

Lagos Nigeria. The neutrophil lymphocyte ratio (NLR), a general measure of inflammation is a simple cost-effective method that has been used in both the diagnosis and prognostication of solid tumors including ovarian cancer. The objective of this study was to determine the relationship between NLR and serum CA-125 levels in patients with epithelial ovarian cancer (EOC) in Lagos.

Methods This was a cross-sectional study in which forty-five consenting patients with suspected ovarian malignancy scheduled for staging laparotomy were recruited between April 2016 and December 2017 at the Lagos University Teaching Hospital. Blood samples were collected preoperatively for full blood counts and serum CA-125 estimations. Twenty-three had histologic diagnosis of EOC. NLR was defined as the absolute neutrophil count divided by the absolute lymphocyte count. Data were analyzed using SPSS version 20. The correlation between NLR and CA-125 levels was determined using the Spearman's correlation coefficient. Elevated NLR was defined as a value ≥ 2.23 .

Results The mean age of the participants was 51.43 ± 11.08 years. The median serum CA-125 level was 264 IU/L and the interquartile range was 97.3–554.4. The NLRs ranged from 1.4 to 3.6 with a median value of 2.23. There was no correlation between NLR and CA-125 ($r=0.198$, $p=0.364$).

Conclusions Though this study did not demonstrate any relationship between NLR and CA-125 in patients with EOC, it may find usefulness as a biomarker in the future if subjected to further research.

IGCS19-0663

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SEX CORD-STROMAL TUMOUR WITH RHADOMYOSARCOMATOUS CONTINGENT HETEROLOGOUS IN A 7-YEAR-OLD GIRL TREATED FOR XERODERMA PIGMENTOSUM

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10.1136/ijgc-2019-IGCS.286

Objectives To report the first case of Sex cord-stromal tumour with rhabdomyosarcomatous contingent heterologous in a 7-year-old girl with history of xeroderma pigmentosum (XP).

Methods We report the clinical data, imaging investigations, and outcome data of a 7-year-old girl treated for XP.

We used the fourth edition of the WHO classification of tumors of female reproductive organs for pathological study.

Results A 7-year-old girl with history of XP was presented with a large 12x7 cm ovarian tumor associated with ascites and general deterioration. Radiological investigations confirm the presence of the tumor which was unilateral and does not appear to infiltrate the surrounding tissues. The patient was operated by laparotomy. The diagnosis of sex cord-stromal tumour with rhabdomyosarcomatous contingent heterologous could not be made in the frozen section. The final examination confirms the diagnosis. Chemotherapy was scheduled but the patient died a few weeks after the surgery.

Conclusions Ovarian tumors are exceptionally associated with XP. They present a particular histological and evolutionary profile. Their pathogenesis and their management is not codified due to the rarity of this entity.

IGCS19-0377

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PRIMARY DEBULKING SURGERY OR NEOADJUVANT CHEMOTHERAPY FOLLOWED BY INTERVAL DEBULKING SURGERY FOR PATIENTS WITH ADVANCED EPITHELIAL OVARIAN CANCER?

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10.1136/ijgc-2019-IGCS.287

Objectives To compare the survival outcomes between primary debulking surgery (PDS) and interval debulking surgery (IDS) in advanced epithelial ovarian cancer (EOC).

Methods Data of 117 patients treated for a FIGO stage III-IV EOC between January 2000 to December 2010 were retrospectively reviewed.

Results PDS was performed in 95 patients (81.2%) and IDS in 22 patients (18.8%). From all, 33 cases (28.2%) had maximal cytoreduction (R0), 39 had a residual disease (RD) ≤ 1 cm (33.3%) and 45 patients (38.5%) had a RD > 1 cm. The 5-years OS was significantly associated the quality of resection (R0 resection: 36.4%, RD ≤ 1 cm: 25.5%, RD > 1 cm: 18.2%; $p=0.041$). The rate of complete and suboptimal resection (≤ 1 cm) was significantly higher in case of IDS compared to PDS (86.4% vs 55.8%, $p=0.008$). No significant difference on OS was found between PDS and IDS (28.2% vs 15.8%, $p=0.364$). Nonetheless, in the subgroup of patients with complete resection, PDS resulted in a significantly higher 5 years OS compared to IDS (44% vs 12.4%, $p=0.045$) with no significant difference in case of sub-optimal resection (28.6% vs 13.3%, $p=0.830$). However, IDS increased the 5 years OS of patient who had a RD greater than 1 cm compared to PDS (33% vs 17%, $p=0.245$). Neoadjuvant chemotherapy improved significantly the 5-year OS of patients staged FIGO IV compared to PDS (40% vs 12.5%, $p=0.032$).

Conclusions Because of the lack of survival benefit of either treatment modality, the indication of PDS or IDS should depend on the extent of peritoneal carcinomatosis and the possibility of complete surgical resection.

IGCS19-0386

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WHAT IS THE PROGNOSTIC VALUE OF LYMPHADENECTOMY IN ADVANCED EPITHELIAL OVARIAN CANCER?

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10.1136/ijgc-2019-IGCS.288

Objectives To evaluate the role of lymphadenectomy in advanced epithelial ovarian cancer (EOC).

Methods Data of 121 patients who underwent surgery for FIGO staged IIB-IV EOC between 2000 and 2010 were retrospectively reviewed.

Results Primary debulking surgery was performed in 96 patients and interval debulking surgery in 25 cases. Maximal cytoreduction (R0) was achieved in 37 of patients (30.6%), 39 patients had a residual disease ≤ 1 cm (32.2%) and 45 had