demonstrated significant adjustments of timing, indications and radicality of surgery in an effort to reduce COVID-19 related complications and has exposed constraints, even in high

Abstract 594 Table 1 Table Showing participating countries and number of patients entered into the study

Country	Freq.	Percent
United Kingdom	1398	29.61
Italy	581	12.3
India	322	6.82
United States	267	5.65
Spain	261	5.53
Japan	232	4.91
Turkey	201	4.26
Colombia	143	3.03
Singapore	115	2.44
Mexico	108	2.29
Brazil	103	2.18
Puerto Rico	90	1.91
Argentina	76	1.61
Greece	72	1.52
Egypt	63	1.33
Saudi Arabia	62	1.31
Austria	49	1.04
Serbia	46	0.97
Germany	42	0.89
France	41	0.87
Malaysia	37	0.78
Poland	32	0.68
Portugal	32	0.68
Slovenia	32	0.68
Ireland	31	0.66
Korea, Rep.	30	0.64
Libya	27	0.57
Denmark	25	0.53
Armenia	24	0.51
Czech Republic	22	0.47
Uruguay	22	0.47
Jordan	18	0.38
Pakistan	15	0.32
Switzerland	15	0.32
Morocco	14	0.3
Botswana	12	0.25
Nigeria	10	0.21
Romania	10	0.21
Chile	5	0.11
Guatemala	5	0.11
Peru	5	0.11

income countries. Nevertheless, perioperative pulmonary complications and death rates of COVID-19 affected operated women were overall low compared to data reported for other cancers. Failsafe systems are urgently needed to ensure continuity of high standard oncologic care to preserve cancer survival.

Disclosures

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RETROPERITONEAL METASTATIC PELVIC ADAMANTINOMA: A NOVEL LOCATION MIMICKING OVARIAN MALIGNANCY AND REVIEW OF THE CURRENT LITERATURE

Sarah Louise Smyth, Hooman Soleymani Majd, Moiad Alazzam. *Oxford University Hospitals NHS Foundation Trust; Churchill Hospital; Gynaecology Oncology*

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Introduction/Background Adamantinoma is a rare primary low-grade malignant tumour of the appendicular skeleton. It primarily affects the long bones and is most commonly found in the tibia. The disease process has an indolent course and histogenic origin has not been clearly defined, however there have been several suggestions pertaining to a vascular origin in the literature. Local recurrences and lung metastases occur over a protracted duration. Less frequently, they have also been reported elsewhere; including four documented cases of soft tissue and five of pelvic bony adamantinoma. There is only one documented case of adamantinoma of the ovary and one of concurrent unrelated primary tumour. There are also no reports available regarding surgical management of a retroperitoneal adamantinoma of the pelvis within a gynaecological oncology surgical setting. Clinical guidelines have not yet been established.

Results We present the case of a 65-year-old female with known recurrent and metastatic right tibial disease. On further investigation, a Positron Emission Tomography scan identified a primary breast lesion and an 11 cm mass in the right iliac fossa of suspected ovarian malignancy amenable to surgical resection (figure A). The patient underwent total abdominal hysterectomy, bilateral salpingo-oophorectomy and resection of a retroperitoneal mass arising from the pelvic sidewall encompassing the iliac vasculature. The tumour was cleaved from the external iliac artery successfully, however the external iliac vein perforated during dissection. A Satinsky clamp was placed and a small cuff of vein wall was removed alongside adherent tumour. The vein defect was closed with 5-0 prolene, ensuring a patent lumen (figure B).

Figure A

Figure B

Abstract 600 Figure 1

The patient made an uneventful recovery with histology confirming metastatic disease.

Conclusion We present an overview of adamantinoma and highlight a previously undocumented gynaecological oncology surgical approach to this novel location of metastatic disease mimicking possible ovarian malignancy. We further explore disease histogenesis and also comment on an incidental finding or primary breast cancer. Particularly in uncommon locations, its heterogeneous nature presents radiological and histological challenges regarding diagnosis and treatment. Such cases warrant a full complement of MDT specialist knowledge and expertise; with advanced surgical skills and experience regarding retroperitoneal and pelvic sidewall anatomy. We also highlight a paucity of recommendations for surveillance and follow up and propose an individualised approach. We report on this unusual case to assist clinicians in the building of a consensus opinion for optimal adamantinoma case management under current circumstances where formal guidelines do not exist.

Disclosures None

Ovarian Cancer

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NIRAPARIB IN PATIENTS WITH NEWLY DIAGNOSED ADVANCED OVARIAN BRCAm CANCER: A POST HOC ANALYSIS OF THE PRIMA/ENGOT-OV26/GOG-3012 TRIAL

¹Jacob Korach, ²Whitney Graybill, ³Andrés Redondo, ⁴David M O'malley, ⁵Sileny Han, ⁶Noelle Cloven, ⁷Anja Ør Knudsen, ⁸Stanislav Lechpammer, ⁹Antonio González-Martín, ¹⁰Bradley J Monk. ¹Sheba Medical Center, Sackler School of Medicine, Tel Aviv University; Gynecologic Oncology Department; ²Gog; Medical University of South Carolina; Gynecologic Oncology; ³Hospital Universitario La Paz, Idipaz; ⁴Ohio State University, James Comprehensive Cancer Center; ⁵University Hospitals Leuven; Department of Obstetrics and Gynecology; ⁶Texas Oncology; ⁷Odense University Hospital; Department of Oncology; ⁸Glaxosmithkline; ⁹Grupo Español de Investigación En Cáncer de Ovario (Geico); Clínica Universidad de Navarra; Medical Oncology Department; ¹⁰Arizona Oncology (US Oncology Network); University of Arizona College of Medicine, Creighton University School of Medicine

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Introduction/Background The PRIMA/ENGOT-OV26/GOG-3012 trial showed that niraparib significantly improves progression-free survival (PFS) in patients with newly diagnosed advanced ovarian cancer (aOC) that responded to front-line platinum-based chemotherapy (hazard ratio, 0.62; 95% CI, 0.50–0.76). Based on these results, niraparib has been approved in the United States and the European Union for front-line maintenance treatment in patients with aOC. In this post hoc analysis, we report the efficacy of niraparib in patients with BRCA-mutated (BRCAm) aOC with an emphasis on efficacy and safety of fixed vs. individualized starting doses (FSD vs. ISD).

Methodology In this double-blind, placebo-controlled, randomised phase 3 trial, patients with newly diagnosed, high-grade aOC who responded to platinum-based chemotherapy were

Abstract 571 Table 1 PFS subgroup analysis analysis in patient with BRCAm

	Niraparib n=152	Placebo n=71	Hazard ratio (95% CI)
Starting dose cohort			
FSD	99	45	0.44 (0.26–0.73)
ISD	53	26	0.29 (0.13–0.67)
Age category			
<65 years	109	54	0.45 (0.27–0.74)
≥65 years	43	17	0.20 (0.08–0.48)
Neoadjuvant chemotherapy			
Yes	102	48	0.43 (0.26–0.73)
No	50	23	0.35 (0.17–0.72)

BRCAm, BRCA mutation; FSD, fixed starting dose; ISD, individualised starting dose; PFS, progression-free survival.

Abstract 571 Table 2 Summary of grade ≥3 adverse events in patients with BRCAm aOC

Adverse event, no (%)	Niraparib		Placebo	
	FSD n=99	ISD n=53	FSD n=45	ISD n=25
Thrombocytopenia events*	49 (49.5)	10 (18.9)	0	0
Anaemia	32 (32.3)	16 (30.2)	1 (2.2)	0
Neutropenia events†	18 (18.2)	7 (13.2)	1 (2.2)	0
Hypertension events‡	9 (9.1)	1 (1.9)	0	2 (8.0)

aOC, advanced ovarian cancer; BRCAm, BRCA mutation; FSD, fixed starting dose; ISD, individualised starting dose.

*Thrombocytopenia events include thrombocytopenia and platelet count decreased.

†Neutropenia events include neutrophil count decreased, neutropenia, and febrile neutropenia.

‡Hypertension events include hypertension and blood pressure increased.