

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.

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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.

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

Abstract 123 Table 2 Outcome two years x surgery interval cytoreduction

	MIS	Laparotomy
DFS	1 (11,1%)	4 (13,7%)
Relapse	4 (44,4%)	6 (20,6%)
Persistence	1 (11,1%)	8 (27,5%)
Death	2 (22,2%)	10 (34,4%)
NI	1	1

complete cytoreduction was achieved in all MIS patients. MIS had shorter hospital stay (1.5 versus 4.3 days), with no Grade 3 or more complications. Post-operative chemotherapy started in 29.7 days in MIS and 53.6 days in laparotomy. At a mean 24 months follow-up, 44.4% and 54.6% were free of disease at MIS and laparotomy groups, respectively.

Conclusion MIS may be an interesting approach to complete interval cytoreduction in very selected cases, with reduced complications and time to chemotherapy, with comparable DFS.

IGCS20_1096

124 SIMPLE VAGINAL TRACHELECTOMY IN WOMEN WITH EARLY-STAGE LOW RISK CERVICAL CANCER WHO WISH TO PRESERVE FERTILITY: THE NEW STANDARD OF CARE ?

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Objective There is a trend towards less radical surgery in women with small volume disease who wish to preserve fertility. The objective of our study was to evaluate the oncologic and obstetrical outcome of simple vaginal trachelectomy (SVT) and node assessment in patients with low-risk early-stage cervical cancer (< 2 cm).

Methods From May 2007 to January 2020, 50 women underwent a SVT/conisation with laparoscopic SLN mapping + pelvic node dissection. Data was collected prospectively in a computerized database. Descriptive statistics and Kaplan-Meier estimate were used for analysis.

Results Patients' median age was 29 and 35 (70%) were nulliparous. Eleven had stage IA1 with LVSI, 13 IA2 and 26 IB1 (52%). Twenty-six (52%) had squamous histology and 20 (40%) adenocarcinoma. On final pathology, lymph nodes were negative in 46 patients (92%), 3 had isolated tumor cells and one micrometastasis. Thirty patients (60%) had either no residual disease in the trachelectomy specimen (22) or residual dysplasia only (8). With a median follow-up of 76 months (1–140), there was only one recurrence. The 5-year progression-free and overall survival are 97.9% and 97.6% respectively. There were 40 pregnancies: 5 (12.5%) ended in the first trimester, one in second trimester and only 3 (7.5%) were late preterm (34.4, 35 and 35 weeks); all the others (30 or 75%) delivered > 36 weeks and one pregnancy is ongoing.

Conclusion Based on our experience, simple trachelectomy and nodes is an oncologically safe fertility-preserving surgery in well-selected patients with small volume cervical cancer. Obstetrical outcome is excellent.

IGCS20_1097

125 RESULTS OF A RANDOMIZED PHASE II TRIAL OF PACLITAXEL AND CARBOPLATIN VERSUS BLEOMYCIN, ETOPOSIDE AND CISPLATIN FOR NEWLY DIAGNOSED AND RECURRENT CHEMONAIVE STROMAL OVARIAN TUMORS

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Objectives To determine the progression free survival (PFS) of paclitaxel and carboplatin (PC) versus bleomycin, etoposide, and cisplatin (BEP) for treatment of newly diagnosed Stage IIA-IV or recurrent chemotherapy-naive ovarian sex cord-stromal tumors (SCST).

Methods This study was a phase II, open-label, noninferiority trial. Eligible women with SCST were equally randomized to PC (6 cycles P 175 mg/m² and C AUC=6 IV every 3 weeks), or BEP (4 cycles B 20 units/m² IV push day 1, E 75 mg/m² IV days 1–5, and cisplatin 20 mg/m² IV days 1–5 every 3 weeks). The targeted 128 patient accrual and PFS hazard ratio (HR)=0.67 provided 85% power to exclude noninferiority margin HR=1.10.

Results 63 patients were accrued at the interim fertility analysis (31 PC and 32 BEP). Median age was 48 years. 87% had granulosa cell tumors. 37% had measurable disease. The DSMB closed the study early for fertility of PC. The fertility analysis was supported by 21/16 PFS events on the PC/BEP arms respectively, with an estimated HR=1.12 [95% CI: 0.58 to 2.16]. Median PFS was 27.7 months [7.4 to 41.0] for PC and 19.7 months for BEP [95% CI: 10.4–52.7]. PC patients had fewer grade 3 or higher adverse events (PC 77% vs BEP 90%). Differences included infections (0 vs 10%), low neutrophil count (65% vs 84%), and low WBC (22 vs 40%). One death NOS occurred on PC.

Conclusions Compared to BEP, PC failed to improve PFS in ovarian SCSTs. PC showed a more favorable side effect profile.

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126 A 10 YEAR CLINICO-PATHOLOGICAL STUDY OF RESIDUAL/RECURRENT BORDERLINE OVARIAN TUMOURS IN YOUNG FEMALES UNDERGOING FERTILITY-PRESERVING SURGERY

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Introduction Borderline ovarian tumours (BOT) have a good prognosis with a 5–8% recurrence rate. Although complete staging is the standard surgical treatment; when they occur in younger women, fertility preservation is important. Since the