conducted on these domains. Then, the Composite Reliability (CR) and the Average Variance Extracted (AVE) of all the domains were analyzed as well as the Heterotrait-monotrait ratio of correlation. Finally, a statistically significant correlation was found between the total scores of the HIP and professional status and religion.

**Conclusion**

The final version of the HIP presents good psychometric properties, allowing its use in clinical trials as well as in clinical practice in order to evaluate the quality of life in women with HPV.

**Objectives**

There is limited data on survival outcomes for patients with high risk endometrial cancer (EC) undergoing sentinel lymph node (SLN) mapping to evaluate lymph node metastasis. Our study aims to compare operative and survival outcomes in high risk EC patients who underwent SLN mapping or lymphadenectomy (LND).

**Methods**

From 2014–2020, we retrospectively compared all patients with pathology confirmed grade 3 or type II EC histology who underwent SLN or LND as part of their staging surgery. Kaplan-Meier estimates and Cox regression models were used to analyze and predict recurrence and survival outcomes.

**Results**

258 charts were reviewed. 102 and 103 patients were included in the SLN and LND groups, respectively. Demographics, cancer stage and histology were not statistically different between groups (p>0.05). SLN detection rate was 97.1%. Bilateral mapping was achieved in 87.3% of patients. Nodal metastasis occurred in 22.5% in the SLN group and 24.3% in the LND group (p>0.05). Rates of adjuvant therapy were similar. Median follow up for the SLN group was 13.5 months and 15.5 months in the LND group. PFS rates were 75.7% and 78.0% (p=0.67) and OS rates were 91.3% and 91.7% (p=0.58) for SLN and LND groups, respectively. A multivariate cox proportional hazards regression showed stage I disease was protective against recurrence (HR 0.24, 95% CI 0.08–0.72) and death (HR 0.13, 95% CI 0.02–0.84)

**Conclusions**

This preliminary data demonstrates a high SLN detection rate in patients with high risk EC and no significant differences in PFS or OS as compared to LND.
The diagnosis of malignancy wasn’t focused on histological features, but on tumor extension, clinical course, and presence of metastases.

**Conclusion** SCTAT is a rare tumor, usually benign. The diagnosis is based on histological examination. Malignant potential is noted in sporadic forms. Surgery remains the cornerstone of the treatment which is most often conservative, based on oophorectomy.

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**IGCS20_1182**

**HIGH-RESOLUTION SPATIAL ANALYSIS OF THE TUMOUR MICROENVIRONMENT OF HIGH GRADE SEROUS OVARIAN CANCER (HGSOC) USING SINGLE CELL TRANSCRIPTOMICS**


Introduction High grade serous ovarian carcinoma (HGSOC) is a highly lethal gynaecological malignancy.Bulk gene expression profiling has identified novel subgroups of HGSOC but only interrogates the average signal of cells within a tumour. Single cell RNA-sequencing (sc-RNAseq) enables the quantification of gene expression from individual cells, allowing assessment of potential chemoresistant tumour cells. To investigate the heterogeneous landscape of HGSOC, we used sc-RNAseq to profile ∼80,000 cells from six tumour specimens. Here we present a high-resolution spatial analysis of the HGSOC tumour microenvironment (TME) with further demonstration of the cellular clonal and phenotypes.

Methods Two patients with advanced stage HGSOC who were undergoing primary debulking surgery were recruited. Fresh tumour samples obtained from primary and metastatic sites were dissociated into single cells by automated enzymatic technique and sc-RNAseq performed using 10X Genomics. Sequenced libraries were analysed using bioinformatics tools including clustering, principle component analysis and geneset enrichment analysis.

Results The TME is comprised of cancer epithelial cells (CECs), fibroblasts, endothelial, myeloid, T-cells and B-cells with heterogeneous proportions across individual tumour samples. CECs subclustering revealed subpopulations of tumour cells related to epithelial-mesenchymal transition, oxidative phosphorylation and immunosuppression. We found functional programmes of cancer-associated fibroblasts (CAFs) including matrisome, proliferative and immunomodulatory. The immune cells were largely comprised of T-cells with a predilection for CD8+ T-cells and natural killer cells.

Conclusion Our work enriched the single cell repertoire of HGSOC transcriptomic landscape and unravelled the heterogeneous subpopulations of CECs, CAFs and immune cells which will provide a platform for identification of novel therapeutic targets.

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**IGCS20_1183**

**SELECTING PATIENTS FOR 3RD LINE CHEMOTHERAPY AND BEYOND IN EPITHELIAL OVARIAN CANCER**

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**Background** Many epithelial ovarian cancer (EOC) patients had disease progression during 3rd line chemotherapy and beyond. This study aimed to select these patients and avoid unnecessary chemotherapy.

**Materials and Methods** We retrospectively analysed 274 EOC patients who had treated with 2nd to 5th chemotherapy. Progression-free survival (PFS) and disease control rate (DCR), and prognostic factors for each line were analysed.

**Result** The median PFS was shorter as the line of chemotherapy increased (median PFS of 2nd regimen, 9.0 months, vs. median PFS of 3rd regimen, 6.1 months, vs. median PFS of 4th regimen, 3.9 months, vs. median PFS of 5th regimen, 3.4 months). The DCR was lower as the line of chemotherapy increased (DCR of 2nd regimen, 66.7% vs. DCR of 3rd regimen, 48.2% vs. DCR of 4th regimen, 31.3%, vs. DCR of 5th regimen, 20%). Platinum-sensitive EOC patients were significantly effective with 3rd, 4th, or 5th line chemotherapy (p=0.006). 3rd or more line chemotherapy was effective in patients with treatment free interval (TFI) over 3 months in previous chemotherapy (p=0.014). CA-125 at recurrence over 200 was statistically related to poor prognosis (p=0.002). Endometrioid cell type had significantly better outcomes than other cell type (p=0.01). Other factors were not significantly different.

**Conclusion** EOC patients with platinum resistance, elevated CA-125 at recurrence, short TFI at previous regimen, and non-endometrioid cell type were associated with progression disease after 3rd line chemotherapy or beyond. Discontinuation of 3rd line chemotherapy and beyond should be carefully considered when EOC patients have the factors above mentioned.

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**IGCS20_1185**

**CLINICAL AND PATHOLOGICAL CHARACTERISTICS OF PATIENTS WITH VILOGLANDULAR ADENOCARCINOMA OF THE CERVIX: A REVIEW OF 11 CASES**

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**Introduction** Villo glandular adenocarcinoma (VGA) is a rare subtype of cervical adenocarcinoma (3.7 to 4.8%). Risk factors for poor prognosis such as Lymphovascular invasion (LVI) and lymph node metastasis are associated with recurrence and