

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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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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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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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.

Methods 3 patients were included in this study. DNA was extracted from ten FFPE tumour samples (5 from primary surgery and 5 from recurrences) and whole blood. Whole exomes sequencing (WES) was performed on Illumina's Next-Seq platform to a depth of at least 10X. Sequence data were trimmed, aligned and single nucleotide variants and copy number alterations were called.

Results All samples were microsatellite stable, 2 of the 3 patients had an elevated tumour mutational burden (TMB) (defined as >10 mutations/Mb). In the patient with low TMB we identified a class 3 'kinase-dead' BRAF variant, D594G with concordant near-whole chromosome 1 amplification, covering the NRAS proto-oncogene. Single gene testing confirmed wild type EGFR and KRAS. This lady did not respond to a trametinib. The second case identified a pathogenic NBN R43* mutation with associated non pathogenic mutations in other DNA damage response genes. This patient who had previously declined cytotoxic chemotherapy has had a partial response to platinum based chemotherapy. The third patient did not have a targetable mutation but is awaiting PD-L1 testing.

Conclusions WES may be helpful in refractory LGSOC when standard treatment options have been exhausted. Two of our patients had an elevated TMB suggesting that the efficacy of immunotherapy in LGSOC should be investigated.

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CYTOREDUCTIVE SURGERY (CRS) AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC) IN PATIENTS WITH ADVANCED OVARIAN, FALLOPIAN TUBE OR PRIMARY PERITONEAL CANCER: OUR EXPERIENCE IN 108 PATIENTS

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Objectives Current evidence suggests that complete cytoreductive surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC) is a feasible option for patients with advanced ovarian, fallopian tube or primary peritoneal cancer with potential benefits that may exceed the survival outcomes of current - surgical debulking and intravenous platinum- and taxane-based chemotherapy.

Methods It is a retrospective study including 108 patients with primary or recurrent peritoneal carcinomatosis, operated between 2013 and 2019, with a mean age of 53.7 years.

Results Seventy eight patients (72%) had primary debulking and 30 (27%) had surgery for a recurrent disease. The peritoneal cancer index (PCI) was below 15 in 50 patients (46%) and above 15 in 58 (53%), respectively. Together with total peritonectomy, large bowel resection was performed in 55 patients (50.9%), small bowel resection in 13 (12%), and splenectomy in 38 (35%). Other upper abdominal procedures included liver resection (13%), colectomy (35%), gastric

resection (1.8%), diaphragm resection (12%), etc. Microscopically complete cytoreduction (CC0) was achieved for 68 patients (63%), macroscopic cytoreduction (CC1) for 35 (32%), and gross tumour debulking (CC2) for 5 (4%). Only 3 patients (2.7%) have been reoperated. For HIPEC, Cisplatin and respectively, Doxorubicin were both used for 30 patients (27%), Other regimen included Cisplatin plus Doxorubicin (41%), Cisplatin plus Mitomycin or Mitomycin alone. Nine patients (8%) died of disease, 15 (13%) are alive with recurrent disease, and 84 (77%) are disease-free, but the follow-up is short.

Conclusions HIPEC after extensive CRS for advanced gynecological cancer with peritoneal carcinomatosis is a feasible option with promising results.

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MOLECULAR DETERMINANTS OF CDK4 INHIBITOR ACTIVITY IN LOW-GRADE SEROUS OVARIAN CANCER

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Objectives Effective therapies for low-grade serous ovarian cancer (LGSC) patients are urgently needed. CDKN2A/B (p16) loss and hormone receptor (ER/PR) expression are well described in LGSC. We aimed to study p16-CDK4-Rb pathway status and CDK4/6 inhibitor (CDK4/6i) activity in LGSC cell lines.

Methods Protein expression of p16, CDK4, CDK6, Rb, p-Rb, CCDN1 and E2F were evaluated by western blot in 13 LGSC and 2 breast cancer (BCa) lines. Gene mutation and copy-number (CN) data on the selected candidates were obtained using whole-exome sequencing (WES) analyses. CN data on 93 LGSC FFPE tumors was also obtained. Palbociclib (CDK4/6i) effects were evaluated using IC50 assays.

Results None of the LGSC lines had detectable mutations in p16, CDK4, CDK6, Rb, p-Rb, CCDN1 or E2F genes. CDK4/CDK6 protein expression was present in all lines. Absence of p16 protein expression and CDKN2A CN loss was detected in 84.6% (11/13) LGSC cell lines. Interestingly, total and phosphorylated Rb were detected in both BCa lines, but only in 53.8% (7/13) LGSC lines. RB1 hemizygous CN loss was detected in 7.7% (1/13) LGSC lines and in 7.5% (7/93) LGSC tumors. Palbociclib had limited cytotoxic effects in the BCa and LGSC cell lines tested.

Conclusions Palbociclib mainly has cytostatic effects in LGSC in-vitro and its activity does not correlate with either p16 or CDK4 expression. About half of our cell lines showed Rb loss, likely mediated by post-translational events. Rb-proficiency is required for drug efficacy in other cancers, and may account for our observations. These results raise important considerations for clinical trial design.