gestational choriocarcinoma and IHC showed 22% PD-L1 positivity (tumor proportion score). She received pembrolizumab but β-hCG levels rose abruptly and uncharacteristically through all three cycles. The patient developed dyspnea on exertion, cough, and right flank pain. CT imaging demonstrated marked progression of liver metastases and innumerable new pulmonary metastases. She died 10 weeks after starting pembrolizumab.

Conclusions Non-gestational choriocarcinoma is an exceedingly rare and aggressive primary germ cell tumor. Treatment depends on proper diagnosis and management. Few cases of hyperprogression have been described in gynecologic cancers treated with immune checkpoint inhibitors. Mutations in pathways affecting immune-activation and p53 regulation may account for hyperprogression after pembrolizumab in this patient.

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44 MINIMALLY INVASIVE SURGICAL STAGING FOR EARLY STAGE OVARIAN CANCER: A LONG TERM FOLLOW UP

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Introduction The standard treatment for epithelial early stage ovarian cancer (eEOC) patients includes laparotomic surgical staging, according to FIGO classification. In the last decade, many investigators have assessed the safety, adequacy and feasibility of minimally invasive surgery (MIS) staging of eEOC in properly selected patients, but survival data related to different surgical approaches (open versus MIS) are extremely limited. The aim of this study is to analyze the long-term oncological outcomes in eEOC patients treated with MIS.

Methods This is a multicenter observational retrospective study conducted in two tertiary oncological centers. We selected all consecutive women (N=254) who underwent a MIS staging for clinical eEOC from January 2008 until 31st December 2016, in order to have an adequate length of median follow-up.

Results Most women had serous histotype (39.0%) and poorly differentiated tumors (53.0%). The rate of upstaged patients (final pathological FIGO stage >IIA) was 18.1%.

The median duration of follow-up was 61 months (range:13–118). Eleven patients were lost to follow-up and excluded from survival analysis. Overall, 39 (16.0%) patients experienced recurrence. The 5-years disease-free survival and the 5-years overall survival rate was 84.0% and 92.5%, respectively.

In the multivariate analysis the grading 1–2, FIGO stage IA-IB, and delayed surgical staging (vs. immediate staging) played a statistically significant favorable prognostic value.

Conclusion This study represents the longest follow-up of eEOC patients managed by MIS. We confirmed that MIS will continue to be a valuable therapeutic option in appropriately selected patients.

Abstract 44 Table 1 Univariate and multivariate analysis of predictive factors influencing disease-free

	Univariate analysis*		Multivariate analysis*	
Variable	**HR (95% CI)**	**p-value**	**HR (95% CI)**	**P-value**
Age, years				
≤ 45	0.45 (0.21-0.92)		1.25 (0.55-2.83)	
> 45	1	**0.029**	1	0.590
Tumour Histotype				
Serous	1		1	
Endometrioid/Clear cell	0.27 (0.08-0.89)		0.59 (0.12-2.75)	
Other epithelial	0.42 (0.21-0.85)	**0.009**	0.70 (0.32-1.51)	0.599
FIGO grade				
1-2	1		1	
3	3.91 (1.71-8.93)	**<0.001**	3.19 (1.36-7.51)	**0.008**
FIGO stage				
IA/IB	1		1	
IC/IIA	1.98 (0.80-4.92)		1.29 (0.49-3.37)	
> IIA	6.19 (2.58-14.82)	**<0.001**	3.02 (1.12-8.12)	**0.038**
FSS				
No	2.29 (0.72-12.45)			
Yes	1	0.112		
Time of surgical staging				
I-MS	4.05 (2.01-8.16)		3.46 (1.55-7.70)	
D-MS	1	**<0.001**	1	**0.002**

FSS= fertility sparing surgery; I-MS= immediate MIS staging; D-MS= delayed MIS staging.
*Cox regression.