domains, the 'Lebanese domains' were created and showed better outcomes. These new domains had better composite reliability (CR) than the adapted domains, but more modest AVEs. Their discriminant validity (HTMT reports) was also satisfying.

Abstract 441 Table

Interpretation schemes	Domains	Items	α Cronbach coefficient	Modifications (remaining items)	α Cronbach coefficient
Standard domains	Worries/concerns	Items 7, 12, 13, 15, 16, 17, 18, 19 and 20.	0.828		
	Emotional impact	Items 2, 3, 5, 8 and 14.	0.571	Items 2, 3, 5 and 8.	0.812
	Sexual impact	Items 24 and 25.	-2.020	No possible modifications.	
	Self-image	Items 1, 10, 11 and 23.	0.267	Items 11 and 23.	0.706
	Partner/ transmission	Items 9, 21 and 22.	0.440	Items 21 and 22.	0.751
	Interactions with doctors	Items 27,28 and 29.	0.33	Items 28 and 29.	0.706
	Health control/life impact	Items 4, 6 and 26.	0.363	Items 4 and 6.	0.795
Adapted domains	Worries/concerns	Items 7, 12, 13, 15, 16, 17, 18, 19 and 20.	0.828		
	Emotional impact	Items 2, 3, 5, 8 and 14R.	0.798		
	Sexual impact	Items 24 and 25R.	0.669		
	Self-image	Items 1R, 10R, 11 and 23.	0.680		
	Partner/ transmission	Items 9R, 21 and 22.	0.513	Items 21 and 22.	0.751
	Interactions with doctors	Items 27R, 28 and 29.	0.611	Items 28 and 29.	0.706
	Health control/life impact	Items 4R, 6R and 26.	0.694		
Portuguese domains	Worries/concerns	Items 3,7, 12, 13, 15, 16, 17 and 20.	0.791		
	Emotional impact	Items 2, 5, 8 and 26.	0.854		
	Sexual impact	Items 9R, 24 and 25R.	0.562	No possible modifications.	
	Future treatment/transmission	Items 18, 19, 21 and 22.	0.755		
	Positive emotions	Items 1R, 4R, 6R, 10R, 14R and 27R.	0.830		
	Negative emotions	Items 11, 23, 28 and 29.	0.627	Items 11 and 23. (Honte and dégoût)	0.706
				Items 28 and 29. (Inconfort à cause des procédures and examens)	0.706
Modified portuguese domains	Worries/concerns	Items 3, 15, 16 and 17.	0.584	No possible modifications.	
	Emotional impact	Items 2, 5 and 8.	0.807		
	Sexual impact	Items 9R, 24 and 25R.	0.562	No possible modifications.	
	Future treatment/transmission	Items 18, 19, 21 and 22.	0.755		
	Positive emotions	Items 1R, 4R, 6R, 10R, 14R and 27R.	0.809		
	Negative emotions	Items 23, 28 and 29.	0.631	Items 28 and 29.	0.706
Lebanese domains	Worries/concerns	Items 3,7, 12, 13, 15, 16, 17 and 20.	0.791		
	Emotional impact	Items 2, 5, 8 and 26.	0.854		
	Impact relationnel (avec le médecin and le partenaire.	Items 9R, 11, 23, 24, 25R, 28 and 29.	0.724		
	Future treatment/transmission	Items 18, 19, 21 and 22.	0.755		
	Positive emotions	Items 1R, 4R, 6R, 10R, 14R and 27R.	0.830		

Conclusion Merck and coll. 's item distribution seems flawed; however, reverse scoring the cited items may improve its validity.The adapted domains and the 'Lebanese domains' seemed the most suitable for our population. Although the two distributions have their limitations, the 'Lebanese domains' were overall superior.

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442 FAMILIAL SWYER SYNDROME ASSOCIATED WITH MIXED GERM CELL TUMOR: A CASE REPORT

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Background Swyer syndrome, a type of complete gonadal dysgenesis, is one of the rarer forms of the spectrum of disorders of sexual differentiation (DSD). Affected individuals have an XY karyotype but appear phenotypically female with characteristic hypoplastic gonads, presenting with primary amenorrhea and delayed puberty as main complaint. Only a few cases on siblings with Swyer syndrome have been reported. The accepted practice is to remove both gonads upon diagnosis to prevent the malignant transformation.

Case We present a case of a 14-year-old with primary amenorrhea and delayed puberty who consulted at our institution for an abdominopelvic mass. Family history is pertinent for relatives with menstrual abnormalities and delayed secondary sexual development; with an older sister having a confirmed XY karyotype. She underwent exploratory laparotomy to remove the tumor, however, the mass was deemed unresectable. The tumor was sampled and sent for frozen section which showed a malignant round cell tumor. Final histopathologic and immunohistochemistry studies showed a mixed germ cell tumor. She received three cycles of neoadjuvant chemotherapy prior to the definitive removal of the tumor and three more postoperatively. Chromosomal analysis confirmed an XY karyotype.

Conclusion Although rare, a diagnosis of Swyer syndrome must be considered in any adolescent with primary amenorrhea and an abdominopelvic mass. The diagnosis is confirmed with clinical findings combined with hormonal, gonadal, and chromosomal analyses. Routine gonadectomy and hormone replacement therapy are central to the management of patients with Swyer syndrome.

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443 PARTICIPANT DEMOGRAPHICS AND DISPARITIES IN OVARIAN CANCER CLINICAL TRIALS

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Background Clinical trials comprise the cornerstone of advancing care for patients with ovarian cancer. Diverse populations of trial participants are essential to ensuring generalizability of