Results Our primary study hypothesis is that diagnostic performance of VUBG 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 anatomopathological 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 laparotomies and cancer-spoilage by sarcoma morcellations could be avoided at the maximum degree.
Disclosures Authors have nothing to disclose

527 ANALYSIS OF UTERINE LAVAGE FOR EARLY OVARIAN CANCER DETECTION

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Introduction/Background Ovarian cancer (OC) has the highest mortality rate of all gynecologic. Currently there is no effective screening methodology or accurate early diagnostic test for OC. In recent years, it has been demonstrated that uterine lavage fluid could be useful for OC diagnosis and molecular profiling.
Methodology The aim of this study was to screen uterine lavage and ovarian tissue samples form Lithuanian OC patients for cancer-related mutations by targeted next generation sequencing (NGS) and to determine their associations with clinical features. DNA from 35 uterine lavage fluid from ovarian cancer, uterine cancer and benign ovarian mass patients and 20 ovarian tissue samples were analysed using NGS. The sequencing libraries were prepared using Ion AmpliSeq™ On-Demand Panel targeting 10 OC related genes: BRCA1, BRCA2, PIK3CA, PTEN, KRAS, TP53, CTNNB1, PPP2R1A, ARID1A and FBXW7. Variant uncertain significance (VUS) pathogenity predicted with VarSome database.
Results Technique of lavage from uterine cavity was successfully performed in all patients. We were able to detect 37 SNP (22 of these known to be pathogenic) in 20/35 uterine lavage samples, of these 19 (10 known pathogenic mutations) matched SNP found in tissue samples. 4/15 VUS predicted to be pathogenic: ARID1A c.5548delG, c.6628C>T, c.3606delG and BRCA1 c.3871delT. We were able to detect 62.5% (10/16) known pathogenic mutations in both matched samples (n = 17). Most mutations found in patients with serous OC and metastases.
Conclusion Cell-free DNA samples obtained from uterine lavage could be used for molecular profiling of OC patients. Uterine lavage is a simple procedure which can be performed in a physician's office-based setting and it holds great potential and significant promise for earlier diagnosis of OC and suggest the future possibility of this approach for screening women for gynecological cancers.
Disclosures This study is supported by NCI research fund.

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

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Introduction/Background Axillary surgery is essential in the management of early breast cancer. Conservative procedures like sentinel lymph node biopsy (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, CINAHAL, 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 toll.
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

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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.

Results Among the 979 charts reviewed, only 278 patients were included in the analysis. Seventy-five percent of the patients had squamous cell carcinoma and only 20% had adenocarcinoma. Baseline characteristics were comparable. Ninety-eight percent had Cisplatin-based concurrent chemoradiotherapy. Median follow up was 17 months, with 75.30% of the patients had complete response, 7.97 had partial response and 16.73% had recurrent disease. Patients having squamous cell carcinoma had higher percentage of being alive at the time of follow up, better response to treatment, lesser recurrence and lower mortality rate as compared to adenocarcinoma, however, there was no sufficient evidence to demonstrate a difference in disease free survival and overall survival.
Conclusion Patients with locally advanced adenocarcinoma of the cervix who underwent concurrent chemoradiation had the same treatment response and prognosis to patients with squamous cell carcinoma.
Disclosures None.

583 PROGNOSTIC IMPACT OF SERUM INFLAMMATORY BIOMARKERS COMBINED WITH IL-6 EXPRESSION IN CERVICAL CANCER PATIENTS

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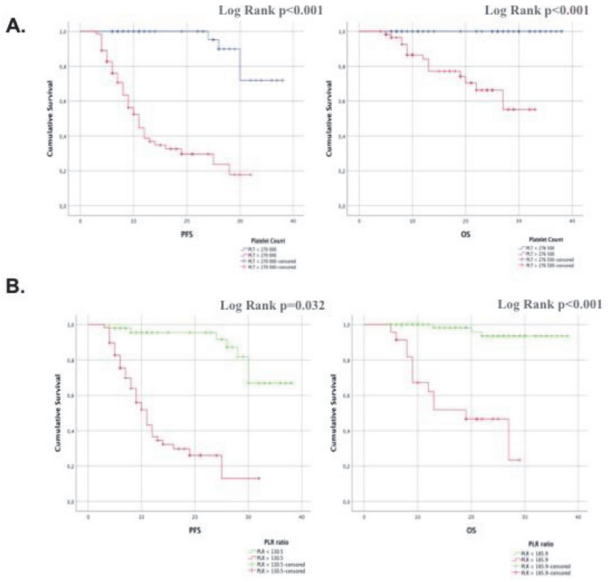
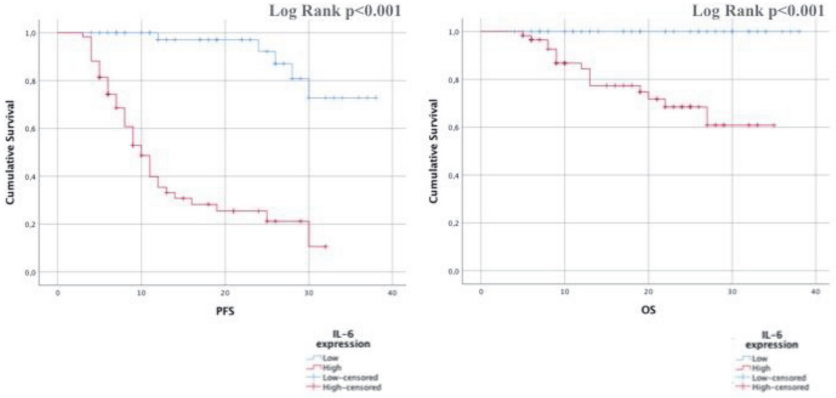
Introduction/Background Increasing evidences demonstrated a crucial role of inflammation in inducing and promoting several cancers. Cancer-related inflammation is an essential process in malignant disease by stimulating tumour cells proliferation, invasion mechanisms, metastasis, neoangiogenesis and by activating pathways of apoptosis's resistance. Cells and mediators of inflammation (as cytokines) represent a major part of tumour milieu. Particularly, IL-6 has been linked with cervical cancer development and progression by inducing upregulation of vascular growth factors (as VEGF), by modulating apoptosis, by fostering platelet production, activation and aggregation. An elevated platelet to lymphocyte ratio (PLR) has been recognised as markers of inflammation and also linked to poor prognosis in several malignancies. The aim of the study was to evaluate prognostic impact of inflammatory biomarkers (high platelet count, PLR) in combination with IL-6 tumour expression in cervical cancer patients.
Methodology Between 2016 and 2019, 108 out of 159 patients with cervical cancer presented to the Department of Gynecological, Obstetrical and Urological Sciences of "Sapienza" University of Rome and to the Division of Obstetrics and Gynecology at Department of Experimental and Clinical Medicine, University of Pisa have been enrolled. Study project was made in collaboration with National Research Council of Italy, Institute of Clinical Physiology (CNR-IFC) of Pisa. Cut off level of pre-treatment platelet count and PLR were identified by using ROC curve. IL-6 tumoural and peri-tumoural expression was analysed and stratified as low and high (low expression: 0, +1; marked expression:+2, +3).
Results Median follow up duration was 30 months (range 16–44). Patients with higher platelet counts showed worse OS and DFS (OS p <0.001 and DFS p <0.001, respectively figure 1A). Cumulative rates of OS and DFS in patients with lower PLR were higher than in patients with higher values of PLR (OS p <0.001 and DFS p = 0.032; figure 1B). Survival analysis showed a better prognosis in patients with lower IL-6 tissutal expression (PFS p <0.001; OS p <0.001; figure 2).



Abstract 583 Figure 1



Abstract 583 Figure 2