observed for both oncologists (considerable effect, $V=159$, $P<.0001$; with average% of correct responses increasing from 59 to 74%) and obs/gyns (noticeable effect, $V=101$, $P<.01$; average% of correct responses increasing from 48 to 58%). Participants with 3/3 correct answers increased from pre- to post-activity (16 to 44% for oncologists and 11 to 32% for obs/gyns). Improvements in% of correct responses post-activity were seen for questions on identifying data from PRIMA trial of niraparib (oncologists: 18 to 48%; obs/gyns 16 to 41%) and the PAOLA trial data for olaparib (oncologists: 68 to 80%; obs/gyns 53 to 59%). Participants had a good baseline understanding of the correct treatment approach for a patient presenting with HRD +ve advanced ovarian cancer (90% oncologists, 74% obs/gyns with the correct answer), although no increases were observed post-activity. Confidence in the ability to integrate PARP inhibitors into practice improved post-activity (total average confidence shift: 14% for oncologists and 29% for obs/gyns). 47% of all participants stated they would modify treatment plans as a result of participation in the activity.

Conclusion This on-demand, online video panel discussion resulted in a positive educational impact. However, education gaps remain evident, especially amongst obs/gyns. Online medical education, increasingly important during the COVID-19 pandemic, is valuable in supporting implementation of new treatment strategies and identifying areas of continued educational need.

Disclosures Supported by an independent education grant from GlaxoSmithKline

Geoff Fisher, Amy Furedy, Juliette Vandenbroucq have no relevant financial disclosures

Bradley Monk has served as an advisor or consultant for a range of pharmaceutical companies including AstraZeneca, Clovis and GlaxoSmithKline.

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CLINICAL CHARACTERISTICS AND PROGNOSIS OF OVARIAN CLEAR CELL CARCINOMA: A 10-YEAR RETROSPECTIVE STUDY

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10.1136/ijgc-2020-ESGO.118

Introduction/Background Ovarian clear cell carcinoma (OCCC) is a special subtype of epithelial ovarian carcinoma with unique characteristics and no specific tumour markers. Due to the inherent chemoresistance, there are no effective chemotherapy regimen for OCCC, resulting in the extremely poor prognosis of patients, especially at advanced stage. Therefore, the purpose of our research is to investigate the clinical characteristics and outcomes of ovarian clear cell carcinoma (OCCC) and to provide additional supporting evidence to aid in the clinical diagnosis and management.

Methodology This was a retrospective study investigating the clinical characteristics and survival outcomes of 87 patients with OCCC treated at The First Affiliated Hospital of University of Science and Technology of China (USTC), between January 2010 and March 2020. Survival analysis was also performed on 179 patients with OCCC diagnosed between 1975

and 2017, obtained from the Surveillance, Epidemiology and End Results (SEER) cancer registry database.

Results The median age of study participants was 49.28 ± 9.8 years old, with 74.71% diagnosed at an early stage. Median CA125 level was 607.26 IU/mL, with 23.94% having a normal CA125 level. 16 patients (18.39%) had co-existing endometriosis and 8 patients (9.2%) had a preoperative history or developed postoperative complications of venous thromboembolism (VTE). Surgical staging procedures were performed on 65 patients and cytoreduction was performed on 22 patients, among whom 17 patients received optimal cytoreduction. 67 patients (77.01%) underwent lymphadenectomy, and only 3 (4.48%) were found to have positive lymph nodes. Positive HNF1 β , and negative WT-1, ER, and PR are reliable immunohistochemical indicators of OCCC. Patients diagnosed at an early stage had higher 3-year overall survival (OS) (89.47% vs. 44.44%) and progression-free survival (PFS) rates (78.95% vs. 22.22%) than those with advanced stage OCCC at diagnosis. CA199 ($P = 0.025$) and ascites ($P = 0.001$) were significantly associated with OS, while HE4 ($P = 0.027$) and ascites ($P = 0.001$) were significantly associated with PFS. Analysis of data from the SEER database showed that the presence of positive lymph nodes is also an independent prognostic factor for OS ($P = 0.001$).

Conclusion OCCC often presents at an early stage and young age with a mild elevation in CA125 level. CA199, HE4, massive ascites and positive lymph node are independent prognostic factors for overall survival in OCCC.

Disclosures This work was supported by the National Natural Science Foundation of China (81872110, 81902632), National Key Research and Development Program (2018YFC1003900), Anhui Provincial Key Research and Development Program (1704a0802151). The funders had no role in the study design, data collection and analysis, decision to publish, or preparation of the manuscript. No conflicts of interest to disclose.

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CHARLSON COMORBIDITY INDEX AS A FACTOR IMPACTING SURVIVAL AMONG OVARIAN CANCER PATIENTS – RESULTS FROM A SYSTEMATIC REVIEW

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10.1136/ijgc-2020-ESGO.119

Introduction/Background There are a few scattered primary level studies from various regions of the globe proving impact of co-morbidities on survival in ovarian cancer patients. In last 20 years, there has been improvement in survival among ovarian cancer patients. Radical surgical approaches and advancements in chemotherapeutic agents have primarily contributed for same. Pre-existing uncontrolled co-morbidities impact ovarian cancer survival directly and indirectly. This affects the performance status of the patient leading to delay in treatment or aversion from radical surgical approaches thereby not achieving the goal of optimal treatment. It may also lead to a less aggressive chemotherapeutic modifications of using lower doses or single agent chemotherapy. The objective of this study was to systematically review the literature and summarize prevalence of various comorbidities with evaluation of impact of the Charlson Co-morbidity Index (CCI) on survival in ovarian cancer patients.