More patients with SM had a smoking history that those without SM (28.3% vs 11.5%, p=0.004). Other demographic characteristics were similar between groups (age (56 vs 54, p=0.23), body mass index (25.7 vs 25.5, p=0.70), diabetes (5.7% vs 5.8%, p=0.76), proportion of patients of Asian ethnicity (18.9% vs 23.1%, p=0.66)). The proportion presenting with stage I OCCC was comparable (66% vs 59%, p=0.46).

Only one patient had documented Lynch syndrome. Survival analysis is pending.

Conclusions Patients with OCCC are at increased risk of SM, most frequently non-Lynch syndrome related. This could suggest that a subset of patients with OCCC harbor mutations rendering them susceptible to SM. SM that could be associated with Lynch syndrome warrants genetic testing.

IGCS19-0306

315 IS IT SAFE TO IMMEDIATELY INITIATE ADJUVANT INTRAPERITONEAL CHEMOTHERAPY FOLLOWING BOWEL RESECTION IN PATIENTS WITH NEWLY DIAGNOSED ADVANCED OVARIAN CANCER?

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Objectives To determine if early administration of intraperitoneal chemotherapy (IPC) and intra-operative insertion of an intraperitoneal (IP) port are associated with increased complications in patients who undergo a bowel resection procedure as part of primary cytoreductive surgery.

Methods Retrospective cohort of patients with ovarian cancer at 2 institutions between 2008–2018. Patients included in this study had primary cytoreductive surgery which included one or more small or large bowel resections and either received or were scheduled to receive adjuvant intraperitoneal chemotherapy.

Results The majority of patients had stage III or IV disease (86.2%) and high grade serous histology (91.6%). 120 out of 138 patients (87%) received at least 4 cycles of IPC. A small proportion of patients (5.4%) received all chemotherapy intravenously, despite having had an IP port inserted. Compared to patients who received their first cycle of chemotherapy intravenously (IV), patients who started with IPC were not at increased risk of delayed infection (1.8% vs 1.3% (p=0.8)), IP port related complications which included port obstruction, leakage, infection, pain and erosion (19.6% vs 20% (p=0.96)), or anastomotic leak (3.6% vs 2.7% (p=0.8)). The rates of anastomotic leak (5.6% vs 3.3% (p=0.62)), intra-abdominal infection (16.7% vs 6.7% (p=0.17)) and IP port related complications (24.1% vs 13.3% (p=0.21)) were not statistically different in patients who had intra-operative IP port insertion compared to delayed post-operative insertion.

Conclusions IPC during the first cycle of adjuvant treatment and intra-operative IP port insertion are not associated with increased complications after primary cytoreductive surgery for ovarian cancer which includes a bowel resection.

IGCS19-0502

316 OVARIAN TUMOR IN PATIENTS WITH PREVIOUS GASTROINTESTINAL CARCINOMA

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Objectives To evaluate demographic and clinical-pathological characteristics of ovarian tumors diagnosed in women with previous gastrointestinal cancers.

Methods A tranversal study of 59 patients with diagnosis of ovarian tumors who had previously been treated for gastrointestinal adenocarcinoma at a hospital in Sao Paulo, Brazil, from 2009 to 2018. Demographic data were collected: age, follow-up of primary gastrointestinal tumor, tumor markers CA-125, CA- 19.9 and CEA, radiological characteristics, type and extent of surgery performed, amount of residual disease, primary tumor site, anatomopathological diagnosis and survival.

Results The primary gastrointestinal carcinoma sites were: stomach (15.3%), colorectal (64.4%), appendix (3.4%), pancreas (3.4%), gallbladder (3.4%) and undetermined gastrointestinal cancer (10.2%). The median follow-up was 16 (1–87) months. The overall survival from the diagnosis of gastrointestinal carcinoma was 33 (2–187) months and the overall survival from ovarian tumor diagnosis was 16 (1–87) months. The mortality rate varied according to the site of origin of gastrointestinal carcinoma: stomach (77.8%), colorectal (53.1%), appendix (50%), gallbladder (50%), pancreas (50%) and undetermined gastrointestinal carcinoma (16.7%).

Conclusions Metastatic gastrointestinal tumors to the ovaries present variable overall survival according to the primary site of origin. Tumors of the stomach, gallbladder and pancreas present worse prognosis. Colorectal metastatic tumors are the most frequent and the ones with the highest overall survival. These differences should be considered when deciding whether to perform surgical treatment in these patients with metastatic tumors.

IGCS19-0379

317 FEASIBILITY OF AN OUTPATIENT 12-STEP DESENSITIZATION FOR PATIENTS WITH HISTORY OF CARBOPLATIN HYPERSENSITIVITY REACTIONS (HSR) UNDERGOING RETREATMENT WITH CARBOPLATIN FOR RECURRENT OVARIAN OR ENDOMETRIAL CANCER

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Objectives To retrospectively evaluate the safety and efficacy of an outpatient 12-step carboplatin desensitization regimen in patients with prior carboplatin HSR.

Methods Patients with a history of carboplatin HSR undergoing carboplatin desensitization for mullerian cancer were