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

[1]R Nunes, [1]H Mantoan, [1]B Goncalves, [1]C Faloppa, [1]L Kumagai, [1]L Badiglian-Filho, [2]L de Brot, [3]A da Costa, [1]G Baiocchi*. *[1]AC Camargo Cancer Center, Gynecologic Oncology, Sao Paulo, Brazil; [2]AC Camargo Cancer Center, Pathology, Sao Paulo, Brazil; [3]AC Camargo Cancer Center, Medical Oncology, Sao Paulo, Brazil*

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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 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

[1]H Bartels*, [2]A Rogers, [3]D Brennan. *[1]National Maternity Hospital, Obstetrics and Gynaecology, Dublin, Ireland; [2]Mater Misericordiae University Hospital, General Surgery, Dublin, Ireland; [3]Mater Misericordiae University Hospital, Gynae-Oncology, Dublin, Ireland*

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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

[1]M Beke*, [2]R Anorlu, [2]C Makwe, [3]L Amaeshi. *[1]Lagos University Teaching Hospital, Obstetrics and Gynaecology, Lagos, Nigeria; [2]University of Lagos- College of Medicine, Obstetrics and Gynaecology, Lagos, Nigeria; [3]Lagos University Teaching Hospital, Medicine, Lagos, Nigeria*

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