% and 15.1% had grade 1, 2 and 3 tumors respectively. 7480 (76.9%) underwent LND with a median of 12.5 LNs removed. The overall incidence of LN metastasis was 2.2%; specifically, 1.2% for grade 1, 2.2% for grade 2, and 5.1% for grade 3 tumors ($p<0.001$). For patients with apparent stage IA disease, LN metastases were identified in 0.7%, 1.7%, and 4.9% of grade 1, 2, and 3 cases, respectively, $p<0.001$. For patients with apparent stage IC disease, LN metastases