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 adnexitomy 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.

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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 ≥1cm. 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 CCI 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 CCI 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.