

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.

**Conclusion** Based on the sample population, the cut-off values of Huang et al. (2019) of 475 for the SII, 2.4 for NLR, 118 for PLR and 0.26 for MLR were not found to be associated with cervical recurrence by multivariate analysis. Our results support the report of Holub & Biete (2019). Larger, local prospective studies is recommended.

## IGCS20\_1094

### 122 RECONSTRUCTIVE PLASTIC SURGERY USING FASCIOCUTANEOUS FLAPS IN THE SURGICAL TREATMENT OF VULVAR CANCER (193 CASES WITHIN THE 1995-2015 TIME PERIOD)

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**Introduction** Vulvar cancer is one of the rare malignancies in women, with surgical treatment showing the highest effectiveness. Extensive wound defects are difficult to close by stitching the edges of the wound. Tissue tension causes altered blood supply, which leads to suppuration of the wound, healing by secondary intention, and scarring. Delayed complications may be avoided using reconstructive plastic surgery. We aimed to show the advantages of reconstructive plastic surgery while treating vulvar cancer.

**Methods** We analyzed the outcomes of surgical treatment among 202 patients. Patients were grouped, depending on the method of closing the wound defect after radical vulvectomy: I - suturing the edges of the wound (n=110); II - using fasciocutaneous flaps from the posterior thighs (n=42); III - stitching the vaginal wall and flaps with intradermal suture (n=50).

**Results** Suppuration and secondary healing were less common in Group II, compared with Group I (19.0% vs. 50.9%, respectively). In group III they were even further reduced down to 2.44%. A decrease in the frequency of delayed complications (dysuria, vaginal stenosis) and improved quality of life was also noted in Group III. The rate of local cancer recurrence did not exceed 10% in group II and III, while it equaled 24.6% in group I.



**Abstract 122 Figure 1** The wound defect is closed with fasciocutaneous flaps from the back of the thighs



**Abstract 122 Figure 2** Two years after radical vulvectomy and plastic surgery with fasciocutaneous flaps

**Conclusions** Reconstructive plastic surgery after vulvectomy allows wide excision of perineal tissue while simultaneously improving the treatment results.

## IGCS20\_1095

### 123 MINIMALLY INVASIVE SURGERY VERSUS LAPAROTOMY IN HGS EOC PATIENTS IN A TEACHING REFERRAL CENTER

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**Introduction** Complete cytoreduction represents a significant impact in OS for EOC patients. A large longitudinal incision is the standard access to achieve this goal. The aim of this study is to evaluate the role of MIS in interval debulking at a teaching institution.

**Methods** 126 HGS EOC patients referred for primary treatment in a referral cancer center, from 2014 and 2018, were included. Almost all patients underwent a laparoscopic diagnostic and peritoneal carcinomatosis index evaluation (PCI) before therapy. PS>2, PCI>20 and ASA>3 were indicators for neoadjuvant therapy.

**Results** 16 MIS and 79 laparotomic debulking procedures were identified. Interval debulking was proposed in 9 (23.6%) MIS and 29 (76.4%). Most patients were stage III and IV. A

**Abstract 123 Table 1** Câncer stage x surgery interval cytoreduction

	MIS	Laparotomy
<b>2b</b>	0	1
<b>3a</b>	0	1
<b>3b</b>	0	1
<b>3c</b>	5 (55,5%)	16 (55,1%)
<b>4a</b>	1 (11,1%)	6 (20,6%)
<b>4b</b>	3 (33,3%)	4 (13,7%)