Methodology Primary studies were identified by following a defined search strategy on the prevalence of co-morbidity and survival pattern among ovarian cancer patients. This study has been conducted in accordance with PRISMA guidelines for systematic review. Co-morbidity assessment in the included studies had been done through the Charlson Co-morbidity Index (CCI) tool. Qualitative summarization of data from included studies for prevalence of various co-morbidities and influence of CCI score on survival in ovarian cancer patients has been performed.

Results Common co-morbidities prevalent in ovarian cancer patients were hypertension (11% to 26%), cardio vascular disease (4.5% to 12%) and diabetes (2.5% to 8.3%). Less commonly occurring co-morbidities were liver disease, renal disease, neurological problems and collagen vascular disease. Majority of ovarian cancer patients lie in CCI score 0 (68% - 76%). The range for one year% survival for CCI score 0 was 73 to 80%, for CCI score 1–2 : 58 to 71% and CCI score 2+ : 43 to 53%. The range five year% survival for CCI score 0 was 37 to 43%, for CCI score 1–2 : 24 to 30% and CCI score 2+ : 12 to 23%.

Conclusion Co-morbidities plays an important role in survival outcomes among ovarian cancer patients. Overall one year% and five year% survival decreases with increase in the CCI index score.

Disclosures The authors have no conflict of interest.
were considered in the negative class. The study was restricted to the most common prognostic variables and focused on predictive model comparisons. Dataset was split into training and test cohorts with repeated random sampling until there was no significant difference (p=0.20) between the two cohorts with respect to all variables.

**Results**

172 out of 209 patients with fully curated data were eligible for 2-year prognosis prediction analysis. 104/172 (60%) and 55/172 (32%) patients had disease recurrence or died of disease within two years, respectively. The variable importance for the 2-year progression free survival (PFS) and overall survival (OS) is shown in figure 1. A combination of good performance status, upfront cytoreduction and increased surgical complexity score best predicted 2-year PFS with an accuracy of 63% and 62.1% for the SVM and K-NN classifiers, respectively. SVM best predicted 2-year OS by a combination of Carboplatin/Taxol chemotherapy, low disease score, no residual disease, increased surgical complexity score, and upfront cytoreduction with an accuracy of 71.6% (AU-ROC: 0.66) (figure 2).

**Conclusion**

ML appears to be promising for accurate estimation of HGSOC prognosis. We provide evidence as to what combination of prognosticators leads to the largest impact on the HGSOC two-year prognosis. The cohort is currently expanding to further examine the short term vs long term contribution of the clinical variables from the comparative models.

**Disclosures**

No disclosures.

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**Abstract 332 Figure 1**

**Abstract 332 Figure 2**

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**THE EFFECT OF ENDOMETRIOSIS ON THE PROGNOSIS OF OVARIAN CLEAR CELL CARCINOMA: THE JURY IS STILL OUT**

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**Introduction/Background**

Women with endometriosis carry an increased risk for ovarian clear cell ovarian carcinoma (OCCC), also referred to as ‘endometriosis-associated ovarian carcinoma’. Considered as the precursor lesion of a subset of OCCC, the prognostic role of endometriosis amongst women with OCCC remains a field of contention. Few studies have evaluated the prognostic significance of the concurrent endometriosis with conflicting results. The aim of this study was to ascertain the effect of endometriosis on the prognosis of OCCC.

**Methodology**

This was a retrospective cohort study, from 2000 to 2019. Population-based prospectively collected data on OCCC with or without concurrent endometriosis were retrieved via the Pan-Birmingham Gynaecological Oncology database. Ninety-four women with a primary diagnosis of OCCC have been divided into groups based upon the detection of cancer arising from ovarian endometriosis (n=48,