CCRT was analyzed both as a continuous variable (per day) and as a categorical variable in 2 groups (Group 1 ≤ median, Group 2 > median). Patients with a waiting time of more than 60 days were excluded.

Results The median waiting time was 14 days (0–60). There were differences between Group 1 and Group 2 in age and type of chemotherapy. However, no significant difference was found in the FIGO stage, cell type, or the number of cycles of chemotherapy received during CCRT. A longer waiting time was associated with poorer overall survival on the Kaplan-Meir curve (Group 1 vs. Group 2, P = 0.042). On multivariate analysis, intervals as either a continuous variable (HR; 1. 023, 95% CI; 1.006–1.040, P = 0.007) or a categorical variable (HR; 1.513, 95% CI; 1.073–2.134, P = 0.018), FIGO stage, cell type, and the number of cycles of chemotherapy received during CCRT were significant independent prognostic factors for overall survival.

Patients were divided into two groups based on the median waiting time.

Conclusions A longer waiting time from pathological diagnosis to definitive CCRT was associated with worse overall survival. Our findings suggest that an effort to minimize waiting times should be made in cervical cancer patients who are candidates for CCRT.

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368 OVARIAN SERTOLI-LEYDIG TUMORS : EPIDEMIOLOGICAL AND PROGNOSTIC FEATURES

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Objectives Sertoli Leydig cell tumors (SLCT) belong to the group of sex cord-stromal tumors. SLCTs of the ovary are rare (less than 0.5% of all ovarian tumors). The aim of this study is to establish the epidemiological and prognostic features of such a rare tumor entity.

Methods We conducted a retrospective study over a 12 year period (2004–2015) in the Tunisian Central Cancer Registry. We collected all the pathology established cases of ovarian SLCT.

Results The incidence of ovarian SLCT was 1.5% of all the Ovarian, fallopian tube, and peritoneal cancers in our registry. The mean age at the diagnosis was 30 years [14 – 79] with a 2-peak distribution: 14 –30 years (46.15% of the patients) and 50 – 80 years. Endocrine symptoms were present in 76,92% of the patients (virilization: 38.46%). Testosterone serum levels were high in 33.33% of the patients. The pathological FIGO staging was IA in 15.38%, IC in 61.53%, and IIIC in 23.07%. A fertility-sparing surgery was performed in 46.15%. Adjuvant chemotherapy (bleomycin, etoposide, and Cisplatin) was delivered in 46.15%. The recurrence rate in the conservatively operated group was 16.67% and the overall progression rate was 47.46%. The overall survival at 5 years was 38%.

Conclusions Our results suggest that ovarian SLCT are rare but can occur at any age, even in menopausal women. The clinical features are essentially endocrine symptoms. In young women, fertility-sparing surgery is feasible but with a 16.67% recurrency rate and 38% 5- year overall survival.

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369 PHASE II TRIAL ON THE FEASIBILITY OF SINGLE DOSE INTRAOPERATIVE NORMOTHERMIC INTRAPERITONEAL CARBOPLATIN (NIPEC) IN ADVANCED EPITHELIAL OVARIAN CANCER FOLLOWING OPTIMAL CYTOREDUCTIVE SURGERY

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Introduction Intraperitoneal (IP) Chemotherapy and HIPEC have come to be accepted as standard options in advanced EOC, but are associated with morbidities and treatment delay. This study was done to evaluate the feasibility of administering single dose intraoperative normothermic IP carboplatin in advanced EOC after optimal primary or interval debulking surgery.

Methods In a Phase II non randomized prospective study from January 2015 to December 2019, patients of optimally cytoreduced advanced high grade serous ovarian cancer, were administered single dose intraoperative IP carboplatin at room temperature. The immediate (< 6 hours), early (6 – 48 hours) and late (48 hours – 21 days) perioperative complications were recorded, and analyzed.

Results Of 356 patients who underwent surgery for advanced EOC, 86 patients met the inclusion and exclusion criteria. 12 (14%) patients underwent PDS and 74 (86%) IDS. 13 (15.1%) patients underwent laparoscopic/robotic IDS. All patients tolerated IP carboplatin well with no or minimal adverse events. Three cases (3.5%) needed re-suturing for burst abdomen, three cases (3.5%) had paralytic ileus, one case underwent re-exploration for hemorrhage, and one patient died due to due late sepsis. 84 (97.7%) patients received adjuvant IV chemotherapy on time.

Conclusion Single dose normothermic intraoperative IP carboplatin is a feasible procedure with no or minimal manageable morbidity. The procedure is user friendly combining the prognostic benefits of IP chemotherapy with assurance of early timely administration of chemotherapy in advanced EOC. Our study is hypothesis generating for future clinical trials comparing single dose NIPEC versus HIPEC in advanced EOC.

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370 THE IMPACTS OF NEOADJUVANT CHEMOTHERAPY AND OF CYTOREDUCTIVE SURGERY ON TEN-YEAR SURVIVAL FROM ADVANCED OVARIAN CANCER

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Objective To compare long-term survival outcomes for women with advanced ovarian cancer treated with chemotherapy, either before (neoadjuvant) or after surgery (primary cytoreductive) treated at a single tertiary cancer center.