complete cytoreduction was achieved in all MIS patients. MIS had shorter hospital stay (1.5 versus 4.3 days), with no Grade 3 or more complications. Post-operative chemotherapy started in 29.7 days in MIS and 53.6 days in laparotomy. At a mean 24 months follow-up, 44.4% and 54.6% were free of disease at MIS and laparotomy groups, respectively.

Conclusion MIS may be an interesting approach to complete interval cytoreduction in very selected cases, with reduced complications and time to chemotherapy, with comparable DFS.

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RESULTS OF A RANDOMIZED PHASE II TRIAL OF PACLITAXEL AND CARBOPLATIN VERSUS BLEOMYCIN, ETOPOSIDE AND CISPLATIN FOR NEWLY DIAGNOSED AND RECURRENT CHEMONAIVE STROMAL OVARIAN TUMORS

Objective To determine the progression free survival (PFS) of paclitaxel and carboplatin (PC) versus bleomycin, etoposide, and cisplatin (BEP) for treatment of newly diagnosed Stage IIIA-IV or recurrent chemotherapy-naive ovarian sex cord-stromal tumors (SCST).

Methods This study was a phase II, open-label, noninferiority trial. Eligible women with SCST were equally randomized to PC (6 cycles P 175 mg/m2 and C AUC=6 IV every 3 weeks), or BEP (4 cycles B 20 units/m2 IV push day 1, E 75 mg/m2 IV days 1–5, and cisplatin 20 mg/m2 IV days 1–5 every 3 weeks). The targeted 128 patient accrual and PFS hazard ratio (HR)=0.67 provided 85% power to exclude noninferiority margin HR=1.10.

Results 63 patients were accrued at the interim futility analysis (31 PC and 32 BEP). Median age was 48 years. 87% had granulosa cell tumors. 37% had measurable disease. The DSMB closed the study early for futility of PC. The futility analysis was supported by 21/16 PFS events on the PC/BEP arms respectively, with an estimated HR=1.12 [95% CI: 0.58–2.16]. Median PFS was 27.7 months [7.4 to 41.0] for PC and 19.7 months for BEP [95% CI: 10.4–52.7]. PC patients had fewer grade 3 or higher adverse events (PC 77% vs BEP 90%). Differences included infections (0 vs 10%), low neutrophil count (65% vs 84%), and low WBC (22 vs 40%). One death NOS occurred on PC.

Conclusions Compared to BEP, PC failed to improve PFS in ovarian SCSTs. PC showed a more favorable side effect profile.

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A 10 YEAR CLINICO-PATHOLOGICAL STUDY OF RESIDUAL/RECURRENT BORDERLINE OVARIAN TUMOURS IN YOUNG FEMALES UNDERGOING FERTILITY-PRESERVING SURGERY

Introduction Borderline ovarian tumours (BOT) have a good prognosis with a 5–8% recurrence rate. Although complete staging is the standard surgical treatment; when they occur in younger women, fertility preservation is important. Since the