Conclusion Resolvin E3 could be a potential therapeutic target for the cancer treatment.

IGCS20_1085

113 DOEGE – POTTER SYNDROME: A RARE PRESENTATION OF PELVIC MALIGNANT SOLITARY FIBROUS TUMOUR

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Introduction Solitary fibrous tumours (SFTs) are a rare mesenchymal neoplasm with an incidence of 2.8 per 100,000. Only 1% are reported to occur in the female genital tract. Approximately 5–10% of SFTs are associated with Doege–Potter syndrome, a para-neoplastic phenomenon with non-islet cell hypoglycaemia due to tumour production of low molecular weight insulin growth-like factor (IGF) - II.

Methods We present the third reported case of a pelvic SFT with Doege–Potter syndrome in a 61 year-old woman who presented with an unwitnessed collapse at home and a BSL of 1.25 mg/dL. CT scan found a 23 cm right sided pelvic mass adjacent to the uterus. She underwent emergency surgery due to refractory hypoglycaemia. The mass was extremely vascular and resulted in an 8.3L blood loss requiring a massive transfusion, postoperative ICU admission and management of acute

kidney injury and transfusion-related lung injury. Glycaemic control was achieved immediately upon tumour removal. Her recovery was uncomplicated and final histopathology confirmed SFT with malignant transformation. We present a literature review of the previous cases and discuss the challenges involved in diagnosis and treatment.

Conclusion Doege - Potter syndrome is an extremely rare presentation of pelvic SFT. Complete surgical excision is the gold standard for treatment of this rare condition.

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114 IDENTIFICATION OF FACTORS IMPACTING RECURRENCE IN PATIENTS TREATED FOR BORDERLINE OVARIAN TUMORS: A FOCUS ON RADICALITY AND MINIMALLY-INVASIVE APPROACH

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Introduction To compare oncological outcomes and disease-free survival (DFS) of patients with borderline ovarian tumors (BOTs) treated via laparotomy (LPT) vs. laparoscopy (LPS) and to evaluate the impact of the different radicalities of treatment on DFS.

Abstract 113 Figure 1

Abstract 114 Table 1

ONCOLOGICAL OUTCOME	Recurrence N=14	Population N=128	P-Value
Surgical approach			0.38
Laparoscopy	11 (13.09%)	84	
Laparotomy	3 (6.81%)	44	
Treatment			0.01
Radical	1 (1.43%)	70	
Fertility sparing	13 (22.41%)	58	
Ovarian surgery			0.07
Salpingo-oophorectomy	10 (8.9%)	112	
Cystectomy	4 (25.00%)	16	
Extra-ovarian surgery			
Omentectomy/omental biopsy	8 (17.78%)	45	0.29
Appendectomy	5 (21.74%)	23	0.20
Histotype*			0.39
Mucinous	5 (11.63%)	55	
Serous	9 (18.37%)	57	

*16 missing data

Methods This is a retrospective analysis of 128 consecutive patients who underwent LPS (n= 84) and LPT (n= 44) for apparent early-stage BOTs from 2004 to 2019. Seventy (54.68%) have been treated with radical surgery and 58 (45.32%) with fertility-sparing (FS) treatment. Factors associated with recurrence were investigated. Disease-free survival curves were compared with Kaplan-Meier analysis.

Results When comparing LPS vs. LPT, median age at surgery was 45.5 vs. 59 (p <0.001). With a median of follow up of 84.7 months (range:2.7–348.8), 14 patients (10.94%) recurred: 10/14 (64.28%) and 4/14 (28.57%) had ovarian and peritoneal relapse, respectively. Only 3/14 of the recurred patients had malignant transformation (21.45%). Factors such as surgical approach (LPS vs. LPT), histotype and extra ovarian surgery did not impact on recurrence (p-values=NS). Conservative treatment (vs. radical surgery) was associated with recurrence (p=0.01) and unfavorable 5-year DFS (Log-Rank = 0.01), while no impact of the surgical approach on DFS was found (LPS vs. LPT; Log-Rank =0.32).

Conclusions Patients who underwent FS surgery for BOTs had higher risk of recurrence and unfavorable disease-free survival compared to those who had radical treatment, while surgical approach did not negatively impact on survival. A strict follow-up should be recommended for early detection of potential recurrences.

IGCS20_1088

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ANALYSIS OF HISTOPATHOLOGICAL FEATURES, MOLECULAR RESULTS AND SERUM TUMOUR MARKERS IN CASES OF FALLOPIAN TUBE INVOLVEMENT BY METASTATIC GASTROINTESTINAL ADENOCARCINOMA

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Introduction Ovarian metastasis from non-gynaecological primary has been the focus of many studies with little attention given to tubal involvement. We present an analysis of tubal involvement by gastro-intestinal tract primary, the most common non-gynaecological metastasis to the adnexa.

Methods We evaluated cases of gastro-intestinal tract metastasis involving the fallopian tube over 5 years for histological patterns of involvement, molecular data and serum tumour markers.

Results Of the 12 cases which met the inclusion criteria, 2/12 cases (16.7%) had no prior history of gastro-intestinal adenocarcinoma. The metastatic adenocarcinoma involved the right tube in 3/12 cases (25%), left tube in 3/12 cases (25%), and bilateral tubes in 6/12 cases (50%).

Ovary was also involved in all but one case.

Tubal fimbrial end was involved in 3/12 cases (25%).

The metastasis had a flat mucosal pattern in 4/12 cases (33.3%); resembling mucinous metaplasia and serous tubal intraepithelial carcinoma (STIC). Other patterns seen were: extracellular mucin pools in 6/12 cases (50%), individual glands/cells in 6/12 cases (50%) and tumour sheets in 5/12 cases (41.7%).

Mismatch repair proteins were retained in all 9 cases in which they were tested.

Next generation sequencing detected mutations in 6/12 cases (50%), with KRAS being the most common mutation.

Serum CA125 was raised in 6/10 cases (60%), CEA in 9/12 cases (75%) and CA19.9 in 3/10 cases (30%).

Conclusion Awareness of various patterns of tubal involvement by metastatic gastro-intestinal adenocarcinoma is important to avoid misdiagnosis especially as the serum tumour markers can be variable.

IGCS20_1089

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SLOVENIAN EXPERIENCE WITH BEVACIZUMAB IN FIRST-LINE TREATMENT OF EPITHELIAL OVARIAN CANCER

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Introduction Bevacizumab is used in advanced epithelial ovarian cancer patients as a part of standard primary systemic therapy together with paclitaxel and carboplatin combination chemotherapy since 2013.

Aim of study To evaluate safety and efficacy of bevacizumab in treatment of patients with advanced epithelial ovarian cancer in daily clinical practice.

Methods Retrospective analysis of patients with advanced epithelial cancer treated with bevacizumab at Institute of Oncology Ljubljana in the period of Jan1st 2013 to Dec31th 2016. The end points of the study were safety and efficacy (relapse-free survival, overall survival).

Results In the observed period overall 111 patients with advanced epithelial ovarian cancer were treated with bevacizumab. The most common adverse events were: pain (52%), bleeding (45%), arterial hypertension (44%). Serious adverse event (grade 3/4) were observed in 12% of patients: 3% venous thrombosis/embolism, 3% proteinuria, 2% arterial hypertension, 2% bleeding, 1% pain, 1% fistula. Median follow-up was 59 months. Median