related to teratoma. The definitive diagnosis was of mixed germ tumor with endodermal sinus tumor and mature teratoma.

Conclusions The standard treatment for advanced stages for this neoplasm is surgery followed by adjuvant chemotherapy, but in relapses treatment is still controversial. This case reflects the difficult decision between clinical and surgical treatment in rare and selected cases.

IGCS19-0660

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MALIGNANT GERM CELL TUMORS PATIENTS BETWEEN 14 – 39 YEARS, A 3 DECADES EXPERIENCE IN A PUBLIC HOSPITAL 1985 – 2015 SAN BORJA ARRIARAN HOSPITAL

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Objectives Describe malignant germ cell tumors of the ovary in patients, between 1985 - 2015 at San Borja Arriaran Hospital (HCSBA) in Santiago, Chile. HCSBA is a public institution that covers about 20% of the Chilean capital population.

Methods Retrospective search in the gynecology oncology and pathology HCSBA units data bases of the following parameters; histology type and age of initial diagnostic. We found a total of 19 records of female patients with malignant germ cell tumors between 14–39 years, that were reviewed and analyzed by 3 members of our unit.

Results The most frequent histology was dysgerminoma (58%), followed by Immature teratoma (21%), mixed germ cell tumors (16%) and yolk sac tumor (5%). 53% of our cases were in patients between 14–20 years old and only 16% older than 30 years.

Conclusions Our findings were similar as those founded in the international literature in prevalence and age related incidence, but we found an increased incidence in Dysgerminoma. We are unable to analyze treatments, because of the variation in the last 3 decades. We can agree that overall survival was related with early stage diagnostic and improved in the last 20 years with the incorporation of adequate chemotherapy, surgical staging and precise pathology techniques.

IGCS19-0695

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MALIGNANT OVARIAN TUMORS IN PATIENTS 14 – 20 YEARS, A 3 DECADES EXPERIENCE IN A PUBLIC HOSPITAL 1985 – 2015 SAN BORJA ARRIARAN HOSPITAL

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Objectives Describe malignant ovarian tumors in patients 14 - 20 years, between 1985 - 2015 at San Borja Arriaran Hospital

(HCSBA) in Santiago, Chile. HCSBA is a public institution that covers about 20% of the Chilean capital population.

Methods Retrospective search in the gynecology oncology and pathology HCSBA units data bases of the following parameters; histology type and age of initial diagnostic. We found a total of 20 records of female patients with malignant germ cell tumors between 14–20 years, that were reviewed and analyzed by 3 members of our unit.

Results The most frequent histology was germinal tumors (50%) followed by epithelial (40%). The most frequent germinal tumor was dysgerminoma (60%) followed by yolk sac tumor (20%), and immature teratoma (20%). The most common epithelial tumor was mucinous borderline (38%) followed by serous adenocarcinoma (38%) and serous borderline (25%). There were only 2 cases of stromal cancer. 85% of the tumors were early FIGO stage; 60% IA and 25% IC. The median age of diagnostic was 17,5 years.

Conclusions Our findings were similar as those founded in the international literature in prevalence and age related incidence in tumors under 20 years. It is important to establish histologic type and stage to plan a proper conservative surgery and medical treatment

IGCS19-0652

276

MALONDIALDEHYDE AND VEGF ARE SEROLOGIC PROGNOSTIC FACTORS AND PREDICT RESISTANCE TO PLATINUM SALTS

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Objectives Introduction: Ovarian cancer is worldwide the second cause of gynaecological cancer but the commonest cause of gynaecological cancer-associated death. The aims of this study were to determine new serologic prognostic factors and predictive factors for platinum response.

Methods Forty-five patients diagnosed with epithelial ovarian carcinoma stage II-IV between 2010 and 2018, who underwent multimodality treatment (surgery and chemotherapy) were included in the study. Malondialdehyde, a final product of lipid peroxidation as a marker of oxidative stress and VEGF as a marker of angiogenesis were determined before each cycle of chemotherapy.

Results There was an increase in the value of lipid peroxidation, malondialdehyde mean value was 8.2 µmol/100 mL (normal value 4 µmol/100 mL). Malondialdehyde was a prognostic value, elevated levels more than 8 µmol/100 mL were associated with a smaller progression free survival, (HR=2.904, 95% CI 2.2–3.8, p=0.0001) Malondialdehyde predicted resistance to platinum salts and the cut-off value with 80% sensibility was 7.7 µmol/100 mL. VEGF levels were elevated too, mean levels were 1020 pg/mL, normal values <750 pg/mL. There was a strong correlation between malondialdehyde and VEGF (Pearson correlation coefficient was 0.38, p=0.03. VEGF had a prognostic role, patients with elevated VEGF levels had a significant lower progression free survival (HR=2.6, 95% CI 1.7–3.9, p=0.001). VEGF elevated levels correctly predicted platinum resistance and the cut-off value with 80% sensibility and specificity was 1085 pg/mL.

Conclusions VEGF and malondialdehyde can be used as prognostic factors and can predict platinum resistance.

IGCS19-0107

277 DETECTION OF ANDROGEN RECEPTOR INCIDENCE IN GYNAECOLOGICAL CANCERS AND ITS RELEVANCE IN HIGH GRADE SEROUS EPITHELIAL OVARIAN CANCERS

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Objectives The aim of this study is to estimate the incidence of expression of androgen receptor (AR) in gynaecological cancers and association of expression of AR status with stage, cytoreduction and progression free survival in high grade epithelial ovarian cancers.

Methods This is a prospective observational study of 20 months duration, conducted in department of gynaecological oncology at AIMS, Kochi. The study group comprised of 99 consecutive gynaecological cancers between 2016 and 2018 in whom immunohistochemical staining for AR was done in tissue samples. Results were analysed using IBM SPSS version 20.0, Pearson Chi square test was used.

Results In the course of our study, ARs were differently expressed in different histotypes of gynaecological cancers cancer (n=99) AR expression is 45%(n=9/20) of 20 carcinoma endometrium, 9.1%(n=1/11) cases in cervical cancers and 100% in sarcoma and ovarian cancers 40.6% (n=64), more highly expressed in HGSC 61.5%(n=41/64) but its association with AR is not statistically significant (p=0.78). Of note, all of the HGSC samples AR expression was associated with neither stage, cytoreduction of EOC nor progression free/overall survival. AR-positivity was associated with improved OS, and AR negativity was associated with recurrence but not reaching a statistical significance.

Conclusions An effective and clinically applicable molecular classification of HGSC can be grouped in our cohort based on ER, PR and AR receptor status and observed that PR positive subgroup were younger compared to the other groups and recurrences were more with the PR absent subgroup and both being statistically significant. Study describes patterns of AR expression in a spectrum of cancers, and potential to exploit this knowledge in clinical therapeutic setting.

IGCS19-0108

278 CLINICOPATHOLOGICAL CHARACTERISTICS AND PREDICTORS OF RECURRENCE IN BORDERLINE OVARIAN TUMOURS: A RETROSPECTIVE SINGLE CENTRE STUDY AT A TERTIARY CARE HOSPITAL IN SOUTH INDIA

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Objectives Borderline ovarian tumors (BOT) are an intermediate form of neoplasia, between benign and malignant. The

aim of this systematic review is to evaluate clinico-pathological characteristics profile of borderline ovarian tumors, results of conservative management, determine the predictors of recurrence estimate the proportion of malignant transformation in recurrent borderline ovarian tumours (BOTs).

Methods Retrospective review of all patients diagnosed, treated and followed up for BOTs between 2010 and 2017 were identified through the Gynaecology Oncology database. Details of management, outcome and survival were retrieved and data were analyzed descriptively and for survival.

Results A total of 103 patients were identified. During the median follow-up of 46.0 months (IQR: 23.0 - 74.0), 15 patients (14.56%) developed recurrent disease, 6 (40%) had recurrent disease with progression to invasive carcinoma, and 9 (60%) had recurrent disease with borderline or benign histology. Disease-related deaths (4/103; 3.88%) were observed only in patients with progression to invasive carcinoma. Univariate analysis, indicated that type of surgery and the fertility sparing surgery were statistically significant in affecting survival.

Conclusions Borderline ovarian tumors have excellent prognosis and a very low overall risk of recurrence, however the risk of progression to invasive carcinoma and death remains thereby. Fertility sparing surgeries and incomplete staging were associated with higher risk of recurrence. Conservative surgery is a safe option for preserving fertility when appropriate information is given about increased risk of recurrence and necessary longer follow up. Clinicians should pay closer attention to BOT patients with these predictors of recurrence and there is a need for more careful surveillance.

IGCS19-0080

279 PREDICTIVE FACTORS OF POSTOPERATIVE COMPLICATIONS AFTER CYTOREDUCTIVE SURGERY FOR OVARIAN CANCER

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Objectives Ovarian cancer is the leading cause of death from gynecological cancer for women. The standard treatment consists of an extensive cytoreductive surgery followed with adjuvant chemotherapy. This study aims to identify the common postoperative complications as well as to define predictive factors of their occurrence.

Methods This study was conducted at Hôtel-Dieu University Hospital in Lebanon between October 2017 and October 2018. All patients older than 18-year-old who underwent cytoreductive surgery for ovarian cancer were followed up from the postoperative admission in the intensive care unit till discharge from hospital or at least for 30 days. Correlations between perioperative characteristics and complications were searched and analyzed.

Results 40 patients were included. The mean age was 55 years old. The mean surgical complexity score was 5. Major