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.

IGCS20_1126

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 hormonotherapy.

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 30 UI/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 hormonotherapy.

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

IGCS20_1128

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.

IGCS20_1130

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.

Abstracts

Methodology A 13-year retrospective cohort study was conducted among 34 patients, 40 years and younger, with early stage ovarian cancer who underwent fertility-sparing surgery (FSS) from January 2005 to December 2018. Fertility outcome, recurrence-free survival (RFS) and overall survival (OS) were determined, including prognostic factors for recurrence and survival.

Results Thirty-four of 661 (5.14%) new cases of ovarian cancer underwent FSS, with mean age of 23.71 ± 5.57 years. Successful pregnancy was seen in 9 cases. Recurrence was observed in 14.71% at a median time to recurrence of 31 months (range: 6–39), with three patients dying from the disease after recurrence. Overall RFS in early-stage ovarian cancer was 75% at 37–41 months. A lower probability of RFS was seen among incompletely staged patients, with epithelial type and grade 2 tumors. OS was 80% at 50–52 months after FSS. Complete surgical staging had higher probabilities of OS compared to incompletely staged cases. Epithelial and high grade tumors had lower probabilities of survival and poorer prognosis. Pregnancy has no statistically significant effect on survival and recurrence.

Conclusion Fertility-sparing surgery can be effectively offered to young patients with early stage ovarian cancer. Pregnancy

Abstract 150 Table 2 Comparison of recurrence rate and survival rate among early stage ovarian cancer patients who had and did not have pregnancy

	With recurrence n (%)	No recurrence n (%)	p-value
With pregnancy (9)	2 (22.22)	7 (77.78)	0.4578
No pregnancy (25)	3 (12.00)	22 (88.00)	
Total (34)	5 (14.71)	29 (85.29)	
	Alive n (%)	Expired n (%)	p-value
With pregnancy (9)	8 (88.89)	1 (11.11)	0.7778
No pregnancy (25)	23 (92.00)	2 (8.00)	
Total (34)	31 (91.18)	3 (8.82)	

Abstract 150 Table 1 Tabulation of patients who conceived after fertility-sparing surgery for early stage ovarian cancer (n = 9)

Patient ID number	Age in years	Surgical Staging	FIGO Stage	Histological Type	Grade	Adjuvant Treatment	Time from diagnosis to conception in months	Time from last chemotherapy to conception	Outcome of Pregnancy	Mode of delivery	Status
2	23	yes	IC	Mucinous	1	Cisplatin-Cyclophosphamide VI	42	38	preterm, alive	normal delivery	no evidence of disease for 84 months on last contact; lost to follow-up
5	17	no	IA	Dysgerminoma	not indicated	Advised chemotherapy, not given	7	N/A	abortion	dilatation and curettage	At 31 weeks from diagnosis, she had tumor recurrence (omentum and kidney) which was diagnosed during cesarean section of her second pregnancy (alive, term); last known alive at 33 months from diagnosis; lost to follow-up
13	27	yes	IA	Sertoli Leydig	3	Bleomycin-Etoposide-Cisplatin IV	27	18	preterm, alive; had 2 more pregnancy: 1 abortion and 1 term via CS	normal delivery	no evidence of disease for 55 months
15	19	no	IA	Dysgerminoma	not indicated	Advised chemotherapy, not given	23	N/A	term, alive	normal delivery	died of the disease at 37 months
27	27	yes	IA	Mucinous	not indicated	None	10	N/A	term, alive	normal delivery	no evidence of disease for 19 months
28	19	yes	IA	Immature teratoma	2	Bleomycin-Etoposide-Cisplatin IV	12	7	term, alive	normal delivery	no evidence of disease for 12 months
32	23	yes	IC	Serous	1	advised chemotherapy, not given	35	N/A	term, alive	normal delivery	with tumor recurrence, s/p left salpingoophorectomy at 13 weeks age of gestation (serous carcinoma, grade 1); for chemotherapy after delivery but patient did not follow-up despite advise
33	23	yes	IC	Serous	1	advised chemotherapy, not given	10	N/A	currently pregnant at 3-4 months age of gestation	N/A	no evidence of disease for 13 months
34	19	yes	IA	Granulosa cell	0	none	12	N/A	currently pregnant at 7-8 months age of gestation	N/A	no evidence of disease for 19 months

did not adversely affect recurrence and survival of early stage ovarian cancer after unilateral salpingo-oophorectomy.

IGCS20_1136

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ANXIETY WAS EXPRESSED MORE IN GYNECOLOGIC CANCER PATIENTS ON TREATMENT: A RETROSPECTIVE STUDY FROM JAPAN UNDER THE STATEMENT OF EMERGENCY FOR COVID-19 PANDEMIC

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Introduction Cancer patients frequently have problems related to anxiety or depression. Under the COVID-19 pandemic, people feel anxiety though each extent differs a lot. In outpatient clinics, not few cancer patients expressed their anxiety by asking, complaining, or just shedding tears. Since the virus seems to come back again in years, we evaluated the anxiety and depression in gynecologic cancer patients under the current first wave.

Methods A retrospective study was planned. Gynecologic cancer patients in our hospital who had tests for anxiety and depression during the Japanese government-ordered state of emergency against COVID-19 were included. We use self-filling tests of 'distress temperature scale' and 'Hospital Anxiety and Depression Scale (HADS)' to patients with cancer or after cancer.

Results 34 patients were included. 12 patients visited just for follow-up after treatment, and 22 were on treatments. Almost all patients were willing to do and easily completed the tests. Each score excluding depression score on HADS was higher in patients on cancer treatment than in follow-up after treatment. One third of on-treatment patients showed significant high anxiety score. Several patients who had tests three or more times expressed recovering trend by day passed.

Conclusions Self-filling tests of 'distress temperature scale' and HADS are useful. Especially on-treatment patients are vulnerable to the pandemic stress. We continue the careful evaluation and will work proactively against the future pandemic.

IGCS20_1137

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CLINICAL AUDITING AS AN INSTRUMENT TO IMPROVE CANCER CARE: THE DUTCH GYNAECOLOGICAL ONCOLOGY AUDIT (DGOA)

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Introduction The Dutch Gynaecological Oncology Audit (DGOA) was initiated in 2013 where all patients with a gynaecological malignancy are registered. The aim of this study is to present the first results of clinical auditing from the DGOA for ovarian-, cervical-, endometrial- and vulvar cancer.

Abstract 153 Figure 1

Methods The DGOA is facilitated by the Dutch Institute of Clinical Auditing and run by its own scientific committee. Items are collected through a web-based registration based on a set of quality indicators. Results are frequently updated and benchmarked information is given back to the user. Data verification was done in 2016 where the accuracy and completeness was checked.

Results Between 01 January 2014 and 31 December 2018, a total of nearly 18.000 patients were registered. Case ascertainment was 98.3% in 2016. Percentage of patients with ovarian cancer waiting less than 28 days to start with any form of therapy decreased over time from 57.3% in 2014 to 40.9% in 2018 ($p < 0.001$). The percentage of patients who underwent primary cytoreductive surgery (CRS) also decreased over time (57.8% – 39.7%, $P < 0.001$), patients with complete primary CRS improved (53.5%–69.1%, $P < 0.001$, (figure1)). Other measured quality indicators did not significantly change over time.

Conclusion The DGOA provides valuable data on the quality of care for patients diagnosed with a gynaecological malignancy. Data shows variation between hospitals with regard to pre-determined quality indicators. The results of the so called 'best practices' are shared with participants of the clinical audit with the aim of improving quality of care in the Netherlands.

IGCS20_1139

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CLINICAL INDICATORS USEFUL IN DECISION-MAKING ABOUT PALLIATIVE CHEMOTHERAPY FOR END-OF-LIFE OVARIAN CANCER PATIENTS

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Introduction Chemotherapy for end-of-life ovarian cancer patients is a complex and delicate problem. We evaluated whether active palliative chemotherapy is beneficial for such patients using inflammatory parameters, nutritional indicators, and the PPI (Palliative Prognostic Index), which predicts short-term prognosis.