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.

REFERENCES

1. Lisowska KM, et al. (2016), DOI:10.1007/s00432-016-2147-y
2. Kujawa KA, et al. (2019), DOI:10.3390/cells9010149

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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

past medical history. Family history showed breast and ovarian cancer in 104 (48.1%) and 49 patients (22.7%). BRCA1 mutation was underlying in 121 (56.0%) patients, whereas 64 (29.6%) patients had a BRCA2 mutation, 22 women (10.2%) an unknown mutation status. Nine patients (4.2%) presented with a RAD51C, Lynch gene, PALB2, or BRIP1 mutation. Most patients (99.1%) underwent minimal invasive surgery. Incidental findings of a STIC lesion and/or ovarian cancer was detected in 7 (3.2%) and 5 (2.3%) patients. Median age of those 12 women was 56 years (range 44–79) and all underwent a staging surgery. Final histopathological results showed high grade serous ovarian cancer in 5 patients: FIGO IA (n=1), FIGO IB (n=1), FIGO IC (n=1), FIGO IIA (n=1), FIGO IIIC (n=1). Seven women had STIC lesions. All patients with ovarian cancer had a BRCA1 mutation and one patient even had a BRCA1 and RAD51C mutation. Of all STIC patients five (71.4%) had a BRCA1 and two (28.6%) had a RAD51C mutation.

Conclusion Our results of incidental STIC/ovarian cancer findings confirm the results published in the literature. RRSO is highly recommended in mutation carriers. Genetic counselling and testing need to be routinely offered to family members of mutation gene carriers. It is from tremendous importance to raise awareness that in women at high risk, the development of premalignant neoplasms and malignancies can be prevented. Timing of RRSO should be independent of age and promptly after completion of family planning.

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JPR has no conflict of interest to declare.

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EPIDEMIOLOGY OF OVARIAN CANCER IN KAZAKHSTAN (2013–2018)

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Introduction/Background Worldwide, ovarian cancer (OC) is the seventh most common cancer in women, with a five-year survival rate below 45%. Every year around the world, OC is diagnosed in 240,000 women. Studies on the epidemiology of OC were carried out in different regions of the world, taking into account various factors. At the same time, the issues of the relationship between morbidity and mortality from OC with genetic, hormonal factors, as well as nutritional factors, morphometric factors, somatic pathology, socio-demographic and other factors were taken into account.

The problem of OC epidemiology is extremely relevant for the Republic of Kazakhstan due to the significant prevalence of this disease among the female population, the still high level of neglected cases, as well as high mortality.

Methodology To analyze the epidemiological data of OC in the world, materials from the Globocan 2018 database of the International Agency for Research on Cancer (IARC) were used. To analyze the main statistical data for the regions of Kazakhstan, statistical data from the Cancer Register of the Republic of Kazakhstan for 2013–2018 were used.

Results In the Republic of Kazakhstan alone, there are more than 1000 new cases of OC and more than 400 deaths from this disease per year [5], while in the United States there are more than 22,000 new cases of OC and 14,000 deaths per year [6, 7].

In Kazakhstan, malignant neoplasms of the ovaries occupies the 3rd rank position among gynecological cancers. When analyzing rough intensive indicators of the incidence of ovarian cancer, there is an increase in the detection rate of this disease for the period from 2013 to 2018.[8–10]

The analysis of age-related incidence rates showed that malignant neoplasms of the ovaries are found in all age groups, with a noticeable increase by 65–69 years. The main contingent of the sick are women of working age. Also, when analyzing this five-year period (2013–2018), there is a decrease in the incidence in childhood and adolescence, so in 2014, 5 cases of ovarian cancer were recorded in the age group 5–19 years, and in 2019 - 1 case of this disease. Over the past decade, there has been an increase in morbidity at the age of 55–65 years [5].

Conclusion Morbidity and mortality from OC remain an urgent epidemiological problem in Kazakhstan and require further scientific research to identify risk factors. There are regions in the Republic of Kazakhstan that exceed the national average. In these regions, it is necessary to more widely apply modern methods of early diagnosis and treatment of ovarian cancer.

If detected at earlier stages, it is possible to obtain significant results of OC treatment. The main tasks of OC epidemiology are: continuation of in-depth studies of the prevalence in the regions of the Republic of Kazakhstan with the identification of population groups and regions with the lowest and highest rates of morbidity and mortality from OC.

Disclosures Epidemiological data on the incidence rates of malignant neoplasms of the ovaries according to Globocan 2018 show significant differences across countries (per 100,000 women): from 3.8 in Central Africa to 11.9 in Central and Eastern Europe [1].