

IGCS20_1197

202

EFFECTS OF RADIOLOGICAL AND PATHOLOGICAL LYMPH NODE STATUS ON PROGNOSIS IN PATIENTS WITH OVARIAN CANCER WHO UNDERWENT INTERVAL DEBULKING SURGERY WITH LYMPHADENECTOMY AFTER NEOADJUVANT CHEMOTHERAPY

H Komatsu*, Y Iida, D Osaku, R Shimogai, J Chikumi, S Sato, T Oishi, T Harada. *Tottori university, Japan*

10.1136/ijgc-2020-IGCS.174

Objectives We aimed to analyze whether radiological and pathological lymph node status affected the prognosis in patients with epithelial ovarian cancer who underwent neoadjuvant chemotherapy (NAC) followed by interval debulking surgery (IDS).

Methods A total of 82 patients who had undergone IDS, including systematic retroperitoneal lymphadenectomy, at Tottori University Hospital were eligible for this study. We retrospectively analyzed the association of lymphadenopathy before (rLN) and after (yrLN) NAC, pathologically confirmed lymph node metastasis (pLN), and prognosis. The patient survival distribution was calculated using the Kaplan-Meier method.

Results Of the 82 cases, 36 were rLN+ (43.9%), 10 were yrLN+ (12.1%), and 39 were pLN+ (47.5%). No significant differences in progression-free survival (PFS) and overall survival (OS) were observed between rLN+ and rLN- patients. The PFS and OS in yrLN+ patients were not different from those in the yrLN- patients. Both the PFS and OS were significantly shorter in pLN+ patients compared to pLN- patients ($p < 0.001$ and $p = 0.004$, respectively). Univariate analysis revealed that FIGO stage, pLN, and an absence of gross residual disease were prognostic factors for PFS and OS. Multivariate analysis revealed that pLN was an independent prognostic factor for PFS ($p = 0.001$) and that pLN and an absence of gross residual disease were independent prognostic factors for OS ($p = 0.046$, $p = 0.012$).

Conclusion Only the pathological lymph node status affected PFS and OS in patients with ovarian cancer who underwent NAC followed by IDS, whereas the radiological lymph node status may not be a prognostic factor in such patients.

IGCS20_1201

204

ROLE OF MINIMALLY INVASIVE SURGERY VERSUS OPEN APPROACH ON THE CLINICAL AND SURGICAL OUTCOME IN PATIENTS WITH EARLY STAGE UTERINE CARCINOSARCOMAS: A RETROSPECTIVE STUDY

¹G Corrado*, ¹F Ciccarone, ²F Cosentino, ³F Legge, ¹A Rosati, ¹M Arcieri, ²LC Turco, ⁴C Certelli, ⁴E Vlza, ¹F Fanfani, ¹G Scambia, ¹G Ferrandina. ¹Gynecologic Oncology Unit, Fondazione Policlinico Universitario A. Gemelli – Irccs, Italy; ²Fondazione di Ricerca e Cura Giovanni Paolo II, Università Cattolica del Sacro Cuore, Italy; ³Gynecologic Oncology Unit, 'F. Miulli' General Regional Hospital, Italy; ⁴Gynecologic Oncology Unit, 'Regina Elena' National Cancer Institute, IRCCS, Italy

10.1136/ijgc-2020-IGCS.175

Objectives The aim of this retrospective study was to compare surgical and survival outcome in only patients with early stage

uterine carcinosarcomas (UCSs) managed by laparotomic surgery (LPT) versus minimally invasive surgery (MIS).

Methods Data were retrospectively collected in 4 Italian different institutions. Inclusion criteria were: UCS diagnosis confirmed by the definitive histological examination, and stage I or II according to the FIGO staging system.

Results Between August 2000 and March 2019, the data relative to 150 patients bearing UCSs were collected: of these, 82 were defined as early stage disease (stage I-II) based on the histological report at the primary surgery, and thus were included in this study. Forty patients were managed by LPT, and 42 patients were managed by MIS. The operative time was lower in the MIS group versus the LPT group; the median estimated blood loss was less in the MIS group compared to the median of LPT group (p value < 0.0001). The number of days was shorter in the MIS patients (p value < 0.0001). Only 1 intra-operative complication was documented in the LPT group. There were 6 (15.0%) post-operative complications; they were more frequent in the LPT group nonetheless there was no statistically significant difference (p value = 0.10). There was no difference in the disease free survival (DFS) and overall survival (OS) between the two groups.

Conclusion There was no difference in terms of oncologic outcome between the two approaches, in face of a more favourable peri-operative and post-operative profile in the MIS group.

IGCS20_1202

205

MINIMALLY INVASIVE APPROACHES IN LOCALLY ADVANCED CERVICAL CANCER PATIENTS UNDERGOING RADICAL SURGERY AFTER CHEMORADIOTHERAPY: A PROPENSITY SCORE ANALYSIS

¹V Gallotta, ¹A Federico*, ²F Fanfani, ³V Chiantera, ⁴F Cosentino, ⁵L Turco, ⁶F Legge, ¹L Pedone Anchora, ¹N Bizzari, ⁴G Macchia, ⁷V Valentini, ²G Scambia, ²GM Ferrandina. ¹Gynecologic Oncology Unit, Fondazione Policlinico Universitario Agostino Gemelli I.R.C.C.S., Italy; ²Istituto di Ginecologia e Ostetricia, Università Cattolica del Sacro Cuore, Italy; ⁰; ³Department of Obstetrics and Gynecology, University of Messina, Italy; ⁴Department of Gynecologic Oncology, University of Palermo, Italy; ⁵Fondazione di Ricerca e Cura Giovanni Paolo II, Università Cattolica del Sacro Cuore, Italy; ⁶Gynecology and Breast Care Unit, Mater Olbia Hospital, Italy; ⁷Gynecologic Oncology Unit, Department of Obstetrics/Gynecology, 'F. Miulli' General Regional Hospital, Italy

10.1136/ijgc-2020-IGCS.176

Objectives To evaluate the oncological and surgical outcome of minimally invasive radical surgery (MI-RS) compared to open radical surgery (O-RS) in locally advanced cervical cancer (LACC) after preoperative chemoradiation (CT/RT).

Methods Data relative to stage IB2-IVA cervical cancer patients managed by CT/RT and RS were retrospectively analyzed.

Results Starting from 686 patients, the propensity score matching resulted in 462 cases (231 per group), balanced for FIGO stage, lymph node status, histotype, tumor grade and clinical response to CT/RT. Overall, 107 recurrences were registered with no difference in the pattern of recurrences between the two surgical approaches. The 5-year disease-free survival (DFS) was 73.7% in the O-RS patients, 73.0% in the MI-RS ones (HR 1.034, 95% CI: 0.708–1.512, $p=0.861$). The 5-year locoregional recurrence rate was