**Methodology** Biomarkers analyzed in tumour tissue or blood were somatic and germline mutations by whole-exome sequencing and whole-transcriptomic profiling by RNAseq. Associations were assessed using the Cox proportional hazards model. For continuous biomarkers, hazard ratios (HRs) and 95% CIs were reported using a median cutoff.

**Results** A total of 73 patients with BOT were included with results.* Only 5 (14%) patients in FSS group had minimal debulking surgery. Pre-operative CA-125 IU level was 125 in FSS group and 67 in debulking group. In patients with PFS of <6 months, a lower score for several signatures, including P53 and angiogenesis, predicted better outcomes within the avelumab alone arm (HR [95% CI], 0.37 [0.23-0.60] and 0.52 [0.33-0.82], respectively). Higher expression of signatures for mesenchymal cells, cancer-associated fibroblasts, and fat cells were marginally associated with shorter OS (HR [95% CI], 1.47 [0.97-2.23], 1.45 [0.95-2.21], and 1.50 [0.99-2.27], respectively). Multi-variable analyses are ongoing.

**Conclusion** Although JAVELIN Ovarian 200 did not meet its primary endpoints, these analyses indicate potential subgroups of patients who could have improved outcomes with immunotherapy alone and provide insights into the biology of PRROC that may inform future trials.

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**Introduction/Background** BOT are heterogeneous subset of epithelial ovarian tumors, predominantly diagnosed at earlier stages with overall excellent prognosis. Though less but the risk of recurrence remains a matter of concern. In this study, fertility outcomes of BOT were assessed. Pre-operative CA-125 IU level was 125 in FSS group and 67 in debulking group. In patients with PFS of <6 months, a lower score for several signatures, including P53 and angiogenesis, predicted better outcomes within the avelumab alone arm (HR [95% CI], 0.37 [0.23-0.60] and 0.52 [0.33-0.82], respectively). Higher expression of signatures for mesenchymal cells, cancer-associated fibroblasts, and fat cells were marginally associated with shorter OS (HR [95% CI], 1.47 [0.97-2.23], 1.45 [0.95-2.21], and 1.50 [0.99-2.27], respectively). Multi-variable analyses are ongoing.

**Conclusion** Although JAVELIN Ovarian 200 did not meet its primary endpoints, these analyses indicate potential subgroups of patients who could have improved outcomes with immunotherapy alone and provide insights into the biology of PRROC that may inform future trials.

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**WHAT CAN WE LEARN FROM THE 10 MM LYMPH NODE SIZE CUT-OFF ON THE CT IN ADVANCED OVARIAN CANCER AT THE TIME OF INTERVAL DEBULKING SURGERY?**


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**BORDERLINE OVARIAN TUMORS (BOT): CLINICO-PATHOLOGICAL FEATURES, ONCOLOGICAL AND FERTILITY OUTCOMES**

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