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-Meier 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 to definitive CCRT was associated with worse overall survival.

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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% recurrence rate and 38% 5-year overall survival.

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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.