Results A total of eight patients were enrolled. Patients had advanced or recurrent leiomyosarcoma, carcinosarcoma, low-grade endometrial stromal sarcoma (ESS), synovial sarcoma, and undifferentiated sarcoma. Urinary obstruction (87.5%) was the most common presentation before the surgery. Complete resection (R0) was achieved five (62.5%) patients. Median Operative time was 6 (range, 3–22) hours. Transfusion was performed in six patients (75%) with median of 2.5 pack of RBC. Four patients needed postoperative intensive care for median of two days (range, 0–8) but there was no operation-associated mortality or severe life-threatening morbidity. Median pelvic control duration was 6 (range, 3–64) months, although disease progression was observed in other extrapelvic areas where preoperatively assessed to be broadly distributed and impossible to be completely resected. Interestingly, one patients with progression disease (PD) showed 16 months of pelvic control duration. One patient showed no recurrence after the surgery (10%) and another patient showed stable disease (SD, 10%). Median OS after LEER was 6 (6–65) months.

Conclusions LEER is feasible for surgical control of the pelvic sidewall tumor with acceptable complications.

EPV243/#63

SURGICAL AND ADJUVANT TREATMENTS FOR UTERINE PECOMA

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10.1136/ijgc-2021-IGCS.314

Objectives Perivascular epithelioid cell tumors (PEComas) are rare mesenchymal neoplasms. Uterine PEComa is extremely rare and only limited evidence is still available.

Methods Charts of consecutive patients who had treatment (between 01/01/2010 and 12/31/2020) for newly diagnosed uterine PEComas were retrieved. Five-year outcomes were assessed using Kaplan-Meier and Cox hazard models.

Results Data of 23 patients with newly diagnosed PEComas were analyzed. Mean (SD) patients' age was 52 (14) years. Twenty-two patients had a surgical cytoreductive attempt. In one case surgery was not performed due to the presence of an extra-abdominal spread. Overall, seven (30%) patients had disease outside the uterus at the time of surgery. Complete cytoreduction (no macroscopic residual tumor) was achieved in 19 patients. Eleven (48%) patients had adjuvant treatments, consisting in anthracycline-based chemotherapy (n=4), gemcitabine-based chemotherapy (n=2), mTOR inhibitors (n=4) and hormonal treatment (n=1). Median (range) follow-up as 23 (2, 99) months. Eleven (48%) recurrences occurred with a mean (SD) progression free-survival of 14 (11) months. After a median (range) follow-up of 23 (2–99) months, nine (39%) patients died of disease. Residual tumor at surgery was the only factor correlating with the risk of developing recurrent disease (p=0.023) and worse overall survival (p=0.014). In our small series, stage of disease and adjuvant therapy administration had no impact on survival outcomes.

Conclusions Uterine PEComa represents a rare and aggressive entity. Molecular/genomic profiling of the disease is necessary to predict response to treatment. Further collaborative investigations are warranted to assess the role of various prognostic factors and evaluate the most effective surgical and medical treatment modalities

EPV244/#93

MALIGNANCIES IN TRANSPLANT PATIENTS: AN ATYPICAL PRESENTATION AND COURSE OF OVARIAN CARCINOMA – A CASE REPORT

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10.1136/ijgc-2021-IGCS.315

Objectives Donor-transmitted malignancies are rare due to the strict selection criteria for donors. Diagnosis is challenging because they often have an atypical presentation and a poor response to treatment.

Methods We present the case of a woman who was diagnosed with a donor-transmitted carcinoma after kidney transplantation.

Results Two years after kidney transplantation, a 61-year-old woman was diagnosed with a FIGO stage IIIB Mullerian ovarian cancer. Treatment with neo-adjuvant chemotherapy was started and complicated due to the use of immunosuppressants. An interval-debulking procedure showed poor response to chemotherapy and an optimal debulking could not be achieved. Pathology revealed a high grade tumor with immunohistochemistry suggestive for lung carcinoma. However, a PET-CT did not indicate any pulmonary disease. Due to the atypical presentation, immunohistochemistry results and untraceable primary tumor additional genetic DNA profiling was performed to further investigate the origin. A Y-chromosome specific marker revealed that the tumor originated from the donor-transplant. The oncological treatment and immunosuppressants were discontinued. The kidney transplant was surgically removed and hemodialysis was initiated. The body's own immune response led to a clinical, biochemical and radiological complete response and patient has no evidence of disease after 1 year of follow-up.

Conclusions This case report illustrates the diagnostic and therapeutic challenges of cancer in transplant-patients. We suggest that DNA profiling should be standard procedure in transplant patients presenting with metastatic disease. Although donor-transmitted malignancies are a very rare finding, awareness is critical since it can have life-saving clinical implications.

EPV245/#230

INCREASING INCIDENCE OF OVARIAN AND UTERINE CARCINOSARCOMA: A UNITED STATES CANCER STATISTICS STUDY

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10.1136/ijgc-2021-IGCS.316

Objectives To identify trends in the incidence of ovarian and uterine carcinosarcoma.

Abstracts

Methods Data were obtained from the United States Cancer Statistics (USCS) Public Use Databases from 2001 to 2017. SEER*Stat 8.3.9, Joinpoint regression program 4.8.0.1, and Excel were used to calculate the incidence and trends. The age-adjusted incidence was calculated by WHO 2000 standard population.

Results In 2017, the incidence of ovarian and uterine carcinosarcoma was 0.25 and 1.03 per 100,000 women, respectively. of all carcinosarcomas, the incidence was highest in Blacks at 2.7 followed by 1.1 and 0.82 in Whites and Hispanics, respectively. Over the last 17 years, the annual incidence of carcinosarcoma has increased across all races, however for Black and Hispanic women that rate is increasing 2.5 times compared to Whites. More specifically, the percent increase was 3.7% per year for Blacks, 4% for Hispanics, and 1.5% for Whites. Black women in the 70–74 age group had the highest incidence of uterine carcinosarcoma at 21.6/100,000; while 60–64 year old Black women had the greatest percent increase of uterine carcinosarcoma at 3.3% per year.

Conclusions The incidence of ovarian and uterine carcinosarcoma is increasing across all races, but most notably for older Black women.

EPV246/#242

THE GENDER IMBALANCE IN GYNECOLOGIC ONCOLOGY AUTHORSHIP AND EDITORIAL BOARDS

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10.1136/ijgc-2021-IGCS.317

Objectives Despite increased participation of women in Medicine in recent decades, there remains gender disparity in Academic Medicine. Our objective was to examine gender diversity in authorship and editorial boards of 2 prominent peer-reviewed Gynecologic Oncology journals.

Methods We performed a bibliometric analysis of original articles published in Gynecologic Oncology(GO) and International Journal of Gynecologic Cancer(IJGC), comparing 2016–2020 to two decades prior (1996). First names and photographs from institutional websites were used to identify subjective gender. Gender distribution was compared using chi-square tests.

Results We included 3022 original articles between 2006–2020, and 201 in 1996. Gender was identified for 93% of

Abstract EPV246/#242 Figure 1

first and 94.5% of senior(last) authors. Trends of gender representation in authorship and editorial boards over time are presented in the graphs below. Men were overrepresented as senior authors across both study periods: 93% in 1996, and 58% in 2016–2020. Over time, representation of women as senior authors increased(7% in 1996, 42% in 2016–2020, $p<0.00001$). This trend was also observed in first authorship (9% in 1996, 57% in 2016–2020, $p<0.00001$). Men continued to comprise the majority of editorial board members (86% in 1996, 59% in 2020).

Conclusions There is an encouraging trend in female authorship, likely reflective of increased representation in the workforce. Nevertheless, gender disparity persists. This underlines an opportunity for the academic publishing community to participate in advocacy and decisive action to close the ‘gender gap’. The impact of the COVID-19 pandemic on this publication gap is being assessed by our group.

EPV247/#348

RACIAL DISPARITIES IN OVARIAN CANCER SURVIVAL IN THE UNITED STATES DESPITE ADHERENCE TO NATIONAL GUIDELINE CARE

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10.1136/ijgc-2021-IGCS.318

Objectives To assess the relationship between race, receipt of National Comprehensive Cancer Network guideline adherent care (AC), and overall survival in a population of White and Black ovarian cancer (OC) patients in the United States.

Methods We used data for ovarian cancer patients diagnosed 2011–2019 in Flatiron Health, a longitudinal database spanning > 265 cancer clinics and > 2M US patients. We defined AC as surgery and ≥ 6 cycles of platinum/taxane doublet chemotherapy, with variation based on NCCN guidelines in effect at diagnosis. We modeled overall survival as a function of AC, race, and clinical and demographic factors using Cox regression.

Results of 2,138 patients (median: 67 years; range 20–84), 1974 (92%) were White and 164 (8%) were Black. Only 45.3% and 45.7% of White and Black patients received AC. In multivariate analysis, AC in the overall population (HR 0.557, $p<0.001$) was associated with improved survival, while age (HR 1.028, $p<0.001$), stage IV at diagnosis (HR 1.471, $p<0.001$), and living in the Southern/Midwestern US (HR 1.366 and 1.342, respectively, $p=0.002$ and $p=0.013$) were associated with worsened survival. AC predicted improved survival for White patients (HR 0.540, $p<0.001$) but not for Black patients (HR 0.819, $p=0.369$).

Conclusions Adherent care (AC) predicted improved survival for White patients with OC, but not their Black counterparts. It is unclear whether differences result from the small number of Black patients in our sample, or from racial differences in the individual components of AC. The relationship between race, AC, and survival should be further investigated.