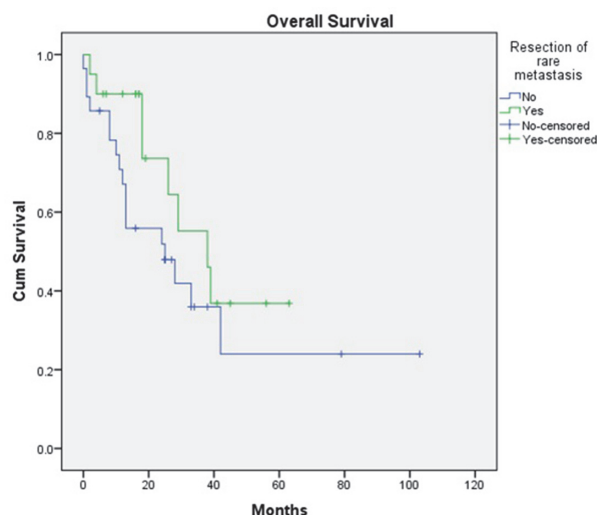


Abstract 33 Figure 1



Abstract 33 Figure 2

distant metastasis from ovarian cancer (metastasis to sites other than peritoneum, liver, and lung). Demographic data, pathology, surgical treatment, and survival of these patients were analysed. **Result(s)*** Out of 1135 ovarian cancer patients, 48 patients with FIGO stage IV rare metastatic sites were enrolled. The most common site of rare metastasis was the non-regional lymph nodes (56.3%), while the most common pathology was high grade serous carcinoma (87.5%). Nearly half of the cases presented with the metastasis, while the rest developed during disease course. Interestingly, debulking was feasible in nearly a half of the patients with acceptable overall and progression free survival. Patients with non-regional nodal metastases tend to have better overall survival (39 vs 13 months $p=0.003$) (figure 1) and progression free survival (29 vs 13 months $p=0.034$) than visceral or skeletal metastasis.

Conclusion* Ovarian cancer can metastasize to rare sites. Non-regional nodes were the commonest and had better survival trends than other rare sites of metastasis. Although surgical treatment was feasible in nearly half the cases with an accepted overall and progression free survival, we could not detect survival benefit of surgical resection in these patients (figure 2).

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SURVIVAL OUTCOMES IN OLDER PATIENTS WITH OVARIAN CANCER DEBULKING SURGERY. IS THERE ANY DIFFERENCE BEYOND 65 YEARS OLD?

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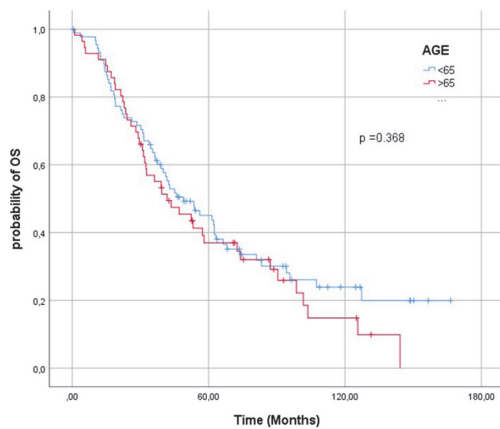
Introduction/Background* The surgical management of advanced epithelial ovarian cancer (AEOC) is controversial in fragile subjects like elderly patients. The aim of this study was to report the global survival of primary and interval debulking surgery (PDS/IDS) over 65 years and to compare the outcomes with younger patients.

Methodology Between 2005 and 2016, 145 patients with ovarian cancer in FIGO stages IIIC or IV and PDS or IDS were included. We compared patient characteristics, type of surgery, major postoperative complications, hospital length of stay, disease free survival (DFS) and overall survival (OS) for patients under and over 65 years.

Result(s)* 93 patients were up to 65 years and 60 patients were over. There were no difference between the two groups for performance status, CA 125, tumors histotypes and FIGO

Abstract 49 Table 1 Characteristics and outcomes of advanced ovarian cancer patients undergone to debulking surgery by age groups

		Overall N=153	≤65years N=93	>65 N=60	P- value
ECOG-PS					
N 147	0-1	113	72	41	.553
	2	30	15	15	
	≥3	4	2	2	
Charlson					
N 151	0-2	95	82	13	.000
	≥3	56	10	46)	
CA 125 (IU/mL), mean		1328,4	1624.9	1524.8	.805
Hystotypes					
N 153	Serous - High grade	133	82	51	.437
	Seroso - low grade	1	1	0	
	Clear cells	8	5	3	
	Endometrioid	6	2	4	
	Mucinous	2	2	0	
	Myscelaneous	3	2	1	
Grade					
N 101	G1	9	9	0	.047
	G2	29	16	13	
	G3	63)	39	29	
FIGO Stage (2014)					
N 146	IIIC	124	77	47	.803
	IVA	2	1	1	
	IVB	22	7	7	
Type of debulking surgery					
N 153	PDS	100	66	34	.070
	IDS	53	27	26	
Residual tumor					
N 152	R0	85	52	33	.218
	R0-10mm	43	29	14	
	R>10mm	24	13	24	
Surgical Complexity Score					
N 152	Low	11	8	3	.676
	Mild	43	25	18	
	High	97	59	38	
Postop. complications.	Clavien-Dindo	14	8	6	.640
N 122	III	8	5	3	
	IV	5	2	3	
	Exitus (<30d)	1	1	0	
Length of stay (days)		13.4	7.98	10.8	.094
Relapse		119	76	43	.144
N 153					
DFS(months)		22.6	24.6	19.14	.092
N 153					
OS (months)		51.2	52.8	48.7	.517
N 153					



Abstract 49 Figure 1 Kaplan Meier curves. Overall survival in advance ovarian cancer after bebulking surgery

stage. Charlson comorbidity index and tumor grade were higher among aged patients. The proportion of PDS and the surgical complexity score did not show statistically significant differences, as well as the rate of major postoperative complications or length of stay.

Patients over 65 years had optimal cytoreduction in 78.3%, the progression free survival was 19.1months and overall survival was the 48.7 months compared with patients up to 65 years, which had 87.1% of optimal debulking surgery, 24.6 months of DFS and 52.7 months. None of these outcomes revealed any statistical significant difference between groups.

Conclusion* The survival outcomes in elderly ovarian cancer patients are the same as younger patients. The age should not be the main factor to decide the upfront treatment of AEOC.

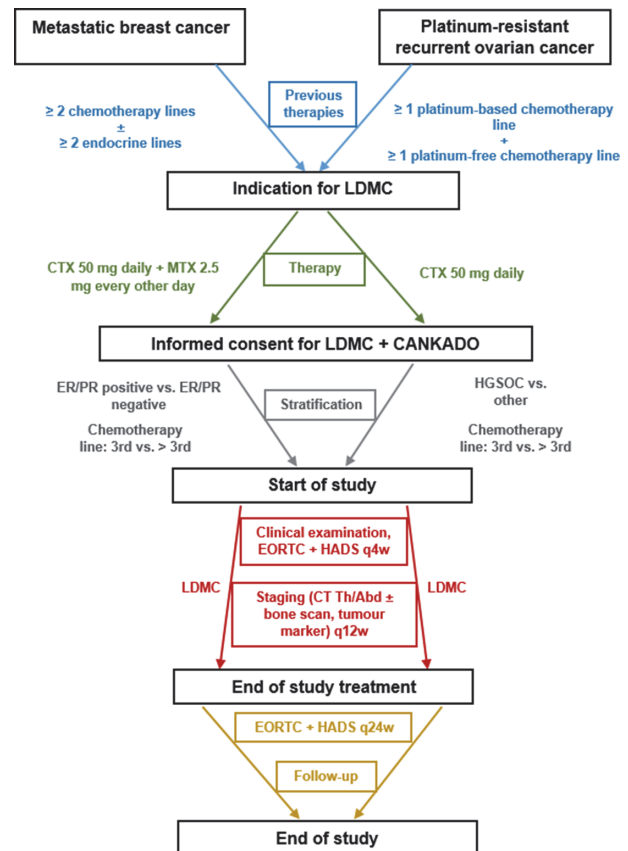
70 PATIENT REPORTED OUTCOME IN PLATINUM-RESISTANT RECURRENT OVARIAN CANCER AND METASTATIC BREAST CANCER TREATED WITH METRONOMIC CHEMOTHERAPY

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Introduction/Background* In the treatment of both platinum-resistant recurrent ovarian cancer (ROC) and metastatic breast cancer (MBC), symptom control and maintenance of quality of life (QoL) play a crucial role. In the advanced stage of disease, metronomic chemotherapy (MCT) may be a favourable treatment option. The aim of this study is to assess the QoL of heavily pretreated patients with ROC and MBC treated with MCT.

Methodology PROMetronomic, FoR.UM 19-02193, is a monocentric, open-label, single-arm observational study to assess health-related patient-reported outcome data in ROC and MBC patients treated with MCT (cyclophosphamide 50 mg p.o. daily ± methotrexate 2.5 mg p.o. every other day). QoL data are evaluated using European Organisation for Research and Treatment of Cancer (EORTC) QLQ-C30 version 3.0, EORTC QLQ-OV28 version 1.0 (ROC)/EORTC QLQ-BR23



Abstract 70 Figure 1

version 1.0 (MBC), and Hospital anxiety and depression scale (HADS-D) questionnaires via an internet-based therapy support system CANKADO. Patients previously treated with at least 1 line of platinum-based and 1 platinum-free chemotherapy (ROC)/at least 2 lines of endocrine therapy (for hormone receptor-positive cancer) and at least 2 lines of chemotherapy (MBC) are included. Secondary endpoints are disease control rate at 12 and 24 weeks, duration of response, progression-free survival and overall survival. Assessment of safety and tolerability is conducted according to the National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE) version 5.0. As part of the translational research approach, potentially relevant anti-angiogenic and immunomodulatory biomarkers are being investigated.

Result(s)* Until 2021-05-01, 4 ROC and 3 MBC patients have been enrolled. It is planned to include a total of 65 patients until 08/2023.

Conclusion* Potentially toxic chemotherapy is often required to achieve disease control in patients with metastatic cancer. However, well-being and personal preferences must not be neglected. MCT could provide an efficacious treatment option with limited toxicities and positive impact on QoL.

81 CYTOLOGICAL SAMPLES FOR DETECTION OF BRCA 1/2 MUTATIONS IN PATIENTS WITH HIGH GRADE SEROUS OVARIAN CANCER

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