

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 ≥ 2.23 .

Results The mean age of the participants was 51.43 ± 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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10.1136/ijgc-2019-IGCS.286

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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10.1136/ijgc-2019-IGCS.287

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) ≤ 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 ≤ 1 cm:25.5%, RD >1 cm:18.2%; $p=0.041$). The rate of complete and suboptimal resection (≤ 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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10.1136/ijgc-2019-IGCS.288

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 ≤ 1 cm (32.2%) and 45 had

Abstract 288 Table 1

Variables		5 years OS		5 years RFS	
		%	P	%	P
Stage	IIB-III A	50	0.03	54.5	0.022
	III B-IV	24.2		20.3	
Cytoreduction	R0	37.8	0.022	36.4	0.031
	≤1cm	25.5		19.4	
	>1cm	18.2		14.8	
LND	No	9.4	<0.0001	5.5	0.001
	Yes	43.5		37.6	
Type of LND	Without LND	9.4	<0.0001	5.5	0.006
	PL	20		33.3	
	PAL	25		0	
	PL+PAL	47.5		40.2	
LN metastasis	Without LND	9.4	<0.0001	5.5	0.002
	No	31.9		48.1	
	Yes	57.8		28.6	

a residual disease <1 cm (37.2%). Lymphadenectomy was performed in 60 patients (50.4%). The 5 years OS and RFS were significantly correlated to the tumor stage, maximal cytoreduction, LN status (table1) and lymphadenectomy was an independent prognostic factor of OS (HR=1.696, 95% CI=1.025–2.807, p=0.04) and RFS (HR=2.162, 95% CI=1.334–3.504, p=0.002) with a higher survival rates in case of associated pelvic lymphadenectomy (PL) and para aortic lymphadenectomy (PAL). The 5 years RFS of patients with a residual disease of more than 1 cm was not significantly improved by lymphadenectomy (7.1% vs 24.2%, p=0.196) despite the gain in term of OS (7.2% vs 42.7%, p=0.006).

Conclusions Lymphadenectomy is associated with a better survival in patients with advanced ovarian cancer.

IGCS19-0628

289 AWARENESS OF OVARIAN CANCER SYMPTOMS IN GENERAL POPULATION

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10.1136/ijgc-2019-IGCS.289

Objectives Ovarian cancer accounts for 3% of all female cancers and has a high mortality rate among gynecological malignancies. Early diagnosis carries a high survival rate of 93%. So, this study was carried out to assess the knowledge and awareness of Jordanian women about ovarian cancer symptoms and risk factors.

Methods A cross-sectional survey design was used. Women randomly selected to complete the survey, 896 women completed the survey.

Results The mean of total symptoms recognized was low at level of 3.2(SD=2.7) out of 10. The three highest known symptoms among women were as follows: extreme fatigue (43.2%), back pain (42.4%), and persistent pain in pelvic area (40.7%). The most commonly known risk factor was smoking (68.4%), followed by having ovarian cyst(s) (59.7%).

Conclusions Poor awareness of ovarian cancer risk factors and symptoms were noticed. Awareness need to be raised through education and social media. The absence of an effective

screening program, a national awareness campaign is urgently needed to improve the public's understanding of symptoms and risk factors and increasing women's confidence in symptom recognition.

IGCS19-0391

290 MALIGNANT BRENNER TUMOR OF THE OVARY: CASE SERIES OF ONE SINGLE INSTITUTE

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10.1136/ijgc-2019-IGCS.290

Objectives Malignant Brenner tumors (MBT) of the ovary are rare disease; representing <1% of all ovarian cancers and 3–5% of Brenner tumors. They carry a poor prognosis. They generally affect women during the perimenopausal and postmenopausal periods. The standard treatment is surgery; however, the indication of adjuvant chemotherapy remains controversial. Our aim is to report our experience in the treatment of MBT of the ovary, to better characterize this disease.

Methods A retrospective case series involving 4 patients diagnosed with MBT of the ovary and treated between 2006 and 2014.

Results The median age of our patients was 59.2 years. Three patients were in the menopause period. All women conducted surgery following by adjuvant chemotherapy. Two patients presented a loco regional recurrence that occurred respectively after 9 and 11 months. The treatment was based on chemotherapy. Three patients presented distant metastasis. The treatment combined chemotherapy and surgery.

Conclusions The treatment approach of MBT of the ovary is not well established since its scarcity and poor prognosis. Thus, more case series and meta-analysis should be conducted.

IGCS19-0358

291 THE ROLE OF WHOLE EXOME SEQUENCING IN MANAGEMENT OF RECURRENT LOW GRADE SEROUS OVARIAN CARCINOMA – A SMALL CASE SERIES

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10.1136/ijgc-2019-IGCS.291

Objectives Treatment options for recurrent low grade serous ovarian carcinoma (LGSOC) are limited. Herein we describe the potential utility of next generation sequencing in identifying therapeutic targets for this rare tumour.