

Results A 51 years old lady with no co-morbid history had primary debulking surgery followed by adjuvant chemotherapy for high grade serous ovarian adenocarcinoma stage 3c. Her BRCA test result was negative. She was under surveillance follow-up with no evidence of recurrence from biochemical profile (CA-125) and imaging study until 7 years later. Her CA-125 level increased 2 fold from the baseline with solitary splenic recurrence of ovarian cancer from the CT scan. Fine needle biopsy of the splenic mass revealed metastatic serous adenocarcinoma. She underwent an uncomplicated splenectomy followed by 6 cycles of adjuvant chemotherapy. The histopathology report showed metastatic serous adenocarcinoma. After 2 years of the treatment, she is still under surveillance with no evidence of recurrence.

Conclusion Recurrence of ovarian cancer with distant metastasis is very rare. Cytoreduction surgery (splenectomy in the case described above) followed by adjuvant chemotherapy showed promising result to patient.

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171 HUMAN PAPILOMAVIRUS GENOTYPE AND LONG-TERM CLINICAL OUTCOMES OF VULVAR MALIGNANCIES

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Objectives To analyze prevalence of HPV DNA, HPV genotype distribution, prognostic factors and long-term outcomes of vulvar carcinoma.

Methods We retrospectively reviewed medical records of patients with vulvar carcinoma who received primary surgeries between 1985 and 2014 in a single institution. General polymerase chain reaction (PCR) SPF1/GP6+ followed by revert-blot detection was performed for human papillomavirus (HPV) genotyping. E6 type-specific PCR of the top-5 prevalent types was performed to reconfirm HPV-negative status. P16INK4a immunohistochemistry staining was performed. Univariate and multivariate analyses were performed to identify predictors of clinical outcomes of squamous cell carcinomas (SCCs).

Results A total of 150 vulvar carcinoma patients eligible for analysis were retrieved. Median follow up time was 71.4 months (0.2–341.8 months). One hundred and twenty-nine patients (86.0%) were diagnosed as SCC. In SCC specimens, HPV DNA sequences were detected in 56.6%, and 14.3% of non-SCC vulvar cancer (n = 21) were HPV positive. The leading 4 types were HPV16 (54.0%), HPV58 (15.8%), HPV52 (6.6%), and HPV18 (5.3%). HPV-positivity was associated with better 5-year cancer-specific survival (CSS) (P = 0.037). In multivariable analysis, older age (continuous, hazard ratio [HR] 1.06, 95% confidence interval [CI] 1.03–1.08, P <0.001), advanced International Federation of Gynecology and Obstetrics (FIGO) stage (III-IV vs I-II, HR 3.86 95%CI 2.01–7.42, P <0.001) were independent adverse predictors of CSS, while p16-positivity (0.36, 95%CI 0.19–0.69, P =0.002) was related to better prognosis.

Conclusion Advanced FIGO stage and older age were significant adverse predictors, while p16-positivity was a significant factor of better prognosis.

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172 LATE EFFECTS ON RECTUM AND URINARY BLADDER IN CERVICAL CANCER BRACHYTHERAPY: DOSE EFFECT RELATIONSHIP AND ICRU RECTUM AND BLADDER POINT DOSE CORRELATION

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Traditional Manchester Point based brachytherapy continues to be popularly practiced even when CT imaging has replaced traditional X-rays for treatment planning. ICRU bladder and rectal Point doses are documented and monitored as predictive of Organs at Risk (OAR) doses.

Aim To study the late effects of treatment and its correlation with dose volume parameters. Dosimetric correlation between volume doses and corresponding ICRU Rectum and Bladder point doses were studied.

Materials and Methods 101 Cervical cancer patients treated during 2014 – 2016 with radio-chemo therapy and CT based Brachytherapy treatment planning were eligible. Bladder, rectum and sigmoid were retrospectively contoured on CT data sets and Dose volume histogram for doses to the most exposed portion of (D2cc) OARs were recorded and compared with corresponding ICRU Point doses. Patients were followed up till August 2019 and toxicity data collected prospectively using CTCAE V4.03. Correlation of toxicity with doses received was attempted.

Results The overall incidence of bladder toxicity was 19.8% and rectal toxicity 30.7%. Grade 2 &3 toxicities were < 5% for bladder and 13% for rectum. 1 patient developed Grade 4 rectal toxicity.

The threshold dose for bladder toxicity was D2cc- 89 Gy and 67 Gy for rectum. Grade 4 toxicity occurred with D 2cc - 83 Gy.

There was no correlation between bladder D2cc and ICRU bladder point doses. Moderate correlation was seen between rectal D2cc and dose to point R (0.62)

Conclusion Monitoring D2cc of OARs should be attempted on CT in an attempt to reduce morbidity even with traditional planning.

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174 OBESITY AND VISCERAL FAT: SURVIVAL IMPACT IN ENDOMETRIAL CANCER

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Background Obesity is an important risk factor for the development of endometrial cancer and is associated with poor

outcomes. However, the impact of body fat distribution on survival and surgical outcomes in endometrial cancer patients is unclear.

Methods This is a retrospective study in women diagnosed with primary endometrial cancer between February 2006 and August 2017 at the Royal Cornwall Hospital who had abdominal CT-scan as part of routine diagnostic work-up. Subcutaneous abdominal fat volumes and visceral abdominal fat volumes were quantified, and visceral fat percentage calculated.

Results A total of 302 patients with high grade endometrial cancer were included. The median age was 70 years and median Body Mass Index (BMI) was 29.7 kg/m². The majority of patients (60%) had endometrioid type histology. High visceral fat percentage was associated with poor overall- and disease-free survival ($p < 0.001$ and $p = 0.003$ respectively), which remained significant when adjusting for age, FIGO stage, histological subtype, comorbidities and BMI. Postoperative complications were more frequent in patients with high visceral fat volume ($p = 0.002$) and multiple comorbidities were associated with high BMI ($p < 0.001$) and high visceral fat percentage ($p < 0.001$).

Conclusion Obesity with high visceral fat percentage is an independent negative prognostic factor in endometrial cancer and high visceral fat volumes are associated with increased postoperative complication rates. The additional association of high visceral fat with multiple comorbidities might be reflecting an unhealthy macroenvironment.

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RADIATION: CURE OR CURSE? A CASE REPORT ON RADIATION-INDUCED ENDOMETRIAL CANCER AFTER CERVICAL CANCER TREATMENT

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Radiation-Induced Malignancies (RIM) are rare clinical entities that encompass different histological types, majority being high grade and deep tumors with worse prognosis, hence becoming a therapeutic challenge. The reported incidence of an endometrial cancer developing after radiation therapy for cervical cancer is 0.5% – 0.8%. After a thorough literature search, this probably is the first case of endometrial cancer reported as a second primary malignancy following radiation therapy for cervical cancer in the local setting. A 60 - year old para 4 was diagnosed with Stage IIb squamous cell carcinoma of the cervix who underwent concurrent chemoradiotherapy with brachytherapy. She had an incidental history of chronic Hepatitis B infection and Rheumatic Heart Disease. She remained asymptomatic with no evidence of disease for 11 years until abdominal pain ensued. A transvaginal ultrasound showed fluid - filled uterine cavity and intracavitary mass. On exploratory laparotomy, peritoneal fluid cytology, extrafascial hysterectomy with bilateral salpingo-oophorectomy, resection of rectal mass and biopsy of mesenteric implants were performed. Final histopathology revealed an advanced stage adenosquamous carcinoma of the endometrium.

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UPTAKE OF BREAST CANCER SCREENING STRATEGIES IN EPITHELIAL OVARIAN CANCER PATIENTS WITH BRCA1/2 MUTATION

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Objective To report on the uptake of breast cancer screening strategies in epithelial ovarian cancer patients with BRCA1 or BRCA2 mutation.

Methods A retrospective review of the clinico-pathologic data and implementation of breast cancer surveillance was performed on patients who were diagnosed with epithelial ovarian cancer at a single center between 2009 and 2019. If annual mammography or breast MRI was performed, it was considered that breast cancer screening was done following the guidelines.

Results A total of 309 women were diagnosed as epithelial ovarian cancer during the study period. Of these, 66 patients (21.4%) carried out BRCA testing. Thirteen patients (19.7%) had BRCA1/2 pathogenic/likely pathogenic variants, 10 of whom with BRCA1 mutation and 3 with BRCA2 mutation. Among the 13 patients with BRCA1/2 mutation, 10 patients received annual mammography with or without breast ultrasonography. Only 1 patient performed breast MRI. During the follow-up period, 1 patient developed breast cancer and another patient was diagnosed with pancreatic cancer.

Discussion The uptake of BRCA1/2 testing and breast cancer surveillance among epithelial ovarian cancer patients with BRCA1/2 mutation is still not optimal, and strategies to increase uptake are needed.

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CAMRELIZUMAB COMBINED WITH APATINIB FOR REFRACTORY GESTATIONAL TROPHOBLASTIC NEOPLASIA: A PHASE 2, SINGLE-ARM, PROSPECTIVE STUDY

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Objective To assess the safety and efficacy of camrelizumab and apatinib as combination therapy in patients with refractory gestational trophoblastic neoplasia (GTN).

Methods In this open-label, single-arm, phase 2 study, eligible participants were diagnosed with recurrent/chemoresistant high-risk GTN previously received twice or more combination chemotherapy. Patients received intravenous camrelizumab 200 mg every 2 weeks and apatinib 250 mg orally taken once daily. The primary outcome was objective response rate and the secondary outcomes included safety, and one year of duration of response, and disease free survival.

Results Between Aug 7, 2019, and March 18, 2020, 20 patients were enrolled. At data cut-off (May 20, 2020), all patients were able to evaluate for efficacy. The most common adverse event (AE) of any grade is neutropenia (8 [40%] patients). Grade 3/4 treatment-related AEs occurred in 60%