

Methods Medical records of 620 cases of ovarian cancer from Rajiv Gandhi Cancer Institute and Research Centre Delhi during years 2012–2013 were screened. 118 cases were selected as per the inclusion and exclusion criteria. The detailed data regarding patients' clinical history, tumor characteristics, therapy, and recurrence etc. were assembled from their clinical records. The statistical analyses were performed using IBM SPSS Statistics for Windows, Version 23.0.

Results Mean and median ages at diagnosis were 49.1 and 50 (range 23–75) years respectively. The mean and median serum CA 125 levels were 1423 and 544 (range 5.5–12431) ng/ml. The family history of breast/ovarian cancer was positive in 6.8% cases. In our study group, the majority of patients (74.6%) were diagnosed at stage III. The histopathological evaluation revealed large proportion of patients with high grade tumors (84.7%) and serous adenocarcinoma (69.5%) as primary histology morphology. Other than alopecia in all, 37.3% cases had experienced other toxicities due to chemotherapy. Proportion of 64.4 cases had experienced the recurrence of disease. Mean DFS and OS were 31.03 and 40.14 months.

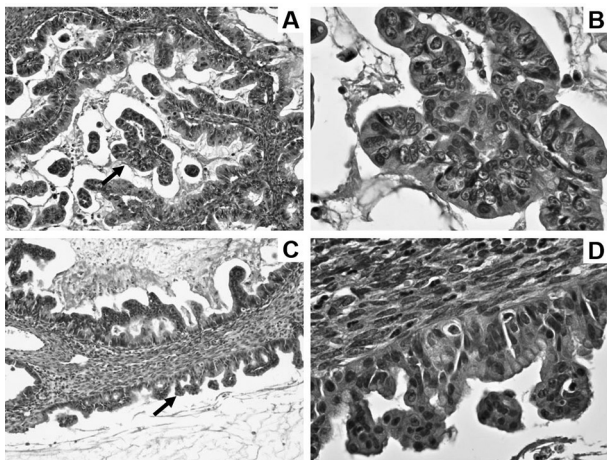
Conclusions Ovarian cancer is the fourth commonest cancer amongst females in Indian population. Most of the cases are detected in late stages, and have high grade tumor Histopathology, with frequent relapses. Further studies are ongoing to see the HBOC subset of patients

IGCS19-0006

338 NATURAL CONCEPTION AND SUCCESSFUL LIVE BIRTH IN A WOMAN AFTER UNILATERAL OOPHORECTOMY FOR OVARIAN CANCER

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10.1136/ijgc-2019-IGCS.338



Abstract 338 Figure 1 Histological findings. “borderline mucinous ovarian tumor (C, D), accompanied with local intraepithelial carcinogenesis (A,B)”. H&E, $\times 100$ (A,C)/ $\times 400$ (B,D);

Objectives Infertility is a common complaint of woman presenting with EOC (epithelial ovarian cancer) at reproductive age. Fertility sparing treatments have been successfully attempted in ovarian cancer, while limited evidence is available to testify the post-operational fertility conservation.

Methods A 21-year-old woman (gravida 0, para 0) complaining of abdominal distension, dull pain in the lower abdomen, and vomiting was hospitalized. Unilateral oophorectomy and multiple peritoneal sampling were scheduled.

Results Intra-operational frozen section analysis (FSA) showed “borderline mucinous ovarian tumor, accompanied with local intraepithelial carcinogenesis”, indicating a pathological diagnosis of stage IA EOC. No courses of chemotherapy were given postoperatively, and regular follow-ups were scheduled every three months, with no positive results found. Eighteen months after the operation, the patient got natural conception and gave birth to a live term infant by natural delivery.

Conclusions Conservative surgery and close follow-ups may serve as a reasonable option for young women desiring child-bearing in the treatment of early-stage EOC.

IGCS19-0110

339 PREVALENCE AND OUTCOME OF CLEAR CELL CARCINOMA AND ENDOMETRIOD CARCINOMA OF OVARY COEXISTING WITH ENDOMETRIOSIS

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10.1136/ijgc-2019-IGCS.339

Objectives The association between endometriosis and ovarian carcinoma has been widely proposed. We retrospectively evaluated clinical manifestation, surgical outcome and complication of endometriosis-associated ovarian cancer compare to non-endometriosis-associated ovarian cancer with histologic type of clear cell carcinoma and endometrioid carcinoma.

Methods The study was conducted to review 330 patients with primary ovarian clear cell carcinoma and endometrioid carcinoma who had been initially treated at Rajavithi Hospital. The clinical backgrounds, surgical outcome and complication was reviewed.

Results 13.51% had pathological-confirmed coexisting endometriosis in clear cell carcinoma and endometrioid carcinoma. 76.57% of endometriosis-associated ovarian cancer (EAOC) presented with earlier stage (stage I-II) than non-EAOC. The higher probability of optimally surgical staging was reported in EAOC compare to non-EAOC with statistically significance (77.8% versus 54.7% respectively, $p=0.002$). Post-operative complication was also lower in EAOC ($p=0.02$). There was no difference on age, stage and surgical outcome between clear cell carcinoma and endometrioid carcinoma associated with endometriosis.

Conclusions Endometriosis-associated ovarian cancer related to early-stage disease and tend to underwent optimal surgery. The operative complication seemed to be lower in endometriosis-associated ovarian cancer.