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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10.1136/ijgc-2020-IGCS.118

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

risk. Among these, they were treated in accordance with current guidelines respectively 97%, 79%, 46%, 31% of the patients with good results (98.6% censored). At the same time 3%, 21%, 14%, 33% were over-treated while 40% High-intermediate and 36% high risk undertreated. According to Cox regression survival analysis undertreatment gives a risk of death on overall survival of 9.3 ($p=0.0001$) compared to proper treatment but also overtreatment provide unfavourable effect $OR=3.7$ ($p=0.05$). At multivariate Cox analysis this upshot was maintained adjusting for age and ESMO risk ($p=0.001$).

Conclusions Patients treated in accordance with European guidelines have a good cure index, it is necessary to avoid over/under-treatment.

IGCS20_1113

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PHASE 1 DOSE-ESCALATION STUDY OF STRO-002, AN ANTI-FOLATE RECEPTOR ALPHA (FR α) ANTIBODY DRUG CONJUGATE (ADC), IN PATIENTS WITH ADVANCED PLATINUM-RESISTANT/REFRACTORY EPITHELIAL OVARIAN CANCER (OC)

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Introduction STRO-002 is a novel FR α -targeting ADC that delivers SC209, a potent tubulin-targeting hemiasterlin cytotoxin-warhead.

Methods All patients in the ongoing dose escalation study (NCT03748186) had platinum resistant/refractory OC without selection for FR α expression. STRO-002 is given IV on Day 1 of each 21-day cycle.

Results 38 patients have been dosed at 9 dose levels (0.5 to 6.4 mg/kg). Median number of cycles given is 3 (1–18). Median age is 61 (48–79). Median prior therapies - 5 (2–10). Clinically active doses (≥ 2.9 mg/kg) have been administered to 33 patients. 21/33 (64%) remain on treatment. Partial response was seen in 5 of 29 evaluable patients (17%) with 2 confirmed on second scan. 9 pts have confirmed SD for a clinical benefit rate of 48% (14/29). CA125 reduction of $>50\%$ was seen in 14/22 (64%) evaluable patients per GCI. Clinical activity appears to be durable with 36% and 24% on study >16 and >24 weeks, respectively. 88% of AEs are grade 1 or 2. Grade 3–4 neutropenia, an expected and reversible effect of STRO-002 occurred in 15/38 (39%). DLTs reported – grade 3 neuropathy (6.0 mg/kg) and grade 3 bone pain (6.4 mg/kg).

Conclusions STRO-002 is a novel FR α -targeting ADC with a promising emerging safety and efficacy profile and preliminary clinical benefit/disease control rate of 48% in patients with relapsed/refractory OC treated at ≥ 2.9 mg/kg. No ocular toxicity signals have been observed, suggesting potential differentiation from other FR α -targeting investigational therapies.

Expansion cohorts in less heavily pre-treated patients are planned for 4Q20.

IGCS20_1117

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RISING INCIDENCE OF CERVICAL ADENOCARCINOMA IN THE UNITED STATES – WHO IS MOST AT RISK?

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Objective To observe trends in the incidence of adenocarcinoma (AC) in relation to race and stage at diagnosis.

Methods From 2001 to 2016, incidence rates of Adenocarcinoma of the cervix were calculated from United States Cancer Statistics with Surveillance, Epidemiology and End Results (SEER) Program. SEER*Stat and Joinpoint regression were used to calculate the incidence rate (per 100,000 women) and average annual percent change (AAPC), adjusted for hysterectomy and pregnancy prevalence data from the Behavioral Risk Factor Surveillance System.

Results Over the 16-year study period, approximately 36,000 of 200,000 women with cervical cancer were identified with AC (18.1%). The incidence increased in reproductive-aged women (35–39yo and 40–44yo) with an average annual percent change of 2.0% and 2.4%, respectively; however the incidence decreased for the older cohorts (70–74 and 80+) with -1.6% and -2.5% decrease per year. Intersectionality of race and age demonstrates the highest incidence for White women at 40–44yo (0.56/100,000). Blacks demonstrate a bimodal age distribution at diagnosis, with peaks at 40–44yo (0.52) and 65–69yo (0.57). Age-adjusted incidence demonstrated that Blacks were more likely to be diagnosed with distant disease as compared to Whites (20.6% vs. 10.4%) and less likely to be diagnosed with local disease (40.4% vs. 59.6%).

Conclusion Reproductive-aged White women have the highest incidence of cervical adenocarcinoma compared to other age and racial groups. However, Blacks are more likely to be diagnosed at more advanced stages of disease.

IGCS20_1118

141

INCREASED INCIDENCE OF CERVICAL ADENOSQUAMOUS CELL CARCINOMA IN MINORITY POPULATIONS

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Objective To observe trends in the incidence of Adenosquamous Cell Carcinoma of the cervix (ASC) in regards to race and age.