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.

IGCS20_1163

175 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 endoemtrial 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 llB 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.

IGCS20_1166

176 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.

IGCS20_1167

177 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%

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(12/20) of the patients, and the grade 3/4 AEs included hypertension (5 [25%] patients), rash (4 [20%] patients), leukocytopenia (2 [10%] patients), elevated transaminase (2 [10%] patients), neutropenia (1 [5%] patient), and hand-foot syndrome (1 [5%] patient). One patient had treatment-related serious AE. No treatment-related death occurred in this trial. The objective response rate was 55% (11/20), and complete response rate and partial response rate was achieved in 35% (7/20) and 20% (4/20), respectively. The median progression-free survival and duration of response has not been reached.
Conclusion The combination of camrelizumab and apatinib demonstrated tolerable toxicity and showed encouraging activity in patients with refractory GTN. Larger clinical trials of predictive biomarkers of response are needed.

IGCS20_1168

178 THE ACCURACY OF ULTRASOUND IN DIAGNOSING FIRST TRIMESTER MOLAR PREGNANCY

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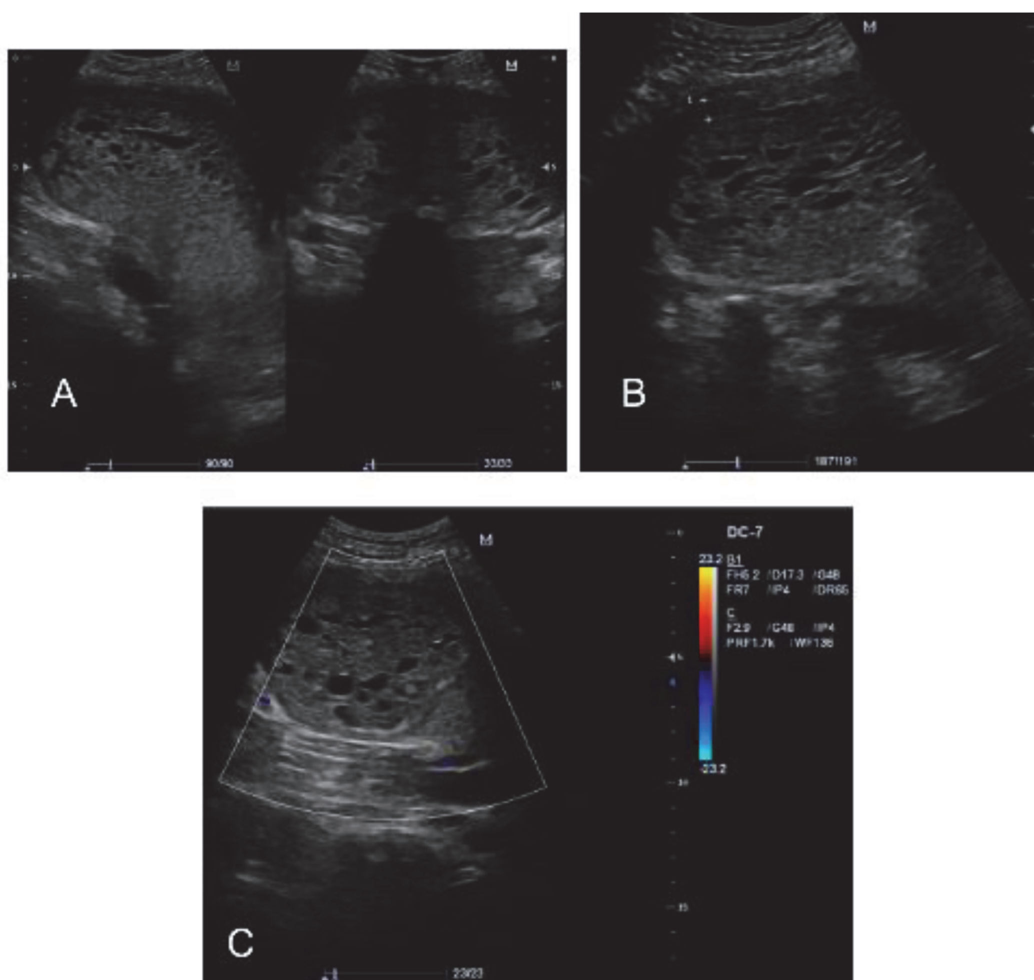
Molar pregnancies are associated with more medical complications as gestational age increases and thus, early diagnosis is of great importance to its management. Histologic examina-

Abstract 178 Table 1 False negative molar pregnancies by ultrasound

Age in Years Gravidity	Age of Gestation	Ultrasound Finding And Impression	Histopathologic Finding
28 G2P1 (1001)	9 weeks and 2 days	Heterogenous mass with anechoic areas measuring 5.0 x 6.8 x 4.1 cm (73.45cc). Color flow mapping of the said mass revealed no vascularity. Impression: Endometrial mass consider retained products of conception versus blood clots	Hydatidiform mole, favor complete
19 G2P1 (1001)	12 weeks and 5 days	Heterogenous mass measuring 8.2 x 8.0 x 5.6 cm (194 cc). Color flow mapping showed scant vascularity. Impression: Endometrial mass consider retained products of conception	Hydatidiform mole, favor complete
23 G1P0	12 weeks	Heterogenous mass with anechoic areas measuring 7.6 x 7.0 x 4.0 cm (111.3 cc). Color flow mapping showed absent vascularity. Impression: Endometrial mass consider retained products of conception	Hydatidiform mole, favor complete



Abstract 178 Figure 1 Sonographic pictures of histopathologically confirmed molar pregnancies. A and B. Hetergoneous mass with multiple cystic spaces within. C. Absence of vascularity on doppler studies

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