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

138 PHASE 1 DOSE-ESCALATION STUDY OF STRO-002, AN ANTI-FOLATE RECEPTOR ALPHA (FRα) 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 FRα-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 FRα 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 GCIG. 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 FRα-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 FRα-targeting investigational therapies. Expansion cohorts in less heavily pre-treated patients are planned for 4Q20.

IGCS20_1117

140 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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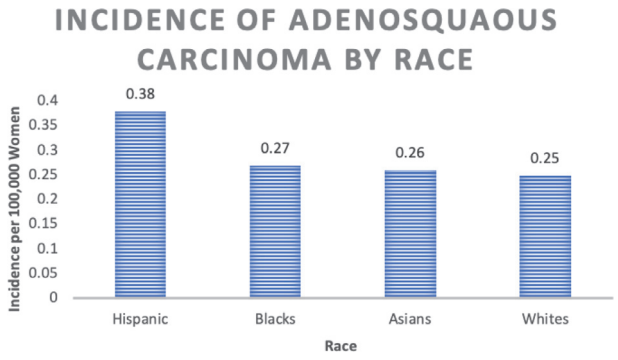
10.1136/ijgc-2020-IGCS.121

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

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

Results Adenosquamous cell carcinoma accounted for 6,599 of 200,000 (3.3%) cases of cervical cancer from 2001–2016; of which 4,165 were White (63.1%), 830 were Black (12.6%), 1,155 were Hispanic (17.5%), 345 were Asian (5.2%) and 104 were unidentified (1.6%). There was a 3.9% decrease in incidence per year; from 0.47/100,000 in 2001 to 0.24/100,000 in 2016 after adjusting for age and race ($p<0.001$). The incidence of ASC is nearly 1.5-fold greater for Hispanics at 0.38 per 100,000 compared to Whites (0.25) and Blacks (0.27). Additionally, the Hispanics had a bimodal age distribution at diagnosis, with peaks at 40–44yo and 65–69yo (0.76 and 0.69) compared to Whites with a single peak diagnosis at 40–44yo (0.56/100,000).



Abstract 141 Figure 1

Conclusion Hispanics have a 50% higher incidence of adenosquamous cell cervical carcinoma compared to others. Their incidence peaks in the early 40's and late 60's year olds. The difference in incidence and age distribution of this cancer warrant further investigation.

IGCS20_1119

142 SURGEON-ADMINISTERED ILIO-INGUINAL AND PUDENDAL NERVE BLOCKS FOR VULVAL ONCOLOGY SURGERY: AN EVALUATION WITH VISUAL ANALOGUE PAIN SCORING

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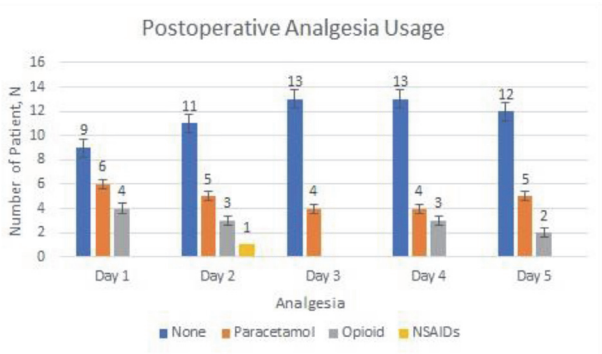
10.1136/ijgc-2020-IGCS.122

Introduction Surgery for vulval cancer includes sampling diagnostic, excisional biopsy and extensive radical surgery. The vulva and perineum are innervated by branches from the ilio-inguinal and pudendal nerves. We describe our experience of axon nerve blocks and outcomes including postoperative pain scores following surgeon administered intraoperative ilio-inguinal and pudendal nerve blocks.



Abstract 142 Figure 1

Methods Ilio-inguinal and pudendal nerve block has become routine practice for women undergoing vulval surgery in our cancer centre. In a retrospective chart review, clinical and demographic data, postoperative visual analogue pain scores and use of analgesia were recorded.

Results Eighteen women were included in the analysis. Their median age was 67 (range 34–81) years and thirteen (72%) were over 60 years. Visual analogue scores ranged from 0 to 3 for 17 patients from day 0–1 and 15 patients from days 2–5. Two patients had pain scores > 4 on one or more postoperative day: one had chronic arthralgia and one had received a lower volume of bupivicaine compared to our routine practice. Figure 1 summarizes postoperative analgesia usage for the 18 women.

Conclusion Ilio-inguinal and pudendal nerve block is a feasible and effective strategy for postoperative pain management in women undergoing vulval surgery.

IGCS20_1120

143 DEVELOPMENT AND CLINICAL APPLICATION OF A TOOL TO IDENTIFY FRAILTY IN ELDERLY PATIENTS WITH GYNECOLOGICAL CANCERS

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Objectives Aim of this prospective study is the development and clinical application of a tool to identify frailty in patients > 70 years old affected by either ovarian or endometrial cancer. After identifying a cut off to establish frailty, differences in terms of surgical complications and chemotherapy toxicities were verified.

Methods The test consists of 20 items combining comorbidities and functional aspects. At the onset or at the first recurrence 52 patients were evaluated before treatment's administration.

Results Considering 'completion of treatment' as parameter to discriminate frail patients, a cut off > 4 resulted the best in