Methods We performed an interim analysis of ALICE trial (NCT03366051), randomized controlled non-inferiority trial on SLN±LND. For the present analysis we included patients excluded from randomization (e.g.low-risk) that underwent only SLN (n=83). High-risk patients were randomly assigned to SLN (n=33) or SLN+LND (n=37). Complications were classified by Clavien-Dindo score and QoL by the EORTC QLQ30 and Cx24.

Results Total of 153 women were analyzed. Patients that received SLN+LND had overall more early complications (≤30days) compared to SLN (32% vs. 14.1%;p=0.011), being grade ≥3 of 5% and 0.8%, respectively. We found no difference in median score of global health status at baseline and during follow-up time at 1, 6 and 12 months. At 1 month of follow-up, the scores of physical functioning (p=0.02), social functioning (p=0.008), symptoms scales (p=0.008), constipation (p=0.001) and a sexual worry (p=0.004) were all worse for SLN+LND group. Moreover, physical functioning score maintained worse for SLN+LND group at 6 and 12months of follow-up. Regarding lower limb lymphedema, we noted a worse mean score for SLN+LND at 12 months of follow-up compared to SLN (p=0.01).

Conclusions We found that addition of LND to SLN increased the early complication rates and was related to a worse QoL scores, including for lower limb lymphedema.

OP017/#81 ENDOMETRIAL CANCER PROGNOSIS IN WOMEN WITH ENDOMETRIOSIS AND ADENOMYOSIS. A RETROSPECTIVE NATIONWIDE COHORT STUDY OF 40,847 WOMEN

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Objectives The effect of endometriosis/adenomyosis on the prognosis of its related endometrial cancer remains unclear. Therefore, we aim to compare endometrial cancer survival in women with or without histological proven endometriosis or adenomyosis.

Methods Women with endometrial cancer between 1990–2015 were identified from the Netherlands Cancer Registry (NCR). This data was linked to the Dutch pathology database (PALGA) to select all women with histological proven endometriosis or adenomyosis. Overall survival was compared between women with endometrial cancer with or without endometriosis/adenomyosis. We used multivariable Cox proportional hazard analysis to estimate hazard ratios (HRs) with 95% confidence intervals (CI).

Results We included 1,708 women with endometrial cancer and endometriosis/adenomyosis and 39,139 women without endometriosis/adenomyosis. Women in the endometriosis/adenomyosis cohort were younger at endometrial cancer diagnosis, had earlier disease stage and more often had endometrioid endometrial cancer with low grade tumors. The 5-year survival rate in the endometriosis/adenomyosis cohort was 84.8% (95%CI 84.6–88.1) and 71.6% (95%CI 71.1–72.0) in the control cohort, p<0.0005. Univariate analysis resulted in a crude HR for overall survival of 0.63 (95%CI 0.59–0.69).

Abstract OP017/#81 Table 1 Hazard rations of overall survival among women with endometrial cancer in univariate and multivariate analysis (n=35,549)

	Univariate analysis Hazard Ratio (95% CI)	Multivariate analysis Hazard Ratio (95% CI)
Endometriosis/adenomyosis	0.63 (0.59-0.69)[b]	0.98 (0.90-1.06)[c]
Age	1.09 (1.08-1.09)[b]	1.08 (1.08-1.08)[b]
Endometrial cancer stage[a]		
Stage 1	1.00 (ref)	1.00 (ref)
Stage 2	1.64 (1.56-1.72)[b]	1.40 (1.33-1.47)[b]
Stage 3	2.69 (2.57-2.81)[b]	2.31 (2.20-2.42)[b]
Stage 4	7.38 (6.98-7.80)[b]	4.23 (3.95-4.52)[b]
Histological tumor type[a]		
Endometrioid	1.00 (ref)	1.00 (ref)
Clear cell	2.12 (1.91-2.37)[b]	1.10 (0.98-1.23)[b]
Serous	3.13 (2.89-3.38)[b]	1.25 (1.14-1.36)[b]
Mucinous	1.28 (1.10-1.48)[b]	1.04 (0.90-1.21)[b]
Adenocarcinoma NOS	1.29 (1.25-1.33)[b]	1.20 (1.16-1.24)[b]
Histological grading[a]		
Low	1.00 (ref)	1.00 (ref)
Intermediate	1.48 (1.43-1.53)[b]	1.21 (1.17-1.25)[b]
High	2.65 (2.56-2.76)[b]	1.71 (1.64-1.78)[b]
Surgery	0.14 (0.13-0.15)[b]	0.39 (0.36-0.41)[b]
Chemotherapy	2.56 (2.39-2.75)[b]	1.22 (1.12-1.32)[b]

Only significant factors in univariate analysis are displayed.
NOS= not otherwise specified.
[a]p-value <0.0005 for categorical factor in univariable and multivariable analyses. [b]p-value <0.0005 p-value not statistically significant.

Significant confounding factors are reported in table 1. Correction for these confounders resulted in a HR of 0.98 (95% CI 0.90–1.06), p=0.867 (table 1).

Conclusions Women with endometrial cancer and histologically proven endometriosis/adenomyosis have a better overall survival when compared to women with endometrial cancer without endometriosis/adenomyosis. This better survival is correlated to stage, grade, age, and histology, but not to the presence of endometriosis/adenomyosis.

OP018/#414 PROGRESSION FREE SURVIVAL AND OVERALL SURVIVAL AFTER BRCA1/2-ASSOCIATED EPITHELIAL OVARIAN CANCER: A MATCHED COHORT STUDY

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Objectives BRCA1/2-associated epithelial ovarian cancer (EOC) has been associated with better progression-free survival (PFS) and overall survival (OS) than sporadic EOC. Higher sensitivity to chemotherapy may be an explanation, but data are scarce.

Methods We matched 512 BRCA1/2-associated EOC patients selected from the national Hereditary Breast and Ovarian Cancer Netherlands (HEBON) database to 512 sporadic EOC patients from the National Cancer Registry on year of birth, year of EOC diagnosis (range 1989–2015), and FIGO stage