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