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.

**EP127/#410**

**CHARACTERISTICS OF ENDOMETRIAL CARCINOMA PROGRESSED TO EXTRATERINE LESIONS FOLLOWING FERTILITY PRESERVING THERAPY USING MPA**

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**Objectives** Although medroxyprogesterone acetate (MPA) for early endometrial carcinoma and atypical endometrial hyperplasia (AEH) is effective as fertility preserving treatment, it is rare to progress to extraterine lesions (EL). This study is aimed to clarify the characteristics of patients who had EL following MPA treatment.

**Methods** We analyzed the clinicopathological factors and prognosis of 367 patients with grade 1 endometrioid carcinoma (EMG1) treated with MPA at our institution. All patients had performed imaging tests before MPA treatment to rule out EL.

**Results** Five patients (1.3%) with EMG1 had EL following MPA treatment. Two patients had EL during initial treatment, 2 patients had during repeated treatment, and 1 patient had 5 months after repeated treatment. Two patients had peritoneal dissemination, 3 patients had reginal lymph nodes metastasis, and 1 patient had distal metastasis at Virchow lymph node. EL were diagnosed with imaging tests for 4 patients and elevated tumor marker for 3 patients (overlapping). Except a patient during follow-up, EL were found at 7 months (3–13 months) after MPA treatment started. Each patient was performed standard treatment including hysterectomy and chemotherapy when diagnosed of EL, which finally resulted in the diagnosis of EMG1 for 4 patients and EMG3 for 1 patient. One patient died 6 months later since initial treatment, while others have survived without recurrence.

**Conclusions** As a few patients had EL following MPA treatment, it is essential to examine image tests and tumor markers relatively frequently during MPA treatment or when cancer progression is suspected.

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**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.