

1,cervix followed by breast-1.Of the 17 metachronous-first primary in breast 9,cervix-5,gall bladder-2,ovary-1,2nd primary in ovary-3,endometrium-3,cervix-4,vulva-3,thyroid-1,lungs-1,vagina-1,scalp-1.One patient with primary breast developed 2nd. &3rd.primary in cervix &scalp. Age of1st.primary-28-74 yrs (median 51 yrs).age of 2nd.primary34-94(median 53 yrs). occurrence interval in metachronous (11–161) months, median 51 months.

Conclusion Approximately 10%of patients develop a 2nd.cancer (Lynch-Seer data 1973–1999)Causal mechanism include genes,environment,iatrogenic(radiation),treatment effects&combination of all.Most common hereditary cancer syndrome related to gynecological cancer include hereditary breast&ovarian syndrome,Lynch syndrome,etc.Treatment schedule for the first malignancy may result in damage of DNA leading to tumouregensis Microsatellite instability(MSI) is most common in multiple primaries.Peutz-Leghers syndrome(PJS) is an inherited condition that puts people at increased risk for developing hamartomatous polyp in the digestive tract as well as cancer of breast,colon,rectum,pancreas,stomah.testicles,ovaries,lungs,cervix.Multicentric study inTurkey(2012) indicate most common cancer pairs in female are breast-gynecological cancer.(BabacanNA.)

Disclosure Nothing to disclose.

EP703 COMPARISON OF MESONEPHRIC ADENOCARCINOMA IN THE UTERINE CORPUS WITH THAT IN THE UTERINE CERVIX: A SINGLE-INSTITUTION STUDY OF 12 CASES

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Introduction/Background Uterine mesonephric adenocarcinoma (MNAC), very rare neoplasm, is most common in the cervix and less common in the uterine corpus. There are limited reports on MNAC regarding its characteristics, depending on the origin site. However, several pathological studies have recently reported that MNAC in the uterine body (UB-MNAC) has a high tendency to metastasise to distant organs. This study compared the clinical characteristics of MNAC cases to help decide adjuvant therapy.

Methodology We extracted data from the medical records of patients diagnosed with primary uterine MNAC between October 2008 and February 2019 and retrospectively analysed it.

Results There were seven cases of UB-MNAC and five of MNAC in the uterine cervix (UC-MNAC). Detection rate of distant metastasis/local invasion was higher in the UB-MNAC group (5/7 vs. 1/5). Among advanced UB-MNAC cases, the lungs (n=2), pelvic peritoneum (n=2) and ovary (n=1) were the metastasis sites. Among UC-MNAC cases, only pelvic lymph node metastasis was detected. In the UB-MNAC group, six received adjuvant therapy (Combined chemotherapy - radiation therapy (CCRT): two, chemotherapy: four). In the UC-MNAC group, three received adjuvant therapy (CCRT: two, chemotherapy: one). The follow-up period was 2-78 months (median, 24.5 months). Only one case of UB-MNAC showed progression 7 months after CCRT. There were no significant differences in initial CA-125 levels, clinical symptoms and tumour size.

Conclusion Overall survival (OS) or Progression free survival (PFS) application was limited owing to the overall shortage of

cases and duration of follow-up observation. It was difficult to determine post-therapy outcome because there were no treatment guidelines that led to adjuvant therapy administration even in early stages. However, recent studies, including this study, showed that UB-MNAC has more aggressive features compared with UC-MNAC from the point of diagnosis. Therefore, we may consider post-surgery treatment more actively in UB-MNAC cases.

Disclosure Nothing to disclose.

EP704 IS SOFA SCORE RELIABLE IN A GYNECOLOGIC ONCOLOGY SETTING OR IS SOMETHING MISSING? A RETROSPECTIVE STUDY ON PREDICTORS AND RISK FACTORS FOR BLOODSTREAM INFECTIONS

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Introduction/Background Study aim was to determine whether sepsis organ failure assessment (SOFA) score is a useful diagnostic tool in patients with an underlying gynecologic malignancy and if other parameters could be used as bloodstream infection predictors.

Methodology Between July 2016 and December 2017, 68 patients accessing the Emergency Ward with an underlying gynecologic malignancy were recruited. Variables concerning underlying disease, invasive procedures, laboratory and SOFA score parameters were analyzed. Patients were divided in 3 groups based on their blood and urine specimens. Risk factors for surgical site infections (SSIs), recent (<30 days) surgery and chemotherapy were studied separately.

Results Parameters included in the SOFA score and SOFA score itself were not significant predictors of bloodstream infection. Patients who had been treated with chemotherapy were at a higher risk of developing bloodstream infection (p=0.04; OR=7.9). In a rough model, C reactive protein (CRP), bilirubin and oxygen saturation (SO₂) were significantly different between patients with an underlying infection and those who had not. Only CRP maintained its significance in a complex model, with a cutoff of 180 mg/L (linear regression, p=0.03; OR=4).

Conclusion SOFA score does not seem reliable in diagnosing bloodstream infections in patients with an underlying malignancy, but other criteria may help an early diagnosis.

Disclosure Nothing to disclose.

EP705 THE UTERINE MASS MAGNA GRAECIA RISK INDEX IN DISCRIMINATING BETWEEN BENIGNANT AND SUSPICIOUS MALIGNANT UTERINE MASSES

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Introduction/Background Recently, we have proposed a prognostic index named Uterine mass Magna Graecia (U.M.G.) as an algebraic formula combining LDH isoenzymes, for discriminating between benignant and suspicious malignant uterine