

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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10.1136/ijgc-2020-IGCS.164

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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10.1136/ijgc-2020-IGCS.165

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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10.1136/ijgc-2020-IGCS.166

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

increased mortality. The use of hormonal contraceptives seems to favor progression of the disease.

Methods The study retrospectively analyzed 11 patients diagnosed with VGA, who underwent treatment between June 2012 and June 2017, in an oncology service in Minas Gerais/Brazil.

Results The mean age of the patients was 47.91 ± 13.13 years. LVI was observed in 63.6% and lymph nodes were affected in 9.1% of the cases (table 1). There was no disease recurrence during the study period. Five patients (45.5%) were taking hormonal contraceptives (HC).

The surgical stages were IA1: 1 (9.1%), IB1: 8 (72.7%), IIB: 1 (1.9%) and IVa: 1 (9.1%), all <2 cm, and well-differentiated VGA. The patient with stage IVa had two affected iliac lymph nodes, and the one with stage IIB had an affected parametrium, both with LVI. None of these two patients reported using HC.

Abstract 191 Table 1 Clinical findings

	Characteristics	Meanstandard	Deviation
Age(years)	28-66	47.91	13.13
Lymphovascularinvasion	7 (63.6%)	7 (63.6%)	-
Affected lymph nodes	1 (9.1%)	-	-
Contraceptive use	5 (45.5%)	-	-
Follow-up time (years)	2-5	3.73	1.19

Conclusion Although we identified LVI and the use of HC in most patients, none had recurred, corroborating the good prognosis of this disease. A better understanding of immunohistochemical markers and investigation of HPV infection can help in more accurate diagnosis and appropriate treatment. Long follow-up is necessary to properly characterize the disease's behavior.

IGCS20_1187

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HYDRONEPHROSIS IN CERVICAL CANCER PATIENTS IN ANTANANARIVO, MADAGASCAR

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10.1136/ijgc-2020-IGCS.167

Introduction Cervical cancer is diagnosed 60–70% at an advanced stage in low countries. Hydronephrosis is a common occurrence in patients with advanced cervical cancer (14 to 44%). We aimed to describe the survival in those patients and comfort after urinary diversion.

Methods This is a cross-sectional study during 25-month that included 82 patients with stage IIIB cervical cancer in a public hospital Joseph Ravoahangy Andrianavalona oncology and radiotherapy Department.

Results Thirty-one patients (37%) underwent diversion. Twelve patients (38.7%) had improvement of renal function. Half the patients had improvement in lumbar pain hydronephrosis-related. Complications after diversion was mainly surgical site infection (19%). Median overall survival was for those patients underwent or no urinary diversion was 90 days. The median survival in patients who underwent diversion was 90 days and 60 days whom required diversion but elected not to receive it. The survival with unilateral and bilateral hydronephrosis was 195 days and 75 days. Median survival was 90 days and 60 days for patients with and without chemotherapy after diversion. No patients received radiation because a public centre was not available during the study period due to costs.

Conclusion Hydronephrosis is a predictor of poor survival in patients with advanced stage cervical cancer. Urinary diversion improves the lumbar pain hydronephrosis-related, improve renal function, confers a short-time survival benefit. It could provide conditions for patients receiving treatment for advanced cervical cancer.

IGCS20_1191

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DID THE CERVICAL CYTOLOGY SCREENING DURING PREGNANCY IMPROVE THEIR OBSTETRIC AND ONCOLOGIC OUTCOMES OF CERVICAL CANCER?: A RETROSPECTIVE STUDY

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10.1136/ijgc-2020-IGCS.168

Background Most Japanese pregnant women undergo a first-trimester cervical cytological screening because of both the low rates of HPV vaccination and routine cytological screening. We aimed to investigate obstetric and oncologic outcomes of perinatally diagnosed invasive cervical cancer (ICC), and whether cytological screening during pregnancy was useful.

Methods We retrospectively reviewed the clinical data on ICC diagnosed during pregnancy or within one year after delivery from 2010 to 2019.

Results Of the 18 ICC patients, we diagnosed eight during pregnancy and ten in postpartum periods, and the median follow-up period was 46.5 months. In terms of pregnant patients, three had a preterm delivery, and four terminated their pregnancy, and we performed conization in one and hysterectomy in seven patients. In terms of screening results, among eight patients with NILM, the mean duration for ICC diagnosis was 10.7 months, seven had stage IB1 or worse disease, and one was dead. On the other hand, among ten women with abnormal cytological findings, the mean duration for ICC diagnosis was 1.4 months, and six had stage IB1 or worse disease, and one was dead.

Conclusions These outcomes suggest that temporary cytological screening during the first trimester of pregnancy is not useful, and clinicians should recommend HPV vaccination and routine cancer screening.