

Results Five studies were included in the current analysis enrolling 223 women (191 with EC and 32 with CC) and 484 SLNs. The quality of the included studies was high. The number of the examined SLNs per patient ranged between one and five. The pooled sensitivity and specificity was 0.84 (95% CI 0.64 – 0.94, I²=34.59%) and 0.95 (95% CI 0.88 – 0.98, I²=87.58%), respectively. The pooled LR+ and LR- was 17.07 and 0.17, respectively. The pooled DOR was calculated 100.38 (95% CI 34.21 – 294.52, I²=85.24%). The SROC curve yielded an AUC of 0.95 (95% CI 0.93 – 0.97).

Conclusion The current evidence suggests that the OSNA assay is a useful and accurate technique for the intra-operative detection of SLN metastasis in early-stage EC and CC. The combined analysis using SLNs and OSNA assay is seemingly an attractive approach to tailor individualised management. The impact of micro-metastasis and isolated tumour cells on the prognosis of women with apparent early-stage EC and CC remains debatable and should be addressed in future research. As this evidence is preliminary, cross-institutional collaboration is warranted.

Disclosures Professor SK declares personal fees for consulting from Roche and Astra-Zeneca, outside the submitted work. The remaining authors certify that no party has a direct interest in the results of the research and that no benefit will be conferred to us or any organisation with which we are associated.

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PROGNOSTIC VALUE OF PET-CT SCAN ON SURVIVAL OUTCOMES OF ADVANCED-STAGED OVARIAN CANCER PATIENTS TREATED WITH NEOADJUVANT CHEMOTHERAPY: A PROSPECTIVE STUDY

¹Stamatios Petousis, ²Anne-Laure Cazeau, ²Amandine Crombe, ³Chrysoula Margioulas-Siarkou, ²Michel Kind, ²Sabrina Croce, ²Anne Floquet, ²Frederic Guyon. ¹2nd Department of Obstetrics and Gynaecology, Aristotle University of Thessaloniki; ²Institut Bergonie, Bordeaux, France; ³Institut Bergonie, Bordeaux, France; 2nd Department of Obstetrics and Gynaecology, Aristotle University of Thessaloniki, Greece

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Introduction/Background PET-CT is an imaging examination whose preoperative diagnostic value in advanced-staged ovarian cancer patients remains controversial. Main objective of this study was to answer whether performing early preoperative PET-CT scan in patients undergoing neoadjuvant chemotherapy may discriminate their response and prognosis.

Methodology A prospective observational study was performed between September 2014 and May 2016. There were exclusively included patients diagnosed with advanced-stage ovarian cancer considered as not eligible for primary debulking surgery according to laparoscopy Fagotti score. These patients were treated with four cycles of neoadjuvant chemotherapy with carboplatin followed by interval debulking and three additional cycles of chemotherapy. PET-CT was performed between the initiation of chemotherapy (T0), first (T1) and fourth cycle of chemotherapy (T4). Follow-up outcomes of patients were also recorded. Primary outcomes were SUV (Standardized Uptake Value), MTV (Metabolic Tumor Volume) and TLG (Tumor Lesion Glycolysis) that were assessed by three different blind physicians each. Total and percentage modifications of these parameters within T0, T1 and T4 were compared between patients with and without recurrence and cancer-related death, while they were also correlated with OS and DFS in a Cox regression analysis.

Results there were 10 patients recruited for this study. All patients managed to have complete excision of the disease. SUVmax, MTV and TLG did not present significant interobserver variability within physicians. SUVmax was reduced at 45.9% between T0 and T1 in patients with later cancer-related death vs. only 8.0% in survivors (P=.05), while the relative mean decrease in absolute units was 6.5 vs 1.17 (P=.06). Similarly, TLG between T0 and T1 was reduced at 76.51% vs. 33.7% (P=.04), while mean TLG decrease was 1663.8 vs 653.8 units respectively (P=.06). In contrary, patients not presenting recurrence were characterized by significantly higher TLG reduction between T1 and T4 (95.0% for non-recurrence vs 69.1% for recurrence, P=.04), while TLG mean reduction was 1088 vs. 211 units (P=.11). Furthermore, all mean values of PET-CT parameters presented a higher reduction between T1 and T4 in patients not presenting recurrence.

Conclusion PET-CT examination preoperatively in advanced-staged ovarian cancer patients may be prognostic. Further studies with larger sample size should be performed in order to assess the exact role of PET-CT scan on preoperative triage of advanced-stage ovarian cancer patients.

Disclosures Authors have nothing to disclose.

Endometrial cancer

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RISK OF ENDOMETRIAL CANCER AMONG WOMEN WITH BENIGN OVARIAN TUMORS – A DANISH NATIONWIDE COHORT STUDY

¹Kristian Reinholdt, ²Susanne Krüger Kjær, ¹Sonia Guleria, ³Kirsten Frederiksen, ¹Lene Mellemkjær, ¹Christian Munk, ¹Allan Jensen. ¹Virus, Lifestyle and Genes, Danish Cancer Society Research Center; ²Virus, Lifestyle and Genes, Danish Cancer Society Research Center; Department of Obstetrics and Gynecology, Rigshospitalet, University of Copenhagen; ³Statistics and Pharmacoepidemiology, Danish Cancer Society Research Center

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Introduction/Background The few studies investigating a potential association between benign ovarian tumors and endometrial cancer have been inconclusive. Using data from a large Danish register-based cohort study, we assessed the overall and type-specific risk of endometrial cancer among women with a benign ovarian tumor.

Methodology We identified all Danish women diagnosed with a benign ovarian tumor during 1978–2016 in the Danish National Patient Register (n = 149,807). The study population was followed for subsequent development of endometrial cancer by linkage to the Danish Cancer Register and standardized incidence ratios (SIRs) with corresponding 95% confidence intervals (CIs) were calculated after correction for hysterectomy.

Results Women with benign ovarian tumors had a decreased incidence of endometrial cancer (SIR = 0.74, 95% CI: 0.68–0.81) compared with women in the general Danish female population. Both solid benign ovarian tumors (SIR = 0.79, 95% CI 0.70–0.88) and cystic benign ovarian tumors (SIR = 0.68, 95% CI 0.58–0.78) were associated with decreased incidences of endometrial cancer. Likewise, women with benign ovarian tumors had decreased incidences of both type I and type II endometrial cancer. The incidence of endometrial cancer was decreased to virtually the same magnitude irrespective of the age at diagnosis of a benign ovarian tumor and the

reduction persisted for up to 20+ years after the ovarian tumor diagnosis.

Conclusion The risk of endometrial cancer was decreased beyond the first year after a benign ovarian tumor and the decrease persisted for 20 or more years. The possible underlying mechanisms are not known and should be investigated further.

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THE ONCOLOGIC OUTCOME AFTER FERTILITY-SPARING HORMONAL MANAGEMENT MORE THAN 9 MONTHS TREATMENT FOR EARLY STAGE ENDOMETRIOID ENDOMETRIAL CANCER

Su Hyun Chae, Seung-Hyuk Shim, Sun Joo Lee. *Konkuk Medical Center*

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Introduction/Background Hormonal management is an alternative treatment for preserving fertility in patients with early stage endometrioid endometrial cancer (EC). The safety and clinical outcome in longer treatment more than 9 months has controversial. This study aimed to define the oncologic outcomes after hormone therapy more than 9 months for endometrioid EC.

Methodology We retrospectively analyzed patients presumed to have stage IA, grade 1–2 endometrioid EC who underwent fertility-sparing treatment. Concurrent medroxyprogesterone (MPA) and levonorgestrel-release intrauterine devices were used for treatment. The remission rate and progression free survival were analysed each of the short term treatment who had treatment under 9 months and long term groups who had treatment duration over 9 months.

Results One hundred twenty patients presumed to have stage IA, grade 1 endometrioid EC had treated with hormonal medication for fertility sparing. The median age was 33.5 (range 22–43) years old and the median treatment duration was 10.7 (3–102) months. The Complete remission (CR) rate was 84.2% (101/120) and the median time interval to CR was 9.3 (2–84) months. The median follow-up time was 32.9 (1–130) months. The recurrence rate was 31.7% (38/120) and the median time to recurrence was 11 (1–92) months. The cumulative CR rate by 3, 6, 9, 12, 15, 18, 24 months was 21.7%, 36.7%, 50.8%, 61.7%, 70.8%, 74.2%, and 78.3% respectively. The CR rates in group A and B were 86.7% and 82.7% in group A and B. The recurrence rates in two group were 35.6% and 29.3%, respectively.

Conclusion Fertility sparing treatment with high dose progestin over 9 months in early stage endometrioid EC has showed high rate of CR. However, medical treatment over 9 months should counsel with patients in detail and oncologists should make careful decision.

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THE ADDED VALUE OF SENTINEL NODE MAPPING IN ENDOMETRIAL CANCER

¹Liron Kogan, ¹Emad Matanes, ²Michel Wissing, ¹Cristina Mitric, ¹Shannon Salvador, ¹Susie Lau, ³Walter Gottlieb. ¹Mcgill University; Division of Gynecologic Oncology, Jewish General Hospital; ²Mcgill University; Division of Cancer Epidemiology, Department of Oncology; ³Jewish General Hospital; Mcgill University

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Introduction/Background Endometrial cancer (EC) is the most common gynecological malignancy worldwide, with an estimated 382,069 new cases and 89,929 deaths in 2018. Lymph node involvement represents one of the most important prognostic factors and guides better planning of post-operative adjuvant treatment. Whereas lymph node assessment has been included in surgical staging since 1988, the optimal procedure for lymph node evaluation is controversial, ranging from full pelvic and para-aortic lymph node dissection (LND) to complete omission of LND. We previously evaluated the oncologic outcomes of 472 cases of EC (SLN with LND vs. LND alone) and demonstrated significantly lower likelihood of pelvic side-wall recurrences in patients who underwent SLN. These data raised the possibility that addition of SLN biopsy may not just be equivalent to conventional staging but may actually increase the detection of metastatic disease, resulting in better stratification of patients into risk groups, optimal adjuvant therapy prescription and as a result, better oncologic outcomes. In this study, we investigated the long-term oncological outcome of adding SLN to pelvic LND in patients with EC.

Methodology Retrospective study comparing survival outcomes (overall survival (OS), disease-specific survival (DSS), progression-free survival (PFS), recurrence-free survival) between endometrial cancer patients undergoing surgical staging, which included LND with or without SLN in non-overlapping contiguous eras. Hazard ratios (HR) and their respective 95% confidence intervals (95%CI) were calculated using Cox proportional hazard models.

Results 193 patients underwent LND and 250 patients had SLN mapping prior to LND. Clinical characteristics, including adjuvant therapy use, were similar between groups. During a median follow-up period of 6.9 years, addition of SLN was associated with more favorable oncological outcomes compared to LND with 6-year OS of 90% compared to 81% ($p=0.009$), and PFS of 85% compared to 75% ($p=0.01$) respectively. SLN was associated with improved OS (HR 0.5, 95% CI 0.3–0.8, $p=0.004$), DSS (HR 0.5, 95%CI 0.2–1.0, $p=0.05$) and PFS (HR 0.6, 95% CI 0.4–0.9, $p=0.03$) in a multivariable analysis as well, adjusted for age, ASA score, stage, grade, non-endometrioid histology, and LVSI. Patients who were staged with SLN were less likely to have a recurrence in the pelvis or lymph node basins compared to patients who underwent LND only (6-year recurrence-free survival 95% vs 90%, $p=0.04$).

Conclusion Addition of SLN was associated with improved clinical outcomes compared to LND alone in patients with endometrial cancer undergoing surgical staging.

Disclosures We have no disclosures.

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OMITTING LYMPHADENECTOMY IN OBESE ENDOMETRIAL CANCER PATIENTS UNDERGOING SENTINEL LYMPH NODE MAPPING: WHEN MORE IS LESS

¹Liron Kogan, ¹Emad Matanes, ¹Cristina Mitric, ¹Shannon Salvador, ¹Susie Lau, ²Walter Gottlieb. ¹Mcgill University; Division of Gynecologic Oncology, Jewish General Hospital; ²Jewish General Hospital; Mcgill University

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Introduction/Background The prevalence of obesity in the United States has tripled over the last 40 years. Obesity is a significant risk factor for endometrial cancer (EC). Sentinel lymph node (SLN) sampling has been applied for EC surgery