

Results: Eighty-five patients were included with a mean age of 64.5 years. Most cases were serous (87.1%) and stage IIIC (83.5%). There were 53 (62.4%) patients with serosal/subserosal and 32 (37.6%) with muscularis/submucosa/mucosa invasion. Although not statistically significant, PFS and OS both favored cases with deeper invasion (serosal/subserosal vs. muscularis/submucosal/mucosal invasion: median PFS, 18.2 vs. 33.5 months, $p=0.34$; median OS, 51.5 vs. 82.3 months, $p=0.46$). We did observe that patients with serosal/subserosal involvement (vs. those with deeper invasion) were more likely to have upper abdominal or miliary disease (67.9% vs. 48.4%, $p=0.08$).

Conclusions: We find no evidence that deeper recto-sigmoid colon invasion carries a worse prognosis in ovarian cancer. Our observations do not support assignment to a higher FIGO stage (IV) based solely on this factor. Our findings suggest a correlation to disease pattern and depth of invasion and this may be linked to molecular factors.

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Poster #18

Use of Transvaginal Ultrasound in the Evaluation of Endometrial Pathology in Women with a History of Tamoxifen Use and Postmenopausal Bleeding

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Objectives: Tamoxifen use is associated with endometrial thickening and the development of a range of endometrial pathologies, including polyps, hyperplasia, and cancer. The primary objective of this study was to evaluate if transvaginal ultrasound (TVS) can be used in tamoxifen-treated women with postmenopausal bleeding (PMB) to minimize unnecessary testing when endometrial stripe thickness (EMS) is ≤ 4 mm. The secondary objective was to evaluate the predictive value of TVS in the diagnosis of endometrial pathologies in tamoxifen-treated women with PMB.

Methods: This was a retrospective chart review of women treated between 2002 and 2016 with current or previous tamoxifen use, PMB, evaluation by TVS with measurement of EMS, and a concurrent endometrial pathology. The exclusion criterion was a previously diagnosed uterine pathology. After a chart review of over 500 women, we identified 153 who met the inclusion criteria. All data were collected and managed using REDCap.

Results: Of the 153 women who met the inclusion criteria; four (3%) were diagnosed with endometrial cancer (mean EMS of 27.5 mm; range, 18–36 mm), 21 (13%) with endometrial hyperplasia (mean EMS of 16.7 mm; range, 5–32 mm), 67 (44%) with endometrial polyps (mean EMS of 12.6 mm; range, 2–28 mm), 3 (2%) with endocervical polyps (mean EMS of 10.0 mm; range, 6–11 mm), 26 (17%) with proliferative endometrium (mean EMS of 9.1 mm; range, 2–26 mm), and 32 (21%) with atrophic endometrium (mean EMS of 7.3 mm; range, 2–23 mm). A total of 33 (22%) women had an EMS of ≤ 4 mm. No patient with an EMS of ≤ 4 mm was diagnosed with endometrial cancer. TVS measurement of EMS using a ≤ 4 mm cut-off for the diagnosis of endometrial cancer had a negative predictive value of 100%, positive predictive value of 3%, sensitivity of 100%, and specificity of 23%.

Conclusions: No endometrial cancer or endometrial hyperplasia was missed when using TVS measurement of EMS with a threshold of ≤ 4 mm; therefore, we recommend using these same guidelines for both tamoxifen- and non-tamoxifen-treated women with PMB. These guidelines, as proposed by the American College of Obstetrics and Gynecology, suggest the use of TVS for the evaluation of structural anomalies and measurement of EMS with endometrial sampling if the

EMS is >4 mm, unless bleeding persists. Persistent bleeding should be an indicator for endometrial sampling. Using these guidelines will lead to further minimization of unnecessary invasive and costly testing for this population of women.

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Poster #19

Evaluating the impact of a history of breast cancer on chemotherapy toxicities experienced in women with high grade serous ovarian cancer

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Objectives: To determine if a history of breast cancer with or without subsequent therapy affects toxicities experienced by women undergoing chemotherapy for high grade serous ovarian cancer

Methods: This is a single institution retrospective chart review. Women with high-grade epithelial ovarian cancer diagnosed between 2010 and 2016 were included. Patients were dichotomized based on a prior history of breast cancer. Those with a history of breast cancer were compared to those without prior breast cancer and survival data including progression free and overall survival were calculated. SAS v9.0 was used for statistical analysis.

Results: 104 patients were identified with the diagnosis of high grade serous ovarian cancer during the study time frame. Of these, 22 (21.2%) carried a history of breast cancer and 82 (78.8%) did not have a prior history. Patients with a history of breast cancer were significantly older than those without a history (65 vs 58.5, $p=0.293$). These two groups were similar, however, with regards to race, stage at diagnosis, and grade of disease. Patients with and without a history of breast cancer also had similar baseline platelets (350 vs 349), $p=0.58$ as well as ANC (4248 vs 5633, $p=0.1877$). When considering number of treatment delays, number of dose reductions, rates of early discontinuation, and post therapy performance status, patients with a history of breast cancer tolerated chemotherapy as well as those women without a history of breast cancer. Similarly, the number of cycles in which patients experienced grade 3 or 4 neuropathy or ANC were not significantly different between the two groups (1.08 vs 0.88, $p=0.27$ and 1.33 vs 1.27, $p=0.89$, respectively). Grade 3 or 4 thrombocytopenia was an uncommon complication, occurring in 0.25 chemotherapy cycles in patients with a history of breast cancer and 0.42 cycles in those without a history of breast cancer ($p=0.51$).

Conclusions: A prior history of breast cancer, whether treated with chemotherapy or radiation therapy, did not negatively impact tolerability of chemotherapy in women treated for high grade serous ovarian cancer. While these results are promising, many of the patients with a history of breast cancer did not receive chemotherapy for their disease, which may minimize toxicities observed in this group.

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Poster #20

Screening type II endometrial cancer patients for genetic mutations in an underserved population

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Objectives: Consideration of genetic assessment for patients with endometrial cancers is recommended due to the risk of Lynch Syndrome. ACOG/SGO recommends choosing one approach to