



Abstract 456 Figure 1 Probabilities of (a) progression free survival and (b) overall survival between the intraperitoneal (IP) and dose-dense groups in all enrolled women (n = 50)

chemotherapy in the frontline treatment of women with advanced ovarian, fallopian tube or primary peritoneal cancer and not receiving bevacizumab.

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OVARIAN CANCER STATISTICS IN KAZAKHSTAN FOR 2004-2019 YEARS

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According to Globocan 2018, it is more than 295,000 new cases of ovarian cancer (OC) were registered and more than 184,000 deaths worldwide in 2018. In Kazakhstan OC is the 8th most common cancer among women with the one of highest mortality rate in women.

Objectives was to evaluate the OC incidence, mortality, 5-year overall survival rate in Kazakhstan for 2004–2019.

Methods Incidence, mortality data were sourced from the cancer registry database. A total 1028 patients with OC analyzed using the data of Cancer Registry for 2014. The primary endpoint was death from OC. Survival was performed using the life table method (Kaplan-Meier). The statistical processing was carried out with SPSS 23.0 for Windows.

Results Incidence over the past 15 years has been characterized by stable rates: 10.2 in 2004 and 11.1 per 100,000 female population in 2019. OC is found in all age groups and a increase in a group of 65–69 years. It is a decrease in the detection rate of the disease at the 4th stage for the analyzed period, from 18.1% to 8.4%. Mortality remains stable high and it is 5.3 per 100,000 female population in 2019. The overall 5-year observed survival of OC was $20.3 \pm 0.88\%$ (95%CI: 18.7–21.9).

Conclusions Analysis of OC Incidence in KZ showed a stable rate. Despite the reduction in the detection of ovarian cancer at stage 4, mortality from this disease remains high. According to these results, Kazakhstan is among the countries with low five-year OC survival.

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PREDICTIVE FACTORS OF PARA AORTIC LYMPH NODE INVASION IN EPITHELIAL OVARIAN CANCER

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Objectives To assess the predictive factors of para aortic lymph node metastasis (PAO LNM) in primary epithelial ovarian cancer (EOC).

Methods We retrospectively analyzed the charts of 73 patients with EOC who underwent pelvic and paraaortic lymphadenectomy during a primary (n=62) or secondary debulking surgery (n=11) at the Salah Azaiez institute of oncology between 2000 and 2010.

Results The mean number of retrieved LN was 13.18 (range 4–32) in the pelvic area and 16.53 (range 3–58) in the paraortic area. PAOLNM were recorded in 21 patients (28.8%), pelvic LNM in 18 patients (24.7%) and 17.8% of patients presented pelvic and paraortic LNM. Paraortic LNM was significantly associated to high tumor grade (40.9% vs 10.3% in low grade, $p=0.005$), serous subtype (38.5% vs 4.8% in non serous subtype, $p=0.004$), bilateral tumors (36.6% vs 17.2% in unilateral tumor, $p=0.077$), the presence of lymphovascular invasion (41.7% vs 22.4%, $p=0.088$), the presence of carcinomatosis in the upper abdomen (52.6% vs 20.4%, $p=0.008$), and pelvic lymph node metastasis (66.7% vs 16.4% in case of negative pelvic LN, $p<0.0001$). Moreover, the mean number of pelvic LNM was significantly higher in patients with PALNM (3.25 ± 3.57 vs 1.83 ± 1.602 , $p=0.001$) and pelvic lymph node ratio (LNR) exceeding 10% was predictive of PAOLNM (75% vs 19.7% in case of pelvic LNR less than 10%, $p<0.0001$). Bilateral pelvic LNM as well as right positive pelvic LN were associated to a higher rate of PAOLNM.

Conclusions The risk of PAO LNM is correlated to pelvic LN status as well as histological and clinical features of the primary tumor.