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

was 80% in OVCON, 91% in IM-HRT and 66% in IM-NOHRT but this was not statistically significant (p= 0.077).
Conclusions HRT or ovarian conservation does not appear to be detrimental to survival in cervical adenocarcinomas. In this small dataset, there is a trend towards improved survival with HRT. Larger studies are required to substantiate these findings.

IGCS20_1110

135 THE FERTILITY AFTER CHORIOCARCINOMA IN YOUNG WOMEN

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Objectives The choriocarcinoma is the most frequent and chemo-sensitive of the malignant gestational trophoblastic tumors. The main management challenge in young patients is to balance a fertility-sparing therapy with good survival rates and quality of life. The aim of this work is to evaluate the fertility of young women with choriocarcinoma after a fertility-sparing strategy.
Methods We conducted a retrospective study of a prospective mono-centric database over a 20 year period (2000–2019) in the Tunisian Central Cancer Registry, the department of gynecology and Obstetrics, and the reproductive medicine unit in Farhat Hached Teaching Hospital in Sousse Tunisia. We collected all the pathology established cases of choriocarcinoma diagnosed in women under 40.
Results The cohort of 30 women included 18 (60%) who had a fertility-sparing therapeutic strategy and 12 (40%) who underwent hysterectomy (all cases before 2010). There was no statistical difference between the fertility-sparing management group and the hysterectomy group in OS and DFS (respectively, P=0.09 and P=0.14). Among the fertility-sparing management group, 16 patients reported a pregnancy desire in the year following the diagnosis and stopped contraception in order to conceive. Twelve pregnancies in 5 patients were recorded with 4 live births.
Conclusions The use of less-toxic chemotherapy protocols is a good option when dealing with fertility sparing strategy in managing choriocarcinoma in young women especially that the recommended standards have shifted to no surgery.

IGCS20_1111

136 HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY FOR GYNECOLOGIC MALIGNANCIES IN A COMMUNITY-BASED COMPREHENSIVE CANCER CENTER: A REVIEW OF MORBIDITY AND EXPERIENCE

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Objectives The combination of cytoreductive surgery and hyperthermic intraperitoneal chemotherapy (HIPEC) has been shown to improve progression free and overall survival in ovarian cancer. Limited studies exist investigating the safety and feasibility of HIPEC implementation in a community-based setting. Our study aims to explore HIPEC use in this setting.
Methods All patients who received HIPEC at the time of cytoreductive surgery within a community-based comprehensive cancer center from 2018 through 2019 were retrospectively identified. Demographics, tumor characteristics, chemotherapy, surgical interventions, and 30-day postoperative morbidity and mortality data were collected.
Results 18 patients underwent cytoreduction and HIPEC. Most patients had stage III or IV disease (88.9%) and high grade serous ovarian carcinoma (77.8%). Two-thirds of patients received neoadjuvant chemotherapy, while one-third underwent primary cytoreduction. Cisplatin was used for HIPEC in all patients, with a median dose of 75 mg/m2 (range 50–100 mg/m2). Grade 3 and Grade 4 adverse events within 30 days of surgery occurred in 61.1% and 5.6% of patients, respectively. Adverse events included electrolyte disturbances (44.4%), gastrointestinal disorders (22.2%), hematologic alterations (16.7%), and/or infections (16.7%). There were no postoperative mortalities. Median length of hospital stay was 8 days (range 4–31), with no difference for patients with grade 3 or 4 events compared to patients with none.
Conclusions The addition of HIPEC to cytoreductive surgery had low perioperative morbidity and no mortality. Grade 3 or 4 adverse events had minimal clinical significance. This preliminary review demonstrates safe utility of HIPEC treatment for gynecologic oncology patients in a community-based comprehensive cancer center.

IGCS20_1112

137 EVIDENCE BASED ESMO-ESGO-ESTRO ENDOMETRIAL CANCER GUIDELINES: ARE ADEQUATE FOR PLANNING ADJUVANT THERAPY?

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Introduction Endometrial cancer is the most common gynaecological cancer in developed countries. Since 2014 the ESMO-ESGO-ESTRO societies have made a great effort to outline guidelines: modulation of adjuvant therapy is even more important as advanced age and frequent co-morbidities may limit therapeutic success. It is therefore of overwhelming importance to avoid over/under-treatment.
Methods To verify the impact of treatment according to current European guidelines data over a 8 years period (01/2011 to 10/2018) were retrospectively collected in 3 Centres of the Piemonte and Valle d'Aosta Regional Cancer Network. Patients were classified according to ESMO risk class and the treatment carried out: if totally in accordance with the current guidelines, under or over-treated.
Results 723 patients were enrolled. As regards stage I endometrioid disease in accordance with the ESMO risk 237 were low risk, 94 intermediate, 132 High-intermediate and 42 high