

Abstract 325 Table 1 Review of case reports of dermatomyositis with high grade serous ovarian carcinoma describing temporal relationship, treatment given and outcomes

| Studies | Age of patient | Temporal relationship ¹ | Stage | Treatment | Outcomes |
|------------------|--|------------------------------------|--|--|---|
| Nakanishi (1999) | 75 yo | Antecedent | IIIA | Tumor debulking then chemotherapy with carboplatin and paclitaxel x 6 cycles | Improvement of symptoms after surgery and chemotherapy No recurrence noted after 3 months |
| Yehouzer (2005) | 48 yo | Antecedent | IIA | Unilateral salpingo-oophorectomy, then chemotherapy with carboplatin and paclitaxel x 6 cycles | Improvement of symptoms after surgery and chemotherapy No recurrence of both condition after 16 months |
| Ng (2009) | 73 yo | Antecedent | IIIB | Hysterectomy with surgical staging | Improvement of symptoms after surgery |
| Mozani (2012) | 2 cases: 1 st case: 46 yo 2 nd case: 58 yo | 2 cases: Antecedent | 1 st case: IB 2 nd case: stage IV | 1 st case: Hysterectomy with complete surgical staging 2 nd case: Neoadjuvant chemotherapy of carboplatin and paclitaxel x 4 cycles then tumor debulking, followed by 2 more cycles of chemotherapy | 1 st case: No evidence of disease for both condition for 2 years and 4 months 2 nd case: ovarian cancer progression after completed chemotherapy Death from disease after 1 year and 4 months |
| Hong (2013) | 48 yo | Antecedent | IIIA | Tumor debulking then chemotherapy with dose dense paclitaxel and carboplatin x 6 cycles | Improvement of symptoms after surgery Complete remission of ovarian cancer at 15 months after surgery |
| Christie (2013) | 57 yo | Antecedent | unknown stage | Neoadjuvant chemotherapy with carboplatin and paclitaxel x 6 cycles then tumor debulking | Recurrence of ovarian carcinoma after 3 months paralleled with exacerbation of dermatomyositis symptoms Death from disease 18 months after diagnosis |
| Salmeron (2016) | 50 yo | Antecedent | IC | Hysterectomy with complete surgical staging then chemotherapy of carboplatin and paclitaxel x 6 cycles | Improvement of symptoms after surgery and chemotherapy No evidence of disease for 2.5 years |
| Arshad (2016) | 60 yo | Subsequent | IIIB | Tumor debulking | Improvement of symptoms after surgery |
| Baizuan (2017) | 63 yo | Antecedent | IIIA | Surgery (optimally debulked) then chemotherapy with carboplatin and paclitaxel 3 cycles | Improvement of symptoms for 5 months |
| Field (2017) | 43 yo | Antecedent | IIIC | Tumor debulking (sub-optimally debulked) then chemotherapy with carboplatin and paclitaxel x 6 cycles and bevacizumab for 16 months | No evidence of disease for 1 year Ovarian cancer recurrence paralleled with recurring dermatomyositis symptoms |

¹Antecedent: Dermatomyositis was diagnosed before diagnosing ovarian carcinoma.
Subsequent: Dermatomyositis developed after the diagnosis of ovarian carcinoma.

treatment, she had an emergency exploratory laparotomy for a pelvic mass in complication. The patient underwent total abdominal hysterectomy and bilateral salpingo-oophorectomy, right hemicolectomy, and ileocolic side to side anastomosis. Histopathology revealed a high grade serous ovarian carcinoma, with a presumptive stage IIB. Post-operatively, the myositis partially improved. Steroid therapy was continued for two months. Chemotherapy was delayed because of repeated infections due to her immunosuppressed state.

Dermatomyositis is highly associated with malignancy. Early detection as well as treatment of the underlying malignancy can improve survival of this simultaneous condition.

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PURE TUBULAR CARCINOMA OF THE BREAST: A RARE ENTITY

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Introduction Pure tubular breast carcinoma (PTC) is a rare and well-differentiated tumor with good outcomes and a low local recurrence rate. Our study aims to determine the clinical, radiological, and appropriate management and the prognosis of this rare entity.

Materials and Methods A review of Salah Azaiez institute registry from 2004–2019 was performed including seven cases of PTC of the breast.

Results Seven patients were included in this study. The average age was 54 years old (from 36 to 70 years) and all patients were female. Physical exam revealed a breast lump in 6 patients. Six cancers were clinically detected on physical examination. In one patient the diagnosis was made by mammography. The radiologic findings were variable (BIRADS 3 in 6 cases and BIRADS 5 in one case). In our study, we found that 5 patients presented with T1 and N0 according to the TNM classification. The radiological assessment did not show any metastasis. The conservative surgery was more frequently performed (5 cases). All patients had hormone-receptor positivity and HER-2 negativity. Six patients were luminal A, and one patient was luminal B. In one case we found axillary lymph node metastasis. The adjuvant radiotherapy was indicated in all cases of breast conservation and only in one case of radical surgery. Only one patient received chemotherapy.

Conclusion The PTC shows an excellent prognosis with a low SBR grade and a molecular profile luminal A and a low incidence of recurrence.

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327 VENOUS THROMBOEMBOLISM IN PATIENTS RECEIVING NEOADJUVANT CHEMOTHERAPY FOR OVARIAN CANCER

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Objectives The purpose of this study is to determine the incidence of venous thromboembolism (VTE) in patients with ovarian cancer receiving neoadjuvant chemotherapy (NACT), to determine the effect of VTE on overall survival, and identify risk factors of VTE in patients receiving NACT.

Methods This is a retrospective cohort study of patients diagnosed with primary ovarian/fallopian tube/peritoneal cancer and treated with NACT between June 2013 to June 2016. The primary outcome was incidence of VTE during NACT. The secondary outcomes were risk factors for VTE and overall survival. Demographic data, histology, stage, chemotherapy treatment, and incidence of VTE were collected. Statistical analysis included Kaplan-Meier estimates, and univariate and multivariate Cox regression analysis.

Results 284 patients were included in the study. The average age at diagnosis was 63.8 years old. The incidence of VTE during NACT was 13.3%. The median overall survival for the study population was 25.23 months. Kaplan-Meier estimates demonstrate a decrease in overall survival in patients who had a VTE during NACT (14.98 months, 95% CI 14.48 – 16.49) compared to patients who did not (26.81 months, 95% CI 22.76 – 30.86) $p < 0.0001$. Multivariate analysis identified albumin < 35 (HR 2.56), BMI > 30 (HR 2.48), and serous histology (HR 2.90) as risk factors for VTE during NACT.

Conclusion Patients with ovarian cancer receiving NACT are at an increased risk of VTE, which is associated with a shorter overall survival. These findings suggest that thromboprophylaxis may have a role in this patient population.

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328 CLINICOPATHOLOGICAL SIGNIFICANCE OF FOXL2 AND TERT PROMOTER MUTATIONS IN ADULT TYPE GRANULOSA CELL TUMOR OF THE OVARY

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Objective Adult type granulosa cell tumor (aGCT) of the ovary is characterized by late recurrence, and no effective treatment strategy is established. The diagnosis of aGCT is difficult because of its rarity. Recently, FOXL2 C402G mutation was detected in 92% of aGCTs, and the presence of TERT

promoter mutation was reported to be associated with worse prognosis. We analyzed the mutational status of FOXL2 and TERT promoter of aGCT tumor samples to investigate the impact on accurate diagnosis and prognosis.

Methods FOXL2 and TERT promoter mutational status of the 64 primary and 8 recurrent aGCT FFPE samples were assessed by allelic discrimination assay. H&E slides of the primary samples which had wild-type(wt) FOXL2 were reviewed by two gynecologic pathologists and the cases with ambiguous morphology were excluded as aGCT mimicking tumor. The characteristics and prognosis of molecularly/pathologically confirmed aGCTs (MP-aGCTs) were analyzed in each clinical parameters and mutational status.

Results Median follow-up duration was 73 months. Three primary samples were diagnosed as aGCT mimicking tumor. Of the 61 MP-aGCTs, 46 (75%) harbored FOXL2 mutation and 10 (16%) cases had TERT promoter mutation. Clinical stage and older age were the prognostic factor for recurrence. TERT promoter mutation was highly identified in older patients and larger tumors. The presence of heterozygous FOXL2 C402G mutation showed the tendency of worse prognosis.

Conclusions The importance of mutational analysis in the diagnosis, long term observation of the patients, and the functional analysis of FOXL2 C402G mutation was highlighted.

IGCS20_1353

330 FIRSTLINE MAINTENANCE PARP INHIBITORS IN ADVANCED OVARIAN CANCER: A NETWORK META-ANALYSIS FOR COMPARATIVE EFFICACY AND ADVERSE EVENTS

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Background Several studies explored the clinical benefit of maintenance PARP inhibitors (PARPI) and antiangiogenic agents (AA) in advanced ovarian cancer (aOC) with varied results. We conducted this analysis to expand our knowledge of the relative adverse-events (AE) and efficacy of firstline maintenance PARPI and AA in aOC.

Methods A review of the medical literature was conducted using online databases. Inclusion criteria consisted of English language; diagnosis of aOC; firstline maintenance treatment with Olaparib (O), Niraparib (NR), Veliparib (V), Bevacizumab (B), Pazopanib (P), Nintedanib (NN), and control (C); and phase 3 randomized studies reporting progression, death, and AE. A frequentists and Bayesian network meta-analyses were conducted using netmeta package and random-effects model.

Results Seven studies comprising 7,770 participants were included. The relative risk (RR) of progression and death (P&D) was highest in C and B>NN>P/V/NR/O in decreasing order. RR of AE ≥ 3 was highest in P>NR>O/NN/B/V/C in decreasing order. PARPI significantly improved PFS in patients with homologous-recombinant deficiency (HRD) + or -, BRCA + or -, BRCA2+, and Stages 3 and 4. PARPI demonstrated an equivalent reduction in RRP&D in BRCA+ patients. In HRD+, O had the lowest RRP&D followed by NR then V in increasing order. However, in HRD-, V had the lowest RRP&D followed by NR then O.