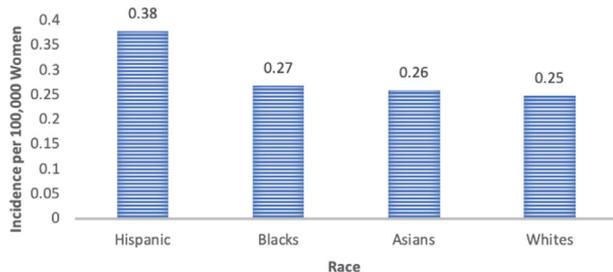


Methods From 2001 to 2016, incidence rates of cervical cancer were estimated from United States Cancer Statistics. SEER*Stat and Joinpoint regression were used to calculate the incidence rate (per 100,000) and average annual percent change (AAPC), adjusted for hysterectomy and pregnancy prevalence data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

INCIDENCE OF ADENOSQUAMOUS CARCINOMA BY RACE



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.

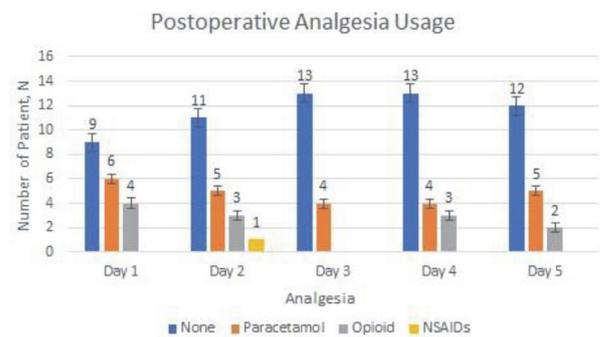
IGCS20_1119

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

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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



Abstract 142 Figure 1

axon nerve blocks and outcomes including postoperative pain scores following surgeon administered intraoperative ilio-inguinal and pudendal nerve blocks.

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 bupivacaine 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 FRAILITY 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

terms of specificity and sensibility (Sp 100%, Sn 77,6%) to identify frail group. 36% of patients resulted frail. Frailty was associated with longer hospitalization after surgery (11,5 days vs 8,3 days, $p = 0,01$). No differences occurred in the incidence of post-operative adverse events, but grade III and IV complications were observed exclusively in 2 frail women. Only 38,5% of frail patients completed chemotherapy treatment; delay in chemotherapy administration has been reported in 77% of frail patients (vs 17,6% in 'fit group', $p = 0,008$) and dose reduction in 70,6%. Thrombocytopenia (69,3% vs 0%, $p = 0,002$) and anemia (77% vs 29,4%, $p = 0,002$) were more prevalent in the frail group, as well as non-hematological adverse events.

Conclusions Our tool seems to effectively stratify elderly patients with gynecological cancers according to frailty, in order to choose the best treatment for frail women and avoid undertreatment in fit ones.

IGCS20_1122

144 OVARIAN CARCINOMA LONG-TERM SURVIVORS: A LARGE SINGLE CENTER STUDY AT THE TÜBINGEN UNIVERSITY WOMEN'S HOSPITAL

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Introduction/Objectives Most ovarian carcinoma patients present with advanced-stage disease and outcome is fatal in many cases. However, the biological behavior of ovarian carcinoma can be quite variable and long-term survival is reported in up to 30% of patients. It is the aim of this project to identify characteristics associated with long-term survival.

Methods Patients diagnosed with ovarian carcinoma between 2000 and 2012 were identified and follow-up data was collected. In patients who survived for at least 8 years a detailed chart review was performed.

Results A total of $n=749$ patients with adequate follow-up was identified, of which $n=225$ (29%) were alive for at least 8 years after diagnosis. Median follow-up was 11.7 years. Median age at diagnosis was 53.5 years. 57% were diagnosed in advanced stage (\geq FIGO IIB). Histotyp was found to be high-grade serous in 53%, low-grade serous in 7.9%, mucinous in 7.4%, clear cell in 3.7% and endometrioid in 20% of patients. Median progression free survival was 5.0 years in early, and 2.8 years in advanced-stage patients.

Conclusion Despite ovarian carcinoma being perceived as a highly fatal disease, long-term survival is observed in a substantial number of patients and is not limited to early-stage or low-risk disease. Although prognostic factors are well established, further research of patient characteristics, genetic features and treatment modalities will help to better understand factors contributing to long-term survival. We encourage the scientific community to be aware of this special patient group, which may be key to improving our daily approach to ovarian carcinoma patients.

IGCS20_1123

145 KRAS MUTATION MAY BE ONE OF THE CHEMO-RESISTANT PHENOTYPE OF OVARIAN CLEAR CELL CARCINOMA

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Objectives Ovarian clear cell carcinoma (OCCC) is more prevalent in Japan than western countries, and exhibits chemo-resistant phenotype and poor survival. In this study, we characterized the patient-derived xenograft (PDX) model of OCCC, and to correlate the clinical features of OCCC with KRAS mutation.

Methods We transplanted 19 primary or metastatic tumors derived from ovarian cancer patients directly into NOG mice. The comprehensive gene expression and mutation profiles as well as histologic characteristics were compared between parental tumors and PDX ones. Response to cytotoxic agents was analyzed using PDX model, and correlated with clinical outcome. In 61 consecutive OCCC patients, the genomic DNAs were extracted from FFPE, and analyzed KRAS mutations.

Results Total of 6/19 (31.6%) PDX models were established, and 2 were found to be OCCC in histological assessment. One of the OCCC PDXs had KRAS mutation, which exhibited resistance for platinum- and taxane-drugs and the patient had poor clinical outcome. The other PDX tumor without KRAS mutation was sensitive to cytotoxic agents and the patient showed good clinical outcome. Then we correlated KRAS mutations with their clinical features in OCCC. From 13 samples, we detected KRAS mutations (21%). Except for one patient, KRAS mutated OCCC had stage I diseases. Two patients experienced recurrences, and both of them had no response to conventional chemotherapy. They showed significantly worse overall survival than other recurrent OCCC patients without KRAS mutation.

Conclusions KRAS mutation may be one of the chemo-resistant phenotypes in OCCC.

IGCS20_1124

146 PROGNOSTIC SIGNIFICANCE OF HISTOLOGIC SQUAMOUS METAPLASIA AND IMMUNOHISTOCHEMICAL STAINING PATTERNS OF β -CATENIN AND P53 IN BIOPSY-PROVEN ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA

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Background Endometrial intraepithelial neoplasia (EIN) is a monoclonal proliferation of endometrial glands that can