

polyclonal antibody (1:200 dilution, ab14041, Abcam, Cambridge, UK). Correlation with survival was evaluated with Cox proportional-hazards model and Kaplan–Meier estimator with log-rank test. Two-sided p-values <0.05 were considered statistically significant. Analyses were carried out using Statistica 13.1 (TIBCO Software Inc., Palo Alto, CA, USA).

Results We observed that the higher expression of FN1 and POSTN was associated with shorter OS (log-rank: p-value 0.003 and 0.04 respectively). Next, we analyzed performance of the combined FN1&POSTN score calculated as a sum of individual FN1 and POSTN scores. We hypothesized that two-protein score would be more robust than evaluation of single proteins. Indeed, Cox regression demonstrated that FN1&POSTN score was an independent prognostic factor for OS (HR = 2.16; 95% CI: 1.02–4.60; p-value 0.044). However, we observed two outliers: out of the entire cohort one patient with a score 2 (indicating favorable prognosis) had the shortest OS and one patient with score 6 (indicating worst prognosis) had the second longest OS (131.17 month). These observations indicate that the FN1&POSTN score behaves similarly to classical prognostic factors: some patients having good prognosis, progress quickly and die early, while some patients with bad prognosis live unexpectedly long. In addition, our study showed that expression of fibronectin and periostin was associated with the source of OC sample: metastases showed higher expression of these proteins than primary tumors (chi2 test, p-value 0.024 and p-value 0.032). Elevated expression of fibronectin and periostin was also more common in fallopian cancers than in ovarian cancers.

Conclusion In summary, we found that the joint FN1&POSTN score is an independent prognostic factor for OS in ovarian cancer patients.² Moreover, our results support the role of the cancer microenvironment in tumor progression and prognosis and add to the concept that some ovarian cancers originate from fallopian tube epithelium.

Disclosures Authors have nothing to disclose.

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HIPEC IN OVARIAN CANCER: THE FIRST CASE-CONTROL STUDY IN MEXICAN PATIENTS

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Introduction/Background Describe the global survival of ovarian cancer patients treated with HIPEC procedure.

Compare overall survival (OS) and progression-free survival (PFS) among ovarian cancer patients who underwent cytoreduction and HIPEC procedure vs patients treated with systemic chemotherapy.

Methodology Cases: patients treated with cytoreduction and HIPEC (N=46)

Controls: patients treated with systemic chemotherapy (N=92)

Follow-up: 2007–2017

PFS was calculated from the beginning of the treatment to the date when progression, death or the last visit was

documented. OS was calculated from the beginning of the treatment to the death or to the last known follow-up.

Demographic, clinical, surgical and outcomes were collected from the clinical records.

Results The estimated median OS in the HIPEC group was 99.1 months vs 38.9 months in the control group (p=0.0002)

PFS was 32.8 months in the HIPEC group and 17.8 months in the control group (p=0.05).

Conclusion Platinum resistance plays an important role in patient survival, with a difference of 40 months between those who are resistant and those who are not at the moment of HIPEC.

This study suggests that CRS and HIPEC in patients with recurrent

Complete cytoreduction (CCR0) was performed in 33 patients (71.7%) and optimal (with residual of less than 0.5 cm) in 13 patients (28.3%).

Severe complications occurred in 11 patients (37.93%).

ovarian cancer may be beneficial compared to conventional secondary debulking or systemic therapy as treatment alone.

The measurement of OS from initial diagnosis is substantially modified to more than 104 months, a figure not seen before in advanced or recurrent disease of this neoplasm

Disclosures The effort of the surgical oncology community to find the ideal patient and the ideal moment for this procedure should be directed not only to treatment, but to a sequence that offers patients a possibility of cure

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HISTOPATHOLOGICAL RESULTS AFTER RISK-REDUCING BILATERAL SALPINGO-OOPHORECTOMY IN BRCA1/2 MUTATION CARRIERS: SINGLE CENTER EXPERIENCE

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Introduction/Background Women with BRCA1 and 2 mutation are at increased risk for developing ovarian and breast cancer. Risk-reducing salpingo-oophorectomy (RRSO) can be offered to these women to minimize their risk. The pathologic sectioning and extensively examining the fimbriated end (SEE-FIM)-protocol is applied by the pathologist to detect premalignant lesions and early stage cancer. The rate of occult serous tubal intraepithelial carcinoma (STIC) lesions and ovarian cancer in this RRSO-population ranges between 0.6–10.0%. The prevalence of pathogenic lesion in RRSO is clinically relevant.

Methodology All consecutive patients with a pathogenic mutation (BRCA1/2, RAD51C, Lynch gene mutation, PALB2, BRIP1) who underwent RRSO between 11/2011 and 05/2020 in our Department of Gynecologic Oncology at Kliniken-Essen-Mitte were assessed from our prospectively managed database. All specimens were analysed according to the SEE-FIM-protocol.

Results In total, 241 women underwent RRSO of whom 216 were included in the final analysis. Median age was 48 years (range 22–79). 134 (62.0%) women had breast cancer in their