

Abstract 114 Table 1

ONCOLOGICAL OUTCOME	Recurrence N=14	Population N=128	P-Value
<b>Surgical approach</b>			0.38
Laparoscopy	11 (13.09%)	84	
Laparotomy	3 (6.81%)	44	
<b>Treatment</b>			0.01
Radical	1 (1.43%)	70	
Fertility sparing	13 (22.41%)	58	
<b>Ovarian surgery</b>			0.07
Salpingo-oophorectomy	10 (8.9%)	112	
Cystectomy	4 (25.00%)	16	
<b>Extra-ovarian surgery</b>			
Omentectomy/omental biopsy	8 (17.78%)	45	0.29
Appendectomy	5 (21.74)	23	0.20
<b>Histotype*</b>			0.39
Mucinous	5 (11.63%)	55	
Serous	9 (18.37%)	57	

\*16 missing data

**Methods** This is a retrospective analysis of 128 consecutive patients who underwent LPS (n= 84) and LPT (n= 44) for apparent early-stage BOTs from 2004 to 2019. Seventy (54.68%) have been treated with radical surgery and 58 (45.32%) with fertility-sparing (FS) treatment. Factors associated with recurrence were investigated. Disease-free survival curves were compared with Kaplan-Meier analysis.

**Results** When comparing LPS vs. LPT, median age at surgery was 45.5 vs. 59 (p <0.001). With a median of follow up of 84.7 months (range:2.7–348.8), 14 patients (10.94%) recurred: 10/14 (64.28%) and 4/14 (28.57%) had ovarian and peritoneal relapse, respectively. Only 3/14 of the recurred patients had malignant transformation (21.45%). Factors such as surgical approach (LPS vs. LPT), histotype and extra ovarian surgery did not impact on recurrence (p-values=NS). Conservative treatment (vs. radical surgery) was associated with recurrence (p=0.01) and unfavorable 5-year DFS (Log-Rank = 0.01), while no impact of the surgical approach on DFS was found (LPS vs. LPT; Log-Rank =0.32).

**Conclusions** Patients who underwent FS surgery for BOTs had higher risk of recurrence and unfavorable disease-free survival compared to those who had radical treatment, while surgical approach did not negatively impact on survival. A strict follow-up should be recommended for early detection of potential recurrences.

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### ANALYSIS OF HISTOPATHOLOGICAL FEATURES, MOLECULAR RESULTS AND SERUM TUMOUR MARKERS IN CASES OF FALLOPIAN TUBE INVOLVEMENT BY METASTATIC GASTROINTESTINAL ADENOCARCINOMA

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**Introduction** Ovarian metastasis from non-gynaecological primary has been the focus of many studies with little attention given to tubal involvement. We present an analysis of tubal involvement by gastro-intestinal tract primary, the most common non-gynaecological metastasis to the adnexa.

**Methods** We evaluated cases of gastro-intestinal tract metastasis involving the fallopian tube over 5 years for histological patterns of involvement, molecular data and serum tumour markers.

**Results** Of the 12 cases which met the inclusion criteria, 2/12 cases (16.7%) had no prior history of gastro-intestinal adenocarcinoma. The metastatic adenocarcinoma involved the right tube in 3/12 cases (25%), left tube in 3/12 cases (25%), and bilateral tubes in 6/12 cases (50%).

Ovary was also involved in all but one case.

Tubal fimbrial end was involved in 3/12 cases (25%).

The metastasis had a flat mucosal pattern in 4/12 cases (33.3%); resembling mucinous metaplasia and serous tubal intraepithelial carcinoma (STIC). Other patterns seen were: extracellular mucin pools in 6/12 cases (50%), individual glands/cells in 6/12 cases (50%) and tumour sheets in 5/12 cases (41.7%).

Mismatch repair proteins were retained in all 9 cases in which they were tested.

Next generation sequencing detected mutations in 6/12 cases (50%), with KRAS being the most common mutation.

Serum CA125 was raised in 6/10 cases (60%), CEA in 9/12 cases (75%) and CA19.9 in 3/10 cases (30%).

**Conclusion** Awareness of various patterns of tubal involvement by metastatic gastro-intestinal adenocarcinoma is important to avoid misdiagnosis especially as the serum tumour markers can be variable.

## IGCS20\_1089

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### SLOVENIAN EXPERIENCE WITH BEVACIZUMAB IN FIRST-LINE TREATMENT OF EPITHELIAL OVARIAN CANCER

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**Introduction** Bevacizumab is used in advanced epithelial ovarian cancer patients as a part of standard primary systemic therapy together with paclitaxel and carboplatin combination chemotherapy since 2013.

**Aim of study** To evaluate safety and efficacy of bevacizumab in treatment of patients with advanced epithelial ovarian cancer in daily clinical practice.

**Methods** Retrospective analysis of patients with advanced epithelial cancer treated with bevacizumab at Institute of Oncology Ljubljana in the period of Jan1st 2013 to Dec31th 2016. The end points of the study were safety and efficacy (relapse-free survival, overall survival).

**Results** In the observed period overall 111 patients with advanced epithelial ovarian cancer were treated with bevacizumab. The most common adverse events were: pain (52%), bleeding (45%), arterial hypertension (44%). Serious adverse event (grade 3/4) were observed in 12% of patients: 3% venous thrombosis/embolism, 3% proteinuria, 2% arterial hypertension, 2% bleeding, 1% pain, 1% fistula. Median follow-up was 59 months. Median

progression-free survival was 18 months, median overall survival was 41 months.

**Conclusion** Treatment with bevacizumab in daily clinical practice is safe and effective- in concordance with published data from prospective studies GOG 218 and ICON 7.

## IGCS20\_1090

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### EPIDEMIOLOGY OF CERVICAL CANCER IN THE REPUBLIC OF BELARUS

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**Introduction** In Belarus, Cervical Cancer (CC) is the 7th most common cancer accounting for 5.8% of all new cancer cases.

**Objectives** The aim of the study was to estimate incidence, mortality and survival rate of newly diagnosed CC in Belarus from 2009 to 2018.

**Methods** The data from the Belarusian Cancer Registry were analyzed.

**Results** The estimated age-standardized incidence rate of CC per 100000 female population in Belarus has decreased from 12.8 in 2009 to 11.2 in 2018 ( $p < 0,01$ ). Mortality decreased by 12.1% ( $p > 0,05$ ).

Comparison of two five-year periods (2009–2013 and 2014–2018) showed that rate of locally advanced (III-IV stage) CC increased from 25.9% to 33.9%, as rate of stage I and II decreased by 7% and 16%, respectively.

Comparison of 5-year adjusted survival rates between 2013 and 2018 showed no change for CC stage I (92.8%, SE 0.8% and 93.3%, SE 0.9%, respectively), increased by 13.5% for stage II (57.6%, SE 1.6% and 65.4%, SE 1.8%), increased by 9.4% for stage III (40.3%, SE 2.3% and 44.1%, SE 2.1%), and increased by 67% for stage IV ( 9.4%, SE 1.9% and 15.7%, SE 2.2%).

**Conclusions** With improvement in diagnostics and introduction of the pilot projects of CC screening in some regions of the country over the last decade, CC incidence rates in Belarus have decreased by 12.5%, primarily due to decrease in incidence of early stages of CC. While there was no significant decrease in mortality, adjusted survival for advanced CC stages was improved.

## IGCS20\_1091

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### POSTRADIATION CUTANEOUS ANGIOSARCOMA AFTER TREATMENT OF BREAST CARCINOMA

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**Introduction** Postradiation cutaneous angiosarcoma of the breast (PRCA) is very rare malignancy with an incidence ranged from 0.09 to 0.16%. It usually occurs after adjuvant radiotherapy following the treatment of breast cancer. In article published in August 2019 found about 50 cases of PRCA, the first case was published in 1948.

**Case Report** A 40-year-old woman was referred for a palpable right breast mass. She denied history of breast masses or issues.

Physical examination revealed a palpable right breast mass located at upper-outer right breast quadrant.

There were no other palpable breast masses, no palpable axillary, supra-clavicular, or infra-clavicular lymph nodes. The patient underwent a right breast core biopsy of the mass the pathology of the biopsy revealed invasive ductal carcinoma. She underwent a right lumpectomy with a right axillar lymph node dissection.

There was no metastatic lymph node. the patient underwent standard external radiotherapy (50 gy to the whole breast and 16 gy as a boost to the tumor bed) and chemotherapy then hormonotherapy by tamoxifen.

She was followed with clinical and radiological surveillance. Seven years after the surgery she was presented with erythematous plaque associate with multiple purplish nodules, the mammography and the ultrasound was normal, the patient underwent a biopsy, the histological examination showed a post radiation cutaneous angiosarcoma.

**Conclusion** The PRCA is rare and aggressive disease, the diagnostic is clinically difficult and often missed on mammography, usually the biopsy confirm the diagnostic.

## IGCS20\_1093

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### SYSTEMIC IMMUNE-INFLAMMATORY INDEX (SII) AS A PROGNOSTIC FACTOR FOR CERVICAL CANCER RECURRENCE

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**Objectives** Numerous studies on inflammatory hematologic markers have been published in relation to cancer survival and progression, but only two publications have studied the Systemic Immune-Inflammatory Index (SII) among cervical cancer patients. This study aims to validate the cut-off presented by Huang et al., (2019) in his study on cervical cancer and the prognostic ability of the Systemic Immune-Inflammatory Index (SII).

**Methodology** Data from 140 patients diagnosed with cervical cancer recurrence and those without evidence of disease post-treatment were collected retrospectively. The SII, Neutrophil-Lymphocyte Ratio, Platelet-Lymphocyte Ratio, and Monocyte-Lymphocyte Ratio were all evaluated.

**Results** Based on our univariate Cox Hazard Analysis, bulky tumor (>4 cm) and FIGO stages II and III were prognosticators of worse Progression Free Survival (PFS). Regarding SII, there appears to be an increased likelihood of disease recurrence among women with SII greater than 475 when controlling for the binary classification of the SII (HR: 1.88 (0.96–3.69),  $p = 0.07$ ). However, this association may be diluted when other variables aside from the SII are accounted for in determining the likelihood of the outcome. On multivariate analysis, only FIGO stage was seen as an independent factor for PFS.