Abstract 343 Figure 1  DFS (1A) and OS (2B) in the entire cohort stratified according to TFD (cut-off 3.5 mm)

Abstract 344  COMPARISON OF CLINICAL PATHOLOGICAL AND SURVIVAL OUTCOMES BETWEEN SEROUS AND NON-SEROUS OVARIAN CANCER

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345  A CASE OF MIXED ADENOCARCINOMA OF UTERUS WITH BLADDER INVASION ORIGINATING FROM ADENOMYOSIS

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Objectives To compare the clinical-pathological features and survival outcomes of women with serous and non-serous epithelial ovarian cancer.


Results We performed primary debulking surgery in 128 patients (84.8%) and 23 patients (15.2%) underwent and interval debulking surgery. Maximal cytoreduction (R0) was achieved in 67 of patients (44.4%), 39 patients had a residual disease ≤1 cm (25.8%) and 45 patients had a residual disease >1 cm (28.8%). Lymphadenectomy was performed in 57% of cases. The histological type was clearly established for all women: 109 cases of serous carcinomas (72.2%) and 71 non-serous tumors (14 endometrioid, 12 mucinous, 7 clear cell carcinomas, 2 malignant Brenner tumors, 6 undifferentiated and one case of seromucinous carcinoma). The comparison of serous (EOC) to non-serous tumor types (NSEOC) by univariate analysis showed that EOC were associated to higher serum level of CA 125 exceeding 1000 UI/ml (47.7% vs 19%, p=0.001), higher quantity of ascites exceeding 1 litre (40.4% vs 21.4%, p=0.029) with more frequent cacinomatosis in the upper abdomen (48.6% vs 21.4%, p=0.002) and more residual disease R1/R2 (65.1% vs 31%, p<0.0001), bilateral tumors (74.1% vs 45.2%, p=0.001), advanced FIGO stage III-IV (88.1% vs 50%, p<0.0001), pelvic lymph metastasis (LNM) (11.7% vs 4.2%) as well as paraaortic LNM (16.7% vs 8.3%, p=0.012), higher LN ratio (12.57±21.96 vs 1.77±5.62, p=0.01) and lymphovascular invasion (43.1% vs 9.5%, p<0.0001). NSEOC were associated to higher rates of 5-years overall survival (31.3% vs 54.2%, p=0.006) and recurrence free survival (31.8% vs 64.6%, p=0.002).

Conclusion The management of EOC should take into account differences between histological subtypes.