therapy and MCT diet). Octreotide therapy and MCT diet were started 3 days after surgery. Clinical courses between group A (n=17) and B (n=10) were compared.

**Results** There were no differences in clinicopathologic characteristics including dissected para-aortic lymph node counts between the two groups. The median duration of pelvic drain (14.0 days, 8.0 – 21.0 days vs. 7.0 days, 6.0 – 8.0 days, p < 0.001) and hospital stay (15.0 days, 10.0 – 22.0 days vs. 10.0 days, 8.0 – 13.0 days, p = 0.002) were significantly different between the two groups. There was no recurrence of lymphatic ascites after early octreotide therapy and MCT diet.

**Conclusions** Early octreotide therapy and MCT diet in gynecological cancer patient who underwent para-aortic lymphadenectomy up to the level of renal vein may be attempted to shorten hospital stay and prevent lymphatic ascites. However, the timing of initiation of early octreotide therapy and MCT diet should be determined through further studies in more patients.

**EP128/#847**

**NEO-ADJUVANT CHEMOTHERAPY IN THE TREATMENT OF ADVANCED ENDOMETRIAL CANCER: A RETROSPECTIVE COHORT STUDY EXAMINING AN AUSTRALIAN EXPERIENCE**

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**Methods** We performed a retrospective cohort study of women with advanced EC over a 15 year period in Queensland. NACT and PC cohorts with bulky FIGO stage IVB disease were 1:1 propensity matched for patient health status and disease histology. An ITT analysis to assess the safety and efficacy of NACT versus PC was performed.

**Results** 34 PC cases were 1:1 propensity matched to NACT cases. Median PFS for NACT vs PC was similar (8.6 vs 8.8 months, p=0.2) but median OS was higher in the PC cohort (16 vs 21.4 months, p=0.03), despite a trend to increased RO resection in the NACT cohort (58 vs 42%, p=0.17). PC patients had higher 90 day post-operative mortality (6.5 vs 14.7%, p=0.04) and accordingly NACT was associated with decreased mortality initially before survival curves crossed at 12 months. Post operative mortality in PC was offset by long-term survivors and 5 year OS (0 vs 26.5%).

**Conclusions** NACT was found to be inferior to PC for bulky FIGO stage IVB disease. Radical upfront surgery is associated with increased post operative mortality but also increased OS and long term cure. The prognosis of this disease is poor in both treatment groups, however, the 5 month overall survival benefit with PC was thought clinically meaningful.

**EP129/#635**

**DOES ORDER OF ADJUVANT TREATMENT MATTER? RETROSPECTIVE REVIEW OF HIGH-RISK ENDOMETRIAL CANCER PATIENTS TREATED WITH ADJUVANT CHEMOTHERAPY FOLLOWED BY RADIATION**

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**Objectives** To review progression-free survival (PFS) and recurrence rates in patients with high-risk endometrial cancer treated with adjuvant chemotherapy followed by radiation, which is in contrast to previous literature where adjuvant radiation is given first, followed by chemotherapy.

**Methods** A retrospective chart review was performed on patients diagnosed with endometrial cancer who received adjuvant chemotherapy and radiation between 2005–2017 at The Ottawa Hospital. Inclusion criteria were: stage III endometrial cancers of any histology, stage I-II serous or clear cell endometrial cancers and stage IV endometrioid adenocarcinomas. PFS was defined as the time from surgery to disease recurrence or death by any cause.