

effect of fertility-preserving surgery on recurrence remains inconclusive, in the present study we examined the clinicopathological factors in residual/recurrent BOT.

**Methods** BOT diagnosed between 2010 and 2020 were retrieved using electronic records for women <40 years. Clinicopathological features of residual/recurrent BOT during this period were analysed.

**Results** In total, 74 BOT cases were reviewed which consisted of 42 (56.8%) serous BOT, 29 (39.2%) mucinous BOT and 3 (4.1%) seromucinous BOT.

Amongst the 13 residual/recurrent BOT, all but one were serous BOT. More than half of residual/recurrent BOT had normal CA125 at presentation. The mean age was similar to the non-recurrent BOTs. Laparoscopic cystectomy was the most common initial treatment. Bilateral tumours were seen at initial surgery in 3/13 (23.1%). The time to residual/recurrent tumour ranged from 1 to 96 months. The residual/recurrent tumours were seen in the same ovary in 3/13 (23.1%), in opposite ovary in 5/13 (38.5%) and at extraovarian sites in 5/13 (38.5%). Only 2 of the 13 cases showed focal micropapillary pattern. Cytology samples were examined in 7 cases and 5 of these reported presence of epithelial cells. Majority of residual/recurrent BOT were stage 1 at initial diagnosis. All but 2 patients are currently disease free.

**Conclusions** Our study highlights clinicopathological factors associated with residual/recurrent BOT in young females undergoing fertility-preserving surgery.

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### IN SILICO ANALYSIS OF THE IMMUNE CHECKPOINT TIGIT AS A NOVEL IMMUNOTHERAPY TARGET FOR HIGH GRADE SEROUS OVARIAN CANCER

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The T-cell immunoglobulin and ITIM domain (TIGIT) is a new inhibitory receptor that represents a novel target for the development of immunotherapy strategies. Using an in-silico approach, we identified differentially expressed genes (DEGs) and enriched pathways associated with TIGIT mRNA expression, in high grade serous ovarian cancer (HGSOC) using the Cancer Genome Atlas (TCGA) and the Australian Ovarian Cancer Study (AOCS).

**Methods** DEGs between patients with high and low TIGIT expression, stratified based on an unsupervised tree analysis were calculated using EdgeR. Enriched pathways with the DEG list were identified using Gene Set Enrichment Analysis (GSEA) using a False Discovery Rate (FDR) <0.25 as significant.

**Results** Increased TIGIT mRNA expression was associated with improved survival in HGSOC (p=0.034). 975 DEGs were identified in the TIGIT high group, and GSEA identified enriched pathways involved in complement activation humoral immune response, suggesting that TIGIT expression may be associated with an immunologically 'hot' tumour. This was confirmed by the finding that increased TIGIT expression was associated with an increased lymphocytic infiltration score,

CD8+ T cells and Interferon Gamma Response score. Finally TIGIT expression was reduced in AOCS samples from women with acquired platinum resistance compared to matched primary tumour samples (p=0.014)

**Conclusion** TIGIT represents an important prognostic marker in HGSOC. Similar to PD-1/PD-L1, TIGIT is associated with increased tumour infiltrating lymphocytes and an improved prognosis. Platinum resistance is associated with a reduction in TIGIT expression and warrants further study in HGSOC.

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### UTERINE LIPOLEIMYOMA MIMING OVARIAN TERATOMA: A DIAGNOSIS CHALLENGE

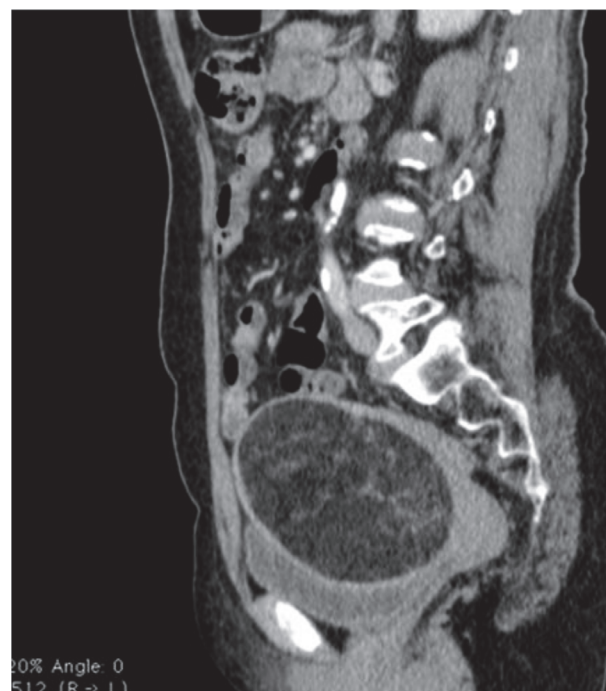
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**Introduction** Uterine lipoleimyoma (UL) is a rare benign tumor affecting especially perimenopausal and menopausal women and it is often diagnosed as a malignant tumor in radiology findings.

**Methods** We report a case of a female patient aged 66 years treated for left parauterine mass in Salah Azaiz Institute of Oncology, Tunis, Tunisia in March 2020.

**Case Report** A 66-year-old woman with medical history of diabetes, high blood pressure and coronary artery disease consulted for a pelvic mass fortuitously discovered on a CT scan. The physical exam was normal. The thoracic-abdominal pelvic scan showed a multi-partitioned well-defined left ovarian mass of fat density, measured 113 mm in its great diameter. Tumor markers CA 125, CA 19-9 and ACE were negative. The



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