

regulation seems to have a role in the pathogenesis of different tumors including gastric and pancreatic cancers.

Our aim to investigate the involvement of *SOCS3* gene in EOC by monitoring its expression in ovarian cancer cell lines and EOC tissue samples, then to compare results to normal ovarian tissue samples. We also examine methylation status of both, ovarian cell lines and ovarian tissue specimen.

**Methods** Real time qPCR was used to assess gene expression using Taq Man gene expression assay. Five cell lines (MCAS, OVSAHO, OV 2008, A2780s and A2780cp) and 19 tissue samples with different histopathology types (6 normal, 4 benign, 5 borderlines and 4 high grade serous) were examined. Methylation status analysis was performed by methylation specific PCR

**Results** OVSAHO, OV2008 and A2780s cell lines showed down regulation of *SOCS3* expression when compared to normal. Benign, borderline and high grades samples, displayed also significant down regulation of *SOCS3* expression. Analysis of methylation pattern showed no hyper-methylation in both cell lines and tissues.

**Conclusions** Down regulation of *SOCS3* gene expression was detected in ovarian cancer cell lines and EOC tissue samples, suggesting a putative role of *SOCS3* in the pathogenesis of EOC. Other epigenetics mechanisms such as micro-RNAs are involved in the regulation of *SOCS3* expression in addition to hyper-methylation and therefore, further study is needed to uncover these mechanisms.

## IGCS19-0617

272

### CYTOREDUCTIVE SURGERY PLUS HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY FOR THE MANAGEMENT OF PERITONEAL CARCINOMATOSIS FROM OVARIAN CANCER: A PRELIMINARY SINGLE-CENTER EXPERIENCE FROM SAUDI ARABIA

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**Objectives** To report our preliminary single-center experience with cytoreductive surgery (CRS) plus hyperthermic intraperitoneal chemotherapy (HIPEC) in the management of peritoneal carcinomatosis (PC) arising from ovarian cancer.

**Methods** From 2016–2018, 23 patients underwent CRS +HIPEC. CRS was performed with standard peritonectomy procedures and visceral resections directed toward complete elimination of tumors. HIPEC was performed with either cisplatin (50 mg/m<sup>2</sup>) plus doxorubicin (15 mg/m<sup>2</sup>), or single-agent cisplatin (100 mg/m<sup>2</sup>), and allowed to circulate in the abdominopelvic cavity for 90 min at 41.0–42.2°C.

**Results** Almost all PC cases were primary disease presentations (61.9%) and had high-grade papillary serous histology (90.5%). Cytoreduction completeness (CC-0/1) was achieved in all patients with a median peritoneal cancer index (PCI) of 12±6.3 (range: 3–30). Combination cisplatin+doxorubicin HIPEC chemotherapy was used in 14 patients (66.7%). The median estimated blood loss and hospital stay were 1200 ±350 mL (range: 800–4500) and 14±5.7 days (range: 8–47), respectively. Major postoperative Clavien-Dindo grade III/IV complications occurred in 3 patients (14.3%), and none developed HIPEC chemotherapy-related toxicities. The median

overall survival (OS) and disease-free survival (DFS) after CRS +HIPEC were 18±2.4 and 9.8±3.2 months, respectively. The median follow-up time was 13 months (range: 8–42). In a univariate analysis, patients with CC-0, <12 PCI score and primary PS presentation had statistically higher median 5-year DFS and OS (P<0.05). In a multivariate analysis, CC-0 was shown to be an independent significant prognostic factor for OS (P<0.05).

**Conclusions** CRS+HIPEC appears to be feasible, safe, and yields survival oncological benefits in patients with PS originating from ovarian cancer.

## IGCS19-0700

273

### MIXED GERM TUMOR WITH YOLK SAC TUMOR AND MATURE TERATOMA – CASE REPORT AND LITERATURE REVIEW

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**Objectives** This study aims to report a case of mixed germ cell tumor in patients treated at the National Cancer Institute (INCA) in the city of Rio de Janeiro - Brazil

**Methods** Physical record review and literature review.

**Results** Germ cell tumors are rare and have highly malignant subtypes, such as the endodermal sinus tumor. In the present case: a female patient, 18 years old, referred to INCA after being submitted to surgical excision in another hospital, an initial diagnosis of stage IV ovary embryonal carcinoma. After evaluation, chemotherapy (BEP - bleomycin, etoposide and cisplatin) was chosen. In spite of the systemic treatment, the lesions progressed leading to patient clinical worsening (decrease of the general state and increase in ascites). Discussed case in clinical meeting and deliberate surgical rescue. 26/02/2019: Pelvic mass resection with approximately 30 kg, right annexectomy and resection of satellite lesions in the pelvis, peri-splenic, omentum and hepatic nodulectomy of 3.5 cm in segment VII. The freezing biopsy found mucinous neoplasia



Abstract 273 Figure 1