

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.

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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.

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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 futility 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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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