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).
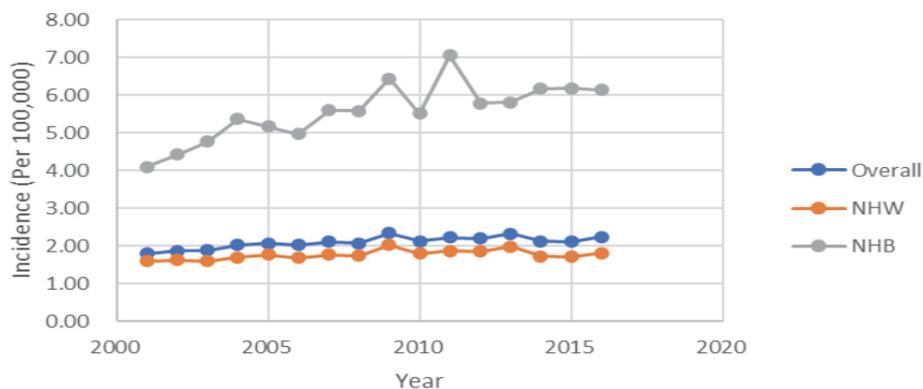
Abstract 131 Figure 1

Conclusion Black women had a 3.5-fold higher incidence of uterine carcinosarcoma as compared to Whites. The rate of carcinosarcoma diagnosis is increasing for higher-risk populations, such as Black and older women.

IGCS20_1107

| 132 | NEOADJUVANT CHEMOTHERAPY FOLLOWED BY SURGERY FOR ADVANCED-STAGE ENDOMETRIAL CANCER |

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Introduction Endometrial cancer (ECa) usually presents as early stage disease when primary surgery is the recommended management. Patients with advanced disease pose a more challenging problem if disease is locally advanced, when primary surgery may be difficult and potentially morbid. Limited data exists regarding neoadjuvant chemotherapy (NACT) and surgery in this setting. We present our initial experiences with NACT and surgery in patients with endometrial cancer >stage 2.

Methodology Data were collected retrospectively from patients with ECa treated between January 2015-June 2020. Outcome measures include response; survival; and treatment-related morbidity.

Results We identified 12 patients aged 39–70 yrs. Data is complete for 11 as one patient had surgery overseas. Histological type was: endometrioid (75%), serous (25%). 50% were stage IV; 42%stage III; 8% stage II.

All patients received combination Carboplatin/Paclitaxel chemotherapy. One patient received radiotherapy in addition prior to surgery. 67% had 3 cycles of chemotherapy; 17% had 4 cycles. One patient is recently diagnosed and still receiving treatment.

90% had optimal debulking surgery, 10% sub-optimal debulking and one patient has unknown operative findings.

Data regarding survival is available for 11 patients. Two have died. Nine are alive without recurrence with survival ranging 2–40 mth. Overall median survival is 18 mth.

70% had no complications post-treatment; 20% had wound infection; 10% had neuropathy.

Conclusions NACT and surgery can deliver high rates of optimal debulking in patients presenting with advanced stage ECa. There were acceptable levels of treatment-related morbidity. It is too early to assess the survival of patients with this strategy although our initial experience shows promising results.

IGCS20_1108

| 133 | OUTCOMES OF MINIMALLY INVASIVE STAGING FOR CLINICAL STAGE I OVARIAN CLEAR CELL CARCINOMA |

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Objectives Compare outcomes of open and minimally invasive staging (MIS) for patients with early stage ovarian clear cell carcinoma (OCCC).

Methods Patients with clinical stage I OCCC, no history of another tumor and known mode of surgery, diagnosed between 2012–2015 were drawn from the National Cancer Database. Impact of MIS on overall survival (OS) of patients who at least one month of follow-up was assessed with the log-rank test. A Cox model was constructed to control for confounders.

Results A total of 1402 patients were identified; 438 (31.2%) had MIS. Conversion rate was 11.6%. Laparotomy and MIS groups were comparable in terms of age, race, insurance, comorbidities, chemotherapy administration, rate of capsule rupture and final pathologic stage distribution. Patients who had MIS had shorter hospital stay (median 2 vs 4 days, p<0.001), smaller tumors (median 8.5 vs 12.5 cm, p<0.001) and were less likely to undergo lymphadenectomy (75.4% vs 82.5%, p=0.002), but had comparable number of lymph nodes removed (median 12 vs 14, p=0.06). Unplanned re-admission rates were comparable between MIS and open (2.1% vs 3.2%, p=0.23). There was no difference in OS between patients who had MIS (n=374) and open surgery (n=858), p=0.64; 3-year OS rates were 87.1% and 88.7% respectively. After controlling for confounders, MIS was not associated with worse survival (HR: 0.92, 95% CI: 0.65, 1.30).

Conclusions For patients with apparent early stage OCCC, open and MIS staging have similar oncologic outcomes.

IGCS20_1109

| 134 | HRT IS NOT DETRIMENTAL TO SURVIVAL IN WOMEN DIAGNOSED WITH STAGE 1B–2B (FIGO 2009) ADENOCARCINOMAS OF THE CERVIX AGED LESS THAN 50 |

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Introduction Studies purporting the safety of HRT in cervical cancer have predominantly included patients with squamous disease. Pathological studies have identified increasing estrogen receptor positivity in cervical adenocarcinomas. A recent small case-control study suggested a trend towards reduced survival following HRT use in adenocarcinomas. The objective of this study was to assess if HRT use in patients treated for cervical adenocarcinomas was detrimental to survival.

Methods A retrospective review of all women aged ≤50, with stage 1B-2B cervical adenocarcinoma diagnosed between 1/11/00–24/9/19. Women were categorized as: ovaries conserved (OVCON); or Iatrogenic menopause with (IM-HRT) or without (IM-NOHRT) HRT. HRT use was defined on an intention to treat basis. Statistical analysis was performed using Kaplan-Meier and Cox proportional hazards methods.

Results 58 women with mean age 38.6±6.5 yrs were included in the study. 25(43.1%) had OVCON, 12(20.7%) had IM-NOHRT and 21(36.2%) had IM-HRT. No menopause-associated deaths occurred. 5-year disease specific survival was 95% in OVCON, 95% in IM-HRT and 64% in IM-NOHRT (p = 0.041 and 0.016 between IM-NOHRT and IM-HRT and OVCON respectively). On multivariate analysis, adjusting for stage, grade, treatment approach and nodal status neither differences remained significant. 5-year progression free survival