

creation of 3D ovarian cancer model that have used patient derived material, the challenges to overcome and future applications.

Methods Thorough systematic literature search was performed using electronic databases of MEDLINE, EMBASE and COCHRANE by 2 reviewers to identify relevant studies. The studies included in the current review met certain strict criteria.

Results 18 full papers and 11 conference abstracts were included in the review. We found that the vast majority of the 3D in vitro models developed for ovarian cancer studies are spheroid and hydrogel type models, both of which have their advantages, however do have significant limitations.

Conclusion This systematic review will provide a narrative synthesis of the platforms and methods used for three-dimensional models creation utilising patient-derived ovarian cancer material and their scientific and clinical application. We are currently exploring scaffold models to grow ovarian cancer cells ex vivo in order to personalise treatment.

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148 UNUSUAL LOCALIZATIONS OF METASTASIS FROM LOBULAR BREAST CARCINOMA: A CASE REPORT

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Introduction Pancreatic metastasis from other malignant tumor is a rare event and represent less than 5% of all pancreatic malignancies. Most common metastases arise from epithelial carcinoma such as melanoma, renal, pulmonary then lobular breast carcinoma. We report a unique case of pancreatic metastasis of myxoid breast carcinoma that occurred in a patient treated for lobular breast carcinoma 27 years ago.

Case Report We report a case of 70-year-old women with a history of lobular carcinoma of the left breast with positive hormone receptors treated in 1997. She developed distant cutaneous metastasis in the thigh and lomboarctic lymph node after 21 years of total remission. She received chemotherapy and hormone therapy.

She presented to our department in June 2020 for obstructive jaundice evolving for 3 months. The delay was explained by the pandemic situation of COVID 19.

The clinical exam founded a severely icteric patient with hitching lesions. The breast exam was normal with the stability of the thigh cutaneous lesion. Ca15-3 was 30UI/L and CA19.9 was 57 UI/L. MRI with cholangiography demonstrated common bile duct dilatation upstreaming of suspect mass in the head of the pancreas.

A needle biopsy of the pancreatic lesion revealed a metastatic ER/RP +, negative HER2Neu myxoid breast carcinoma.

She underwent endoscopic biliary stent and a multidisciplinary decision was to pursue chemotherapy and hormone therapy.

Conclusion Pancreatic metastasis is a rare event that should be considered in patients with a history of breast carcinoma and obstructive jaundice. Treatment is controversial with some authors suggesting duodenopancreatectomy in patients with controlled distant disease

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149 PELVIC LYMPHADENECTOMY IN VULVAR SQUAMOUS-CELL CANCER- A MONOCENTRIC STUDY OF THE RELATION BETWEEN LYMPH-NODE INVOLVEMENT OF GROIN AND PELVIS AT THE UNIVERSITY MEDICAL CENTER HAMBURG

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Background The value of pelvic lymphadenectomy (LAE) has been a subject of discussion since the early 1980s. This is mainly due to the fact that the relation between lymph-node involvement of the groin and pelvis is poorly understood and therewith the need for pelvic treatment in general.

Patients and Methods N=531 patients with primary vulvar squamous-cell cancer (VSCC) FIGO stage \geq 1B were treated at the University Medical Center Hamburg – Eppendorf (UKE) between 1996–2018. In this analysis only patients with pelvic LAE (n=21) were analyzed with regard to prognosis and the relation of groin and pelvic lymph-node involvement.

Results The majority had T1b/T2 tumors (n=15, 71.4%) with a median diameter of 40 mm (11–110 mm). Only 17/21 patients were inguinally node-positive. Pelvic nodal involvement without groin metastases was not observed. 6/17 node-positive patients also had pelvic nodal metastases (35.3%; median number of affected pelvic nodes 2.5(1–8)). These 6 patients were highly node positive with median 4.5 (2–9) affected groin nodes. With regard to the metastatic spread between groins and pelvis, no contralateral spread was observed.

Four recurrences were observed after a median FU of 33.5 months. No pelvic recurrences were observed in the pelvic nodal positive group; while 33.3% experienced recurrences at distant sites (2/6). Patients with pelvic metastasis at first diagnosis had a progression-free survival of only 25.6 months.

Conclusion A relevant risk for pelvic nodal involvement only seems to be present in highly node-positive disease, therefore pelvic nodal staging (and radiotherapy) is probably unnecessary in the majority of patients with node-positive VSCC.

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150 THE SURVIVAL OUTCOME AND PROGNOSTIC FACTORS OF EARLY STAGE OVARIAN CANCER, FIGO STAGE IA AND IC, AFTER FERTILITY-SPARING SURGERY (FSS): A RETROSPECTIVE COHORT STUDY

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Objectives Management of early stage ovarian cancer among women of reproductive age remains to be a challenge. This study aimed to determine the survival outcome and predictors of recurrence and survival among these women, with stage IA and IC ovarian cancer after unilateral salpingo-oophorectomy.