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Distribution modes	Domains	Items	α Cronbach Coefficients	Modifications (remaining items)	α Cronbach Coefficients
Standard domains	Worries/concerns	Items 7, 12, 13, 15, 16, 17, 18, 19, 20	0.828		
	Emotional impact	Items 2, 3, 5, 8, 14	0.571	Items 2, 3, 5 & 8	0.812
	Sexual impact	Items 24 & 25	-0.020	No possible modifications	
	Self-image	Items 1, 10, 11 & 23	0.267	Items 11 & 23	0.706
	Partner/transmission	Items 9, 21 & 22	0.440	Items 21 & 22	0.751
	Interaction w/ doctors	Items 27, 28 & 29	0.33	Items 28 & 29	0.706
	Health control/life impact	Items 4, 6 & 26	0.363	Items 4 & 6	0.795
Adapted domains	Worries/concerns	Items 7, 12, 13, 15, 16, 17, 18, 19 & 20	0.828		
	Emotional impact	Items 2, 3, 5, 8 & 14	0.798		
	Sexual impact	Items 24 & 25	0.669		
	Self-image	Items 1, 10, 11 & 23	0.680		
	Partner/transmission	Items 9, 21 & 22	0.523	Items 21 & 22	0.751
	Interaction w/ doctors	Items 27, 28 & 29	0.611	Items 28 & 29	0.706
	Health control/life impact	Items 4, 6 & 26	0.694

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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.

IGCS20_1178

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COMPARING LYMPH NODE STAGING MODALITIES IN HIGH RISK ENDOMETRIAL CANCERS: PERIOPERATIVE AND LONG-TERM CLINICAL OUTCOMES IN A COMMUNITY-BASED COMPREHENSIVE CANCER CENTER

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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.

IGCS20_1180

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SEX CORD TUMOR WITH ANNULAR TUBULES: ABOUT FOUR CASES

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Introduction Sex cord tumor with annular tubules (SCTAT) represents less than 1% of ovarian neoplasms. It includes two forms; a form associated with Peutz-Jeghers syndrome (PJS) which is usually benign, and the other one, sporadic, with malignant behavior. We aim to study the clinical, radiological, and pathological particularities of SCTAT.

Methods We report four cases of SCTAT treated in Salah Azaiz Institute of Oncology, Tunis, Tunisia between 2000 and 2013.

Results The average age was 30 years, ranging from 4 to 76 years. The age of our patients ranged from 10 to 32 years. One of our patients had a concomitant diagnosis of PJS. The tumor was unilateral in all cases and was revealed by precocious puberty in one case. Gross findings showed a solid tumor, with a yellow cut surface. The size ranged from 0,5 to 28 cm. The morphological features were characteristic but intermediate between granulosa and Sertoli cells. Immunohistochemistry showed that tumor cells expressed inhibin and calretinin. The treatment was surgical, often conservative.

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 corner stone of the treatment which is most often conservative, based on oophorectomy.

IGCS20_1182

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

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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 heterogenous 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 subclonal 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 matrixome, 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.

IGCS20_1183

190 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 month, 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.

IGCS20_1185

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

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Introduction Villoglandular 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