

The use of targeted and immunotherapies was not common perhaps because the approval of these treatments was recent and not adequately captured in the data. Delaying progression to subsequent LOTs may help reduce the economic burden in this population.

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PROGNOSTIC FACTORS FOR LOCALIZED UTERINE CARCINOSARCOMA – 18 YEARS OF REAL-WORLD PRACTICE OF A PORTUGUESE CANCER CENTRE

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Introduction/Background Uterine carcinosarcoma (UCS) is a rare but aggressive malignancy. It represents 5% all of uterine tumors and is responsible for 30% of uterine cancer deaths. Known risk factors for UCS are age, pelvic irradiation, and tamoxifen use. Prognostic factors are not clearly defined. This study aims to determine prognostic factors for survival in UCS.

Methodology Observational retrospective study of pts with UCS treated in a Cancer Centre between 2000–2018. Clinical data was retrieved from records. Prognostic variables were tested by multivariate analysis using Cox's proportional hazards regression model, and Kaplan-Meier survival curves were generated.

Results A total of 73 women with early or locally advanced UCS were identified, with median age 68.0 yrs (46–89). Most pts had Performance Status (PS) 0–1 (n=59, 80.8%). Regarding predisposing factors, 8 had used tamoxifen and 5 had underwent pelvic radiotherapy. FIGO stage distribution as follows: 26 (35.5%) stage I; 13 (17.7%) stage II; 30 (41.0%) stage III; and 4 (5.8%) stage IVA.

Initial treatment was surgery for 70 pts. All pts underwent total hysterectomy and bilateral anexectomy, 22 (31.4%) pts pelvic and lomboortic lymph node dissection (LND), and 19 (27.1%) pts isolated pelvic LND. Residual disease was present in 15 pts (20.5%). Adjuvant treatment was prescribed as follows: isolated radiotherapy (RT) for 22 pts (30.1%) (of which 13 received additional brachytherapy), chemotherapy followed by RT for 17 pts (23.3%) and isolated chemotherapy for 11 pts (15.1%). Isolated adjuvant RT was prescribed mostly before 2010, and afterwards the use of adjuvant chemotherapy became more common.

After a median follow up of 29.7 months (95% CI [22.1–37.4]), 51 pts (69.9%) died. Relapse occurred in 40 pts (54.8%), mostly with a pattern of distant failure (33 pts). Local recurrence occurred in 18 pts. Median overall survival (OS) and disease free survival (DFS) were 18.3 (95% CI 13.3–23.3) and 11.3 (95% CI 7.5–15) months, respectively.

In multivariate analysis, PS (HR 3.93, 95% CI [1.16–13.27], p=0.028), residual disease (HR 12.21, 95% CI [2.13–70.02], p=0.005), adjuvant RT (HR 0.27, 95% CI [0.09–

0.83], p=0.022) and adjuvant brachytherapy (HR 0.31, 95% CI [0.09–0.99], p=0.048) were independent prognostic factors for OS. No prognostic factors for DFS were found.

Conclusion In concordance with previous studies, UCS presented a high rate of recurrence and mortality. This study identified PS, residual disease, and adjuvant radiotherapy and brachytherapy as prognostic factors for OS. Despite relapse occurring mostly at distance, adjuvant chemotherapy did not impact survival.

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SENTINEL LYMPH-NODE MAPPING WITH INDOCYANINE GREEN IN ENDOMETRIAL CANCER: DETECTION RATE AND ANATOMICAL SITES

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Introduction/Background Lymph-node status is one of the prognostic factors related to the survival of patients with endometrial cancer (EC). However, systemic pelvic lymphonectomy (PLN) is related to increased perioperative morbidity. A number of studies using different techniques have demonstrated the sentinel lymph-node biopsy (SLB) could be a better alternative to PLN in different patient groups. With evidence still lacking, SLB is considered an experimental method by major professional organisations like European Society of Gynaecologic Oncology. The aim of this study was to evaluate the adherence of the SLB procedure in a center with no previous experience of SLB in EC.

Methodology Prospective interventional study was performed in Lithuanian University of Health Sciences Hospital, Centre of Oncogynaecology in the period of 2018 March and 2020 July. 96 patients with histologically confirmed endometrioid endometrial carcinoma were included into the study. Indocyanine green (ICG) dye was used to map sentinel lymph-nodes using previously described technique. PLN was performed after SLB procedure for intermediate and high-risk patients.

Results Detection rate, timing and anatomical sites

The overall SL detection rate was 87.5% (bilateral in 63.5% (61/96), unilateral in additional 24.0% (23/96) of patients). The median time for the detection of the 1st SL was 35 minutes after injection of ICG (range 13–140 min), and 45 minutes (range 25–115 min) for the 2nd (contralateral) one. The median number of SL removed was 2 (range 1–8). The most frequent sites for SLs were right external iliac area (31.0%), left external iliac area (24.2%), right internal iliac area (11.9%) and left obturator fossa (11.3%). 4.8% of SL mapped in paraaortic region.

SL metastasis rate Lymph node metastasis were found in 6 (6.3%) patients and 4 (4.4%) of them were detected by SLB. The sensitivity of SLB was 66.7% and negative predictive value 97.4%. SLB has moderate – strong agreement with PLN (kappa coefficient 0.787, p < 0.001).

SL mapping failures SL mapping failed in 12.5% (12/96) of the patients. The factors that might be associated with mapping failure was age (73 vs. 64.5 vs. 62.8, p=0.005) and present extragenital pathology (100% vs. 60.9% vs. 57.4%, p=0.019).