

**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 of 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 of 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 ( $\geq 4$ ).

**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  $\leq 1$ cm. The median Surgical Complexity Score (SCS) was 6 (0–15) and 11 cases (14.7%) had major complications (NCI grade  $\geq 3$ ), 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,

Lagos Nigeria. The neutrophil lymphocyte ratio (NLR), a general measure of inflammation is a simple cost-effective method that has been used in both the diagnosis and prognostication of solid tumors including ovarian cancer. The objective of this study was to determine the relationship between NLR and serum CA-125 levels in patients with epithelial ovarian cancer (EOC) in Lagos.

**Methods** This was a cross-sectional study in which forty-five consenting patients with suspected ovarian malignancy scheduled for staging laparotomy were recruited between April 2016 and December 2017 at the Lagos University Teaching Hospital. Blood samples were collected preoperatively for full blood counts and serum CA-125 estimations. Twenty-three had histologic diagnosis of EOC. NLR was defined as the absolute neutrophil count divided by the absolute lymphocyte count. Data were analyzed using SPSS version 20. The correlation between NLR and CA-125 levels was determined using the Spearman's correlation coefficient. Elevated NLR was defined as a value  $\geq 2.23$ .

**Results** The mean age of the participants was  $51.43 \pm 11.08$  years. The median serum CA-125 level was 264 IU/L and the interquartile range was 97.3–554.4. The NLRs ranged from 1.4 to 3.6 with a median value of 2.23. There was no correlation between NLR and CA-125 ( $r=0.198$ ,  $p=0.364$ ).

**Conclusions** Though this study did not demonstrate any relationship between NLR and CA-125 in patients with EOC, it may find usefulness as a biomarker in the future if subjected to further research.

## IGCS19-0663

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### SEX CORD-STROMAL TUMOUR WITH RHADOMYOSARCOMATOUS CONTINGENT HETEROLOGOUS IN A 7-YEAR-OLD GIRL TREATED FOR XERODERMA PIGMENTOSUM

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**Objectives** To report the first case of Sex cord-stromal tumour with rhabdomyosarcomatous contingent heterologous in a 7-year-old girl with history of xeroderma pigmentosum (XP).

**Methods** We report the clinical data, imaging investigations, and outcome data of a 7-year-old girl treated for XP.

We used the fourth edition of the WHO classification of tumors of female reproductive organs for pathological study.

**Results** A 7-year-old girl with history of XP was presented with a large 12x7 cm ovarian tumor associated with ascites and general deterioration. Radiological investigations confirm the presence of the tumor which was unilateral and does not appear to infiltrate the surrounding tissues. The patient was operated by laparotomy. The diagnosis of sex cord-stromal tumour with rhabdomyosarcomatous contingent heterologous could not be made in the frozen section. The final examination confirms the diagnosis. Chemotherapy was scheduled but the patient died a few weeks after the surgery.

**Conclusions** Ovarian tumors are exceptionally associated with XP. They present a particular histological and evolutionary profile. Their pathogenesis and their management is not codified due to the rarity of this entity.

## IGCS19-0377

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### PRIMARY DEBULKING SURGERY OR NEOADJUVANT CHEMOTHERAPY FOLLOWED BY INTERVAL DEBULKING SURGERY FOR PATIENTS WITH ADVANCED EPITHELIAL OVARIAN CANCER?

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**Objectives** To compare the survival outcomes between primary debulking surgery (PDS) and interval debulking surgery (IDS) in advanced epithelial ovarian cancer (EOC).

**Methods** Data of 117 patients treated for a FIGO stage III-IV EOC between January 2000 to December 2010 were retrospectively reviewed.

**Results** PDS was performed in 95 patients (81.2%) and IDS in 22 patients (18.8%). From all, 33 cases (28.2%) had maximal cytoreduction (R0), 39 had a residual disease (RD)  $\leq 1$  cm (33.3%) and 45 patients (38.5%) had a RD  $>1$  cm. The 5-years OS was significantly associated the quality of resection (R0 resection:36.4%, RD  $\leq 1$  cm:25.5%, RD  $>1$  cm:18.2%;  $p=0.041$ ). The rate of complete and suboptimal resection ( $\leq 1$  cm) was significantly higher in case of IDS compared to PDS (86.4% vs 55.8%,  $p=0.008$ ). No significant difference on OS was found between PDS and IDS (28.2% vs 15.8%,  $p=0.364$ ). Nonetheless, in the subgroup of patients with complete resection, PDS resulted in a significantly higher 5 years OS compared to IDS (44% vs 12.4%,  $p=0.045$ ) with no significant difference in case of sub-optimal resection (28.6% vs 13.3%,  $p=0.830$ ). However, IDS increased the 5 years OS of patient who had a RD greater than 1 cm compared to PDS (33% vs 17%,  $p=0.245$ ). Neoadjuvant chemotherapy improved significantly the 5-year OS of patients staged FIGO IV compared to PDS (40% vs 12.5%,  $p=0.032$ ).

**Conclusions** Because of the lack of survival benefit of either treatment modality, the indication of PDS or IDS should depend on the extent of peritoneal carcinomatosis and the possibility of complete surgical resection.

## IGCS19-0386

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### WHAT IS THE PROGNOSTIC VALUE OF LYMPHADENECTOMY IN ADVANCED EPITHELIAL OVARIAN CANCER?

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**Objectives** To evaluate the role of lymphadenectomy in advanced epithelial ovarian cancer (EOC).

**Methods** Data of 121 patients who underwent surgery for FIGO staged IIB-IV EOC between 2000 and 2010 were retrospectively reviewed.

**Results** Primary debulking surgery was performed in 96 patients and interval debulking surgery in 25 cases. Maximal cytoreduction (R0) was achieved in 37 of patients (30.6%), 39 patients had a residual disease  $\leq 1$  cm (32.2%) and 45 had