complications have occurred in 32% of cases. They were associated with neoadjuvant chemotherapy ($p = 0.009$), elevated surgical complexity ($p = 0.037$), need for intraoperative transfusion and stay at intensive care unit more than 48 hours ($p = 0.05$). Complications were infectious, hemodynamic, pulmonary, digestive and surgical. Need for parenteral nutrition was significantly correlated with longer operative time and neoadjuvant chemotherapy. No correlation was found between occurrence of complications and the following parameters: age, stage, APACHE II score, Charlston Comorbidity index and preoperative albuminemia.

Conclusions Cancer stage, neoadjuvant chemotherapy, high surgical complexity, need for transfusions, delayed extubation and stay at intensive care unit more than 48 hours were predictive factors of higher postoperative morbidity in patients receiving cytoreductive surgery for ovarian cancer.

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280

TP53 DOMAINS' MUTATIONS ALTER GLYCOLYSIS IN EPITHELIAL OVARIAN CARCINOMA: EX-VIVO AND IN VITRO STUDY

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Objectives To investigate the effect of TP53 different domain mutations on its transcriptional activity, its ability to induce apoptosis and to regulate glucose consumption and lactate production in epithelial ovarian cancer

Methods 30 ovarian cancer biopsies were characterized. Viability and Annexin V tests were performed to study the ability of mutant p53 to induce apoptosis. The expression of the glycolytic enzymes regulated by p53 was quantified by qPCR. SK-OV-3 cell line was transfected by different p53 mutated plasmids, and the same experiments performed on the biopsies were done on transfected cells.

Results 17 out of 22 ovarian cancer cases were characterized as High-Grade Serous Carcinoma. Out of these 17, mutations were detected in 9 of the cases. 8 patients showed mutations affecting the apoptosis domain of the gene (exons 2, 3 and 4). The immunohistochemistry and qPCR showed an approximately 2 folds increase in p53 expression between wild type and mutated cases. The expression of p21 and MDM2 decreased only in DNA binding domain mutated cases and transfected cells, which indicates a decreased transcriptional activity with this type of mutation. The highest increase in apoptosis induction was clear in Sk-Ov-3 cells transfected with WT p53, and p53 proline rich domain mutations decreased the protein's apoptotic function. Glucose consumption and lactate production increased by mutated cells compared to wild type.

Conclusions Mutant p53 is overexpressed in ovarian cancer cells. DNA binding domain mutations modify the protein's transcriptional activity, whereas proline rich domain mutations decrease the protein's apoptotic activity. Glycolysis is affected differently in both types.

IGCS19-0210

281

CHARACTERISTICS OF OVARIAN TUMORS IN LEBANON: 20 YEARS OF EXPERIENCE IN A LEBANESE TERTIARY CENTER

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Objectives To report the epidemiological and histological features of ovarian tumors in Lebanon

Methods This is a retrospective study evaluating the characteristics of borderline and malignant ovarian tumors diagnosed in 20 years (from 1997 to 2017) at the Hôtel Dieu de France, University Hospital of Saint Joseph University in Beirut in Lebanon. The data was extracted from the computerized registers of the hospital's pathology laboratory. Statistical analysis was performed using SPSS 24.0 software.

Results 1137 ovarian lesions were reported, of which 695 (61.12%) were benign, 50 (4.4%) borderline, 361 (31.75%) malignant and 31 (2.73%) were unspecified. Of the 361 malignant lesions, 54 (4.75%) were metastases from another extra-ovarian primitive. Of the 652 benign neoplastic ovarian tumors, epithelial tumors, stromal and sex cords tumors, germ cell tumors and tumors from the dermoid cyst were 306 (46.93%), 70 (10.73%), 268 (41.1%).% and 8 (1.24%). The most common benign neoplastic tumor was mature cystic teratoma representing 268 cases (41.1%), followed by 170 (26.07%) serous cystadenomas, and 80 (12.2%) mucinous cystadenomas. Of the 361 malignant ovarian tumors, 246 (68.1%) were malignant surface epithelial tumors. Germ cell malignancies, stromal tumor and sex cords, and metastatic carcinoma were 25 (6.9%), 22 (6.1%), and 54 (15%), respectively. High grade serous cystadenocarcinoma was the most common malignant tumor with 147 cases (40.7%).

Conclusions The epidemiological characteristics of ovarian tumors in Lebanon are compatible with those published in Western countries and in Asia. This study is the first of its kind in Lebanon and is a database for further research

IGCS19-0238

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OVARIAN METASTASES FROM BREAST CANCER: SERIES OVER A 20-YEARS PERIOD AT A LEBANESE TERTIARY CARE CENTER

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Objectives To report the characteristics and outcomes of patients presenting ovarian metastases from a breast cancer.

Methods It is a retrospective study reviewing the characteristics of ovarian metastases from a breast cancer diagnosed in 20 years (from 1997 to 2017) at Hôtel-Dieu de France University hospital, a tertiary care center in Lebanon.

Results We reviewed the data of 1137 patients with ovarian tumors. Ovarian metastases from a breast cancer were found in 13 cases. Mean age was 59 years. 46% of patients received CT-scan and only in 15% of cases a PET-CT scan was performed. The mean interval time between the primary diagnosis of breast cancer and the occurrence of ovarian metastasis was 52 months. The most common histologic type found was invasive lobular carcinoma (60% of cases). Extraovarian metastases were found in 69% of cases (9 out 13 patients). The extraovarian metastases concerned the following organs: uterus (3 cases), bone marrow (5 cases), liver (5 cases), lungs (3 cases), brain (3 cases), stomach (1 case), and adrenal gland (2 cases). All cases were treated surgically and received adjuvant chemotherapy. A cytoreductive surgery was performed in five cases. A unilateral or bilateral adnexectomy was done in one and seven cases respectively. Mean survival was 60 months. Recurrence was noted in 46% of cases (6 out 13 patients). Mean time to recurrence was 38 months.

Conclusions Ovarian metastases from a breast cancer occur rarely and are associated with worse prognosis. Despite surgical and adjuvant therapy recurrence rate is very high.

IGCS19-0702

283 THE IMPACT OF CHARLSON'S COMORBIDITY INDEX IN OVERALL SURVIVAL FOR ADVANCED EPITHELIAL OVARIAN CANCER

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Objectives To evaluate the impact of Charlson's Comorbidity Index (CCI) in overall survival of advanced epithelial ovarian cancer.

Methods We retrospectively analyzed a series of 82 patients with advanced epithelial ovarian cancer (Stages IIIA-IV) from 2009 to 2015. Clinical and pathological variables were extracted from medical-records. Patients were categorized according to CCI in 3 groups: low (0–1), intermediate (2–3) and high (≥ 4).

Results The median age was 57 years and 62(78.5%) were high-grade serous tumors. Forty-five (54.9%) cases had primary cytoreductive surgery, 33(40.2%) interval cytoreduction and 4 (4.9%) staging surgery. Five (6%) patients had stages IIIA-IIIB tumors, 64(78%) stage IIIC and 13(15.8%) stage IV. Sixty-one (75.3%) cases had no residual disease after cytoreduction and 10(12.3%) residual disease ≤ 1 cm. The median Surgical Complexity Score (SCS) was 6 (0–15) and 11 cases (14.7%) had major complications (NCI grade ≥ 3), including 3(3.6%) deaths within 30 days after surgery. The CCI were low, intermediate and high in 38(46.9%), 36(44.4%) and 7(8.6%) cases, respectively. Notably, CCI was not related to major complications ($p=0.3$). The median OS and PFS were 70.5 and 20.2 months. The median OS for patients with low, intermediate and high CCIs were 91.8, 51.6 and 38.9 months, respectively ($p=0.11$). However, CCI impacted PFS, as median PFS for patients with low, intermediate and high CCIs were 32.1, 16.2 and 13.4 months, respectively ($p=0.004$). Moreover, major complications negatively impacted OS compared to minor complications (91.8 vs.22.1; $p=0.002$), but not PFS (20.2 vs.22.2; $p=0.71$).

Conclusions Our data suggest that higher CCI negatively impacted PFS in advanced ovarian cancer.

IGCS19-0063

284 MORBIDITY AND MORTALITY ASSOCIATED WITH CYTOREDUCTIVE SURGERY IN PRIMARY AND RECURRENT OVARIAN MALIGNANCY: A META-ANALYSIS

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Objectives To compare morbidity and mortality in patients with advanced ovarian cancer undergoing cytoreductive surgery (CRS) for primary and recurrent disease.

Methods A literature search was performed for publications reporting morbidity and mortality in patients undergoing CRS in primary and recurrent ovarian malignancy. Two independent reviewers applied inclusion and exclusion criteria to select included papers. A total of 215 citations were reviewed; 6 studies comprising 641 patients were selected for the analysis. Literature search was performed using PRISMA guidelines. Results were reported as mean differences or pooled odds ratios (OR) with 95% confidence intervals (95% CI).

Results The overall morbidity rate was 38.4%, and this did not differ between the two groups ($p=0.97$). This did not change when only Clavien-Dindo grade 3 and 4 morbidities were accounted for (14% primary CRS, 15% recurrent, $p=0.83$). Compared to primary CRS, secondary CRS was associated with a similar operative time (mean 400 minutes, $I^2=79\%$, $p=0.45$), rate of bowel resection ($I^2=75\%$, $p=0.37$) and transfusion requirements (MD -0.7L, $I^2=76\%$, $p=0.45$). The rate of complete (R0) resection was 69.4%, with no significant difference between primary and recurrent disease ($p=0.46$). Although all studies commented on postoperative mortality, there were too few deaths in either group to allow meaningful meta-analysis, with 4 deaths in the group undergoing primary CRS (1.0%) and 2 deaths in the group with recurrent disease (0.9%).

Conclusions Secondary CRS for recurrent ovarian cancer is a safe and feasible option in carefully pre-selected patients with comparable morbidity and survival outcomes to primary CRS.

IGCS19-0330

285 THE RELATIONSHIP BETWEEN NEUTROPHIL LYMPHOCYTE RATIO AND SERUM CANCER ANTIGEN-125 AMONG WOMEN WITH EPITHELIAL OVARIAN CANCER IN LAGOS, NIGERIA

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Objectives Ovarian cancer is the second leading cause of gynecological mortality at the Lagos University Teaching Hospital,