decision management for intestinal diversion in women undergoing complex gynecologic cancer surgery. Prospective trials with larger numbers of patients are needed to validate its usefulness.

doi:10.1016/j.ygyno.2016.04.323

292 – Poster
Clinical utility of routine postoperative laboratory studies in uncomplicated patients undergoing robotic hysterectomy for endometrial cancer

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Objectives: Routine postoperative (PO) laboratory testing is commonly performed on endometrial cancer patients undergoing robotic surgery but may only rarely detect clinically significant abnormalities requiring intervention in asymptomatic patients. We sought to evaluate the usefulness of routine PO laboratory testing in uncomplicated endometrial cancer patients after robotic hysterectomy.
Methods: A multi-institution retrospective chart review from January 2010 to February 2015 was conducted. Data were collected from electronic medical records and were analyzed using descriptive statistics.
Results: Of 403 patients identified, 23 were excluded for intra- or postoperative complications or comorbidities requiring PO laboratory monitoring, thus leaving 380 evaluable patients. Median age was 62 years, median body mass index was 32, and median length of stay was 1 day. The majority (66%) underwent lymphadenectomy. All patients had at least 1 PO complete blood count measurement. A total of 205 patients (54%) had abnormal PO hemoglobin values (median 11.6, range 7.3–15.1); however, only 1 (0.5%) required a blood transfusion for symptomatic anemia. Similarly, 204 patients (54%) had abnormal PO white blood cell counts (median 10.8, range 3.4–28.7), but only 2 (1%) required intervention, both for symptomatic urinary tract infections. There were no asymptomatic patients whose routine PO complete blood counts alone prompted intervention. On PO day 1, 345 patients (91%) underwent a basic metabolic panel measurement. In 39 patients (11%), potassium levels were corrected; all of these were asymptomatic and most (54%) had normal range levels. Similarly, 37% of patients with PO magnesium levels had corrective interventions; all were asymptomatic, and 64% had normal range magnesium levels. There were otherwise only 2 (0.6%) asymptomatic patients whose abnormal routine PO laboratory findings led to intervention: one with an elevated creatinine consistent with acute kidney injury prompting fluid boluses, and one with hyponatremia prompting intervention. The total charges for routine PO laboratory testing amounted to $260,882, or an average of $782 per patient.
Conclusions: In this study, the rate of detecting clinically significant PO laboratory abnormalities in asymptomatic patients was low. Routine PO laboratory studies in this patient population may not be necessary. Cost-effectiveness analyses of routine laboratory testing in this setting are warranted.

doi:10.1016/j.ygyno.2016.04.324

293 – Poster
A phase Ib study of pexidartinib (PLX3397) and weekly paclitaxel in patients with advanced solid tumors including an ovarian cancer subset

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Objectives: Colony-stimulating factor 1 signals through its transmembrane tyrosine kinase receptor (CSF1R) to control the number and phenotype of tumor-associated macrophages (TAMs) and other CSF1-target cells. TAMs enable tumor growth and metastasis. Pexidartinib, a potent small-molecule inhibitor of CSF1R, KIT, and mutated FLT3 receptor tyrosine kinases was studied with weekly paclitaxel in patients with advanced solid tumors to (1) establish the recommended phase 2 dose (RP2D) of pexidartinib plus weekly paclitaxel; (2) obtain safety data for future combination studies; and (3) look for efficacy signals in solid tumors including an ovarian cancer subset.
Methods: Eligible patients had advanced solid tumors for which taxane treatment was appropriate. Part 1 was a 3 + 3 dose escalation of oral pexidartinib twice daily and weekly intravenous (IV) paclitaxel at 80 mg/m^2. Part 2 was an expanded safety cohort treated with pexidartinib at the RP2D and weekly paclitaxel. After week 4, at least 3 doses of paclitaxel were required every 4 weeks. Response was determined using RECIST 1.1 criteria.
Results: In part 1 (n = 28), the maximum pexidartinib dose was 1,600 mg/day. There was no dose-limiting toxicity and 1,600 mg/day was selected for part 2 (n = 26) based on drug exposure. Frequent grade 3 adverse events were anemia (33%), fatigue (18%), hypophosphatemia (18%), lymphopenia (15%), neutropenia (15%), and hypertension (12%). In part 2, five patients with ovarian cancer and 1 with primary peritoneal cancer (all platinum refractory) were evaluable for efficacy. All had taxane-resistant disease. Mean age was 60 years (range, 44–74 years), number of lines of prior chemotherapy was 6 (range, 3–9), and duration of last prior taxane regimen was 5 months (range, 3–9 mos). Three patients had radiographic responses (Table 1).
Conclusions: The encouraging efficacy signal in this subset prompted an expansion study to evaluate RECIST response and blood/tissue biomarkers in up to 30 patients with platinum-refractory ovarian, primary peritoneal, or fallopian tube cancer. Based on drug exposure and tolerability, the cohort dose schedule is oral pexidartinib 1,200 mg/day (600 mg given orally twice a day) with IV paclitaxel 80 mg/m^2 per week.

Table 1
Clinical Summary of 3 Patients with Platinum Refractory Epithelial Gynecologic Malignancies who Responded to Paclitaxel and Pexidartinib.

Age (y)	Prior lines of chemo (#)	Duration last taxane (mos)	Response	CA-125 C1D1/Nadir*	Response duration (days)	PFS (d)
74	9	5	CR	82/23	190	240
44	7	4	PR	57/35	95	149
63	9	6	SD	ND/3059	113	168

*NL ≤ 30.2 U/mL.

doi:10.1016/j.ygyno.2016.04.325

294 – Poster
Genital cancer in the primary immunodeficiency GATA2 deficiency

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Objectives: Seventy percent of healthy women will clear human papillomavirus (HPV) infection in 1 year, and more than 90% will

clear the infection by 2 years. Patients with primary immunodeficiency caused by mutations in *GATA2*, a transcription factor key to the development and maintenance of hematopoiesis, are susceptible to infections because of progressive monocytopenia, and B-cell and natural killer (NK) cell lymphopenia. NK cell dysfunction and deficiency in GATA2 are thought to predispose individuals to severe, persistent, and oncogenic HPV infections. The aim of this study was to report the risk of HPV disease in patients with the primary immunodeficiency GATA2.

Methods: We retrospectively reviewed the medical records, laboratory, histopathology, and cytopathology records of all female patients with identified GATA2 deficiency followed at the National Institutes of Health.

Results: Of 35 women with GATA2 deficiency, 77% had HPV, 66% had genital warts, and 54% had extragenital warts. Median age at diagnosis of dysplasia (n = 18) was 27 years (range, 15–59 years). Median age at diagnosis of genital cancer (n = 7) was 34 years (range, 22–40 years). (See Table 1.) One patient died of cervical cancer. HPV infection persisted over time. No patient demonstrated long-term HPV treatment response without bone marrow transplantation.

Conclusions: GATA2 deficiency is commonly associated with persistent, severe, multifocal HPV disease in young women. More importantly, these patients are at high risk for developing HPV-related genital cancers. Currently, bone marrow transplantation is the only known curative treatment for HPV disease in GATA2 deficiency. Patients with GATA2 deficiency need earlier and more frequent surveillance for HPV disease. GATA2 deficiency is associated with a high rate of HPV genital disease and should be suspected in young women with severe HPV disease.

Table 1
Genital HPV disease in the primary immunodeficiency GATA2 deficency.

Genital malignancy related(HPV+ patients)	Cases (n=27)	% of HPV+ patients
HPV malignancy	7	26%
Cervical dysplasia	15	56%
persistent	5	19%
low grade	4	15%
high grade (Grades 2 and above)	8	30%
Vulvar dysplasia	12	44%
persistent	8	30%
low grade	4	15%
high grade (Grades 2 and above)	6	22%
Anal dysplasia	4	15%
Multifocal dysplasia (>2 sites)	11	41%
Vulvar carcinoma	3	11%
Cervical carcinoma	2	7%
Vaginal carcinoma	2	7%

doi:10.1016/j.ygyno.2016.04.326

295 – Poster
Oncologic outcome of less radical surgery versus radical hysterectomy C1 in small early stage I cervical cancer

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Objectives: The aim of our study was to compare oncologic outcomes in women who underwent experimental less radical LAP2 protocol (sentinel lymph node mapping [SLNM] + laparoscopic lymphadenectomy + extrafascial vaginal hysterectomy) with those who underwent SLNM + radical hysterectomy (RH-C1) for small early stage IB1 cervical carcinoma.

Methods: Patients with early invasive cervical cancer (squamous or adenocarcinoma, tumor size <2 cm, stromal invasion <1/2 of stroma [<10 mm] + lymphovascular space invasion [LVSI]) who were in the experimental LAP2 protocol at our institution between December 2000 and September 2012 were compared with a control group treated with "standard radicality" SLNM + RH (C1) in the period between January 1999 and September 2012. All patient, surgical, pathological, and follow-up data were prospectively collected in the SLNM protocol and LAP2 protocol group. The association between the discrete variables was assessed using the χ^2 test with Yates correction, and the Kaplan-Meier method was used to calculate disease-free and overall survival.

Results: Positive lymph nodes were detected in 8 (6.4%) of 126 women who were part of the experimental LAP2 protocol. In the sentinel lymph node (SLN)–negative group, we observed 1 local vaginal recurrence (1/118 [0.85%]) and the patient is now in complete 12-month remission after chemoradiotherapy. All node-positive patients are currently in complete remission. Of 126 women in the control group treated with RH, 11 (8.7%) had positive lymph nodes. In the SLN-negative group, we observed 1 patient with distant recurrence and 1 patient with central pelvic recurrence (2/115 [1.74%]), both of whom died. One patient with positive lymph nodes had pelvic and distant recurrence and died of the disease. There were no statistical differences between the 2 groups in relation to the following prognostic variables: histopathology, node positive rate, and LVSI. We did not find any statistical differences in relation to recurrence-free survival and disease-specific survival.

Conclusions: Less radical surgery after negative FS in SLN with laparoscopic pelvic lymphadenectomy and vaginal hysterectomy type A in selected patients can be a feasible and safe method and has a similar oncologic outcome with better quality of life in comparison to RH.

doi:10.1016/j.ygyno.2016.04.327

296 – Poster
Utilization of an institutional algorithm for fertility preservation in young women with endometrial cancer

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Objectives: To describe the clinicopathologic characteristics of a cohort of women with endometrial cancer eligible for fertility-sparing treatment, and compare outcomes between women electing fertility preservation (FP) over definitive treatment with total hysterectomy (TH) at initial diagnosis.

Methods: Using our institutional algorithm, women were identified who met the criteria for uterine preservation at our institution between 2005 and 2015. Patients were divided into 2 groups: those who opted for FP and those who opted for definitive management with TH. Clinicopathologic data were abstracted and analyzed using appropriate statistical tests. (See Table 1.)

Results: Of 123 patients with endometrial cancer diagnosed at age less than 40 years, 51 (41%) patients were eligible for uterine preservation. Of these 51 patients, 23 (45%) chose FP and 28 (55%) chose TH. Median age was 33 years (range, 24–40 years) in the FP group compared with 37 years (range, 26–40 years) in the TH group ($P = .025$). There was no statistically significant difference in race or body mass index between cohorts. Nulliparity was noted in 20 (87%) of 23 FP patients and 23 (82%) of 28 TH patients ($P = .6$). Of the 23 patients who chose FP, 17 (74%) were initially treated with megestrol acetate, 5 (22%) had a