Results Our primary study hypothesis is that diagnostic performance of VUGB is capable to differentiate fibroma and sarcoma with a sensitivity greater than 90%. Considering as acceptable a sensitivity of 90% (H0) and excellent a sensitivity of 95% (H1), a sample size of 250 patients would be necessary to achieve 80% statistical power with a 5% type-1 statistical error. Taking into account a potential drop-out rate of 10%, there will needed 275 subjects to be included in our study. Primary study endpoint is sensitivity of VUGB anatomico-pathological diagnosis. Secondary endpoints include specificity, accuracy Youden’s index, positive and negative predictive values.

Conclusion In case VUGB is demonstrated to be effective and safe to make the differential diagnosis, this should permit preoperatively the stratification of patients to either laparotomy for sarcomas or minimally invasive surgery for benign myomas. Therefore, both unnecessary laparatomies and cancerspilage by sarcoma morcellations could be avoided at the maximum degree.

Disclosures Authors have nothing to disclose

Late breaking abstracts

Breast cancer

**611 EFFECT OF SENTINEL LYMPH NODE BIOPSY ON UPPER LIMB FUNCTION IN WOMEN WITH EARLY BREAST CANCER: A SYSTEMATIC REVIEW OF CLINICAL TRIALS**
Taynara Louisi Pilger, Daniely Franco Francisco, Francisco Jose Candido Dos Reis. Ribeirão Preto Medical School/University of São Paulo, Ribeirão Preto
10.1136/ijgc-2020-ESGO.201

Introduction/Background Axillary surgery is essential in the management of early breast cancer. Conservative procedures like sentinel lymph node biopsies (SLNB) are less invasive than the traditional axillary dissection. However, some extent of ipsilateral upper limb dysfunction might still occur. The aim of this systematic review was to describe the incidence of lymphedema, pain, sensory, and motor disorders after SLNB in women with breast cancer.

Methodology We conducted a systematic review of randomized controlled trials. The search was performed on Pubmed, EMBASE, CINAHL, and Web of Science. The search was based on the following concepts: breast cancer, sentinel lymph node biopsy, axillary dissection, upper limb complications. The risk of bias was evaluated using the Cochrane Rob 2.0 tool.

Conclusion SLNB is associated with postoperative complications that persist up to at least two years after the surgical procedure. The burden of complications, although lower when compared to axillary dissection, should not be ignored.

Disclosures The authors have no conflict of interest to disclose.

Cervical cancer

**576 CLINICAL CHARACTERISTICS, TREATMENT RESPONSE AND PROGNOSIS OF LOCALLY ADVANCED ADENOCARCINOMA OF THE CERVIX, A LOCAL STUDY**
Marilou Yu, Jonalyn Bagadiong. Jose R. Reyes Memorial Medical Center; Dr. Jose Fabella Memorial Hospital; Obstetrics and Gynecology Section of Gynecologic Oncology and Trophoblastic Diseases
10.1136/ijgc-2020-ESGO.202

Introduction/Background Treatment of locally advanced cervical carcinoma regardless of histology, either, squamous, adeno or adenosquamous carcinoma is the same, concurrent chemoradiotherapy. Nevertheless, studies have different and contradictory results regarding the impact of tumor histology in relation to treatment response. The current study sought to determine the clinical characteristics, treatment response and prognosis of locally advanced adenocarcinoma of the cervix in comparison to squamous cell carcinoma.

Methodology Records of the cervical cancer patients from the outpatient department of the Section of Gynecologic Oncology of a tertiary hospital were retrospectively reviewed.

Disclosures This study is supported by NCI research fund.