diagnosis of ovarian teratoma was suspected on radiological findings. We decided to perform an exploratory laparotomy, instead of laparoscopy due to COVID 19 outbreak. Intraoperatively, we found a uterine mass with fibroid appearance. The patient underwent total non-conservative hysterectomy. The frozen section concluded to the diagnosis of UL.

The postoperative course was straightforward. The diagnosis of UL was confirmed by the final histologic examination.

Conclusion The resemblance between UL and ovarian teratoma on the CT scan leads to confusion. Only surgical exploration and histologic examination allow to make the right diagnosis and then adjust a best management of this disease.

IGCS20_1105

130 PROGNOSTIC SIGNIFICANCE OF LYMPHOVASCULAR SPACE INVASION IN EPITHELIAL OVARIAN CANCER

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Objectives To identify the clinical, therapeutic and survival impact of lymphovascular space invasion (LVSI) in epithelial ovarian cancer.

Methods Retrospective study of 151 patients staged surgically in Salah Azaiez Tunisian cancer center, between 2000 and 2010.

Results We performed primary debulking surgery in 128 patients (84.8%) and 23 patients (15.2%) underwent and interval debulking surgery. Maximal cytoreduction (R0) was achieved in 67 of patients (44.4%),39 patients had a residual disease ≤1 cm (25.8%) and 45 patients had a residual disease >1 cm (28.8%). LVSI were recorded in 51 patients (33.8%). LVSI was were associated to higher serum level of CA 125 >1000UI/ml (52.9% vs 33%,p=0.01),higher quantity of ascites >1litre (49% vs 28%,p=0.01) with more frequent cacinomatosis in the upper abdomen (60.8% vs 31%, p<0.0001) and more residual disease R1/R2 (72.5% vs 47%,p<0.0001),bilateral tumors (82.4% vs 58%,p=0.003),advanced FIGO stage III-IV (96.1% vs 68%, p<0.0001) and high tumor grade (88.3% vs 59%, p<0.0001). Among the 84 patients who underwent lymphadenectomy, LVSI positive tumors were correlated to higher risk of lymph node metastasis (LNM) (57.1% vs 30.4%, p=0.018) with higher LN ratio (13.95 ±21.69 vs 7.25±17.90, p=0.17) and more frequent associated pelvic and para aortic LNM (33.3% vs 10.2%, p=0.015). LVSI positive tumors were correlated to a decreased 5-years overall survival (25.2%vs 44%, p=0.004) and recurrence free survival (26.8% vs 47%,p=0.019).

Conclusion LVSI is an independent predictor of extended lymph node metastasis, progression and survival in patients with primary epithelial ovarian cancer.

IGCS20_1106

131 THE INCREASING RACIAL DISPARITY OF UTERINE CARCINOSARCOMA OVER 16 YEARS: A STUDY OF 35,000 PATIENTS

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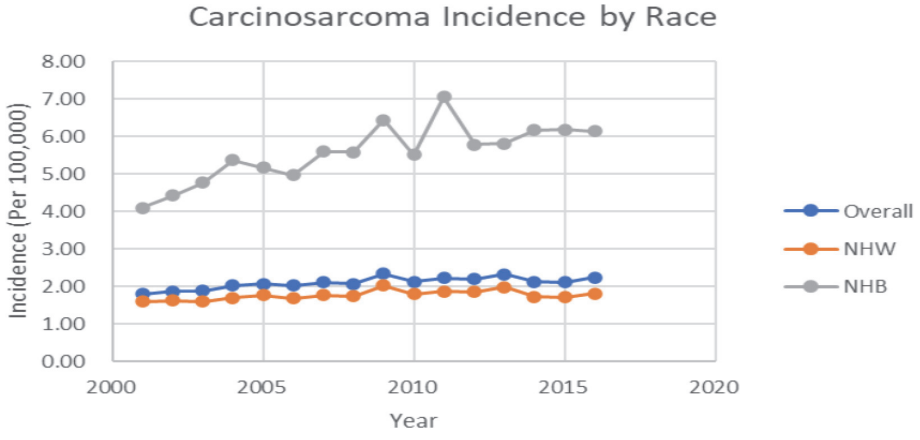
Objective To evaluate the racial disparities of uterine carcinosarcoma based on incidence and trends in the United States.

Methods From 2001 to 2016, incidence rates were estimated from the United States Cancer Statistics after correcting for hysterectomy and pregnancy prevalence from the Behavioral Risk Factor Surveillance System (BRFSS). SEER*Stat and Joinpoint regression were used to calculate the incidence rate (per 100,000) and average annual percent change (AAPC).

Results Of 35,524 patients with carcinosarcoma, 66% were White, 24% Black, 7% Hispanic, and 3% Asian. Between 2001 and 2016, the overall incidence increased from 2.7 to 3.5, with an average annual percent change (AAPC) of 1.5% (p<0.001). Black women had a 3 fold higher incidence at 9.9 per 100,000 compared to 2.8 in Whites. Additionally, Black women had a higher annual increase at 2.4% vs. 1.1% in Whites. With respect to age, patients aged 75–79 had the highest incidence at 15.5. To identify a group of patients at highest risk using demographic factors, we found the intersectionality of Blacks aged 70–74 years had an incidence of 43.2/100,000 with an increase of 2.2% annually (p<0.001).



Abstract 131 Figure 1