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ANALYSIS OF 168 PRIMARY ADULT OVARIAN GRANULOSA CELL TUMORS, ITS CLINICOPATHOLOGICAL OUTCOME, AND RISK FACTORS FOR RECURRENCE

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Introduction/Background* Adult granulosa cell tumors (aGCT) represent less than 5% of all ovarian malignancies. The aim of this study was to analyze clinical and histopathological parameters and their impact on recurrence, progression-free (PFS) and overall survival (OS).

Methodology Patients diagnosed with primary aGCT and treated in three international referral centers were included in the study. The following variables were anonymously exported from the prospective database of each clinic for further analysis: patient's age at diagnosis, stage, chemo-, radiation, or hormonal therapy, surgery for primary site, type of restaging surgery, lymph nodes dissected, follow-up months, PFS, and OS. Descriptive statistical analysis regarding tumor and treatment characteristics was performed. Survival analyses included Kaplan-Meier functions and Cox proportional hazard ratios (HR).

Result(s)* The total study cohort included 168 patients with primary aGCT, which were treated surgically. Median age was 50 years (range 13-82). 54.2% (n=91) of patients had FIGO stage IA, 26.8% (n=45) were stage IC, and 17.8% (n=32) had FIGO stage II-IV. In total 66.7% (n=112) of patients underwent surgical restaging procedure of whom 11.9% (n=20) were up-staged. A median laparotomy was performed in 70.8% (n=119) of patients. Adjuvant chemotherapy was administered to 11.3% of patients (n=19) and one patient received endocrine therapy. After a median follow-up of 61 months, 10.7% (n=18) had recurrent disease and 4.8% (n=8) of patients died from the disease. Overall five-year PFS was 86.1% and estimated OS was 95.7%. Survival was worse for patients with advanced stages (FIGO IA/B vs. IC, HR = 5.09; 95% confidence interval [CI]: 1.53-16.9; FIGO IA/B vs. II-IV, HR=5.62; 95% CI: 1.58-19.9) and for patients who underwent adjuvant chemotherapy (HR=9.15; 95% CI: 3.62-23.1). **Conclusion*** Prognosis of patients with primary aGCT is mainly determined by FIGO-Stage. The outcome of FIGO stage IC is comparable to advanced stages and a significant number of patients were up-staged. The role of adjuvant chemotherapy remains unclear and should be investigated in future studies.

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OVERALL SURVIVAL RATES AND PROGRESSION FREE SURVIVAL IN IDS VS PDS IN ADVANCED OVARIAN CANCER PATIENTS IN THE UNIVERSITY HOSPITALS OF LEICESTER

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Introduction/Background* Surgery is known to be a prognostic factor in patients with advanced ovarian cancer. However, how does the overall survival rates compare in patients undergoing Interval debulking surgery versus primary debulking surgery.

Methodology A retrospective study was done involving 102 advanced ovarian cancer patients (FIGO stage 3c and 4) undergoing IDS and PDS in the UHL between January 2015 to January 2020. The number of patients recruited for the study were 57 and 45 patients undergoing interval debulking surgery (IDS) and primary debulking surgery (PDS) respectively. The objective of the study is to explore and compare the survival outcomes in both groups.

Result(s)* Advanced ovarian cancer patients undergoing IDS have 1-year, 3-year and 5-year overall survival rates of 94.7%, 49.2% and 36.9%, while those undergoing PDS have overall survival rates of 84.4%, 68.9% and 61.3% (p=0.081) generally.

The 1-year, 3-year and 5-year overall survival rates in FIGO stage 3c advanced ovarian cancer patients was significantly higher in the PDS group in contrast to IDS patients. In fact, the overall survival rates are 92.3%, 48.3% and 38.6% in patients who underwent IDS and 91.2%, 77.1% and 67.5% in patients who underwent PDS (p=0.019). This was

Abstract 562 Figure 1 Kaplan-Meier survival curve for overall survival with groups in total stage

Abstract 562 Figure 2 Kaplan-Meier survival curve for overall survival with groups in stage 3

Abstracts

Abstract 562 Table 1 Kaplan-Meier survival curve for overall survival with groups in total stage

Groups	Mean	Median	% 1 year	% 3 year	% 5 year	Log rank	
						χ^2	p
IDS	38.50	32.0	94.7	49.2	36.9	3.046	0.081
PDS	51.80	—	84.4	68.9	61.3		

Abstract 562 Table 2 Kaplan-Meier survival curve for overall survival with groups in stage 3

Groups	Mean	Median	% 1 year	% 3 year	% 5 year	Log rank	
						χ^2	p
IDS	37.69	32.0	92.3	48.3	38.6	5.526*	0.019*
PDS	55.72	—	91.2	77.1	67.5

Abstract 562 Figure 3 Kaplan-Meier survival curve for progression free survival with groups**Abstract 562 Table 3** Kaplan-Meier survival curve for progression free survival with groups

Groups	Mean	Median	% 1 year	% 3 year	% 5 year	Log rank	
						χ^2	p
IDS	23.05	15.50	61.4	21.1	13.2	4.606*	0.032*
PDS	32.36	27.37	77.8	35.8	26.9		

in contrast to comparing overall survival rates in FIGO stage 4 where the two groups showed no statistical difference ($p=0.726$).

Furthermore, 1-year, 3-year and 5-year progression free survival was significantly higher ($p=0.032$) in patients who underwent PDS (77.8%, 35.8% and 26.9%) in comparison to patients who underwent IDS (61.4%, 21.1% and 13.2%).

Conclusion* IDS and PDS effectiveness is stage dependent in advanced ovarian cancer patients.

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OVARIAN CARCINOMA PRECURSOR LESIONS IN A WALK-IN SERIES OF OPPORTUNISTIC AND PROPHYLACTIC SALPINGECTOMIES AT THE TUEBINGEN WOMEN'S HOSPITAL

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Introduction/Background* Epithelial ovarian cancer is nowadays recognized to encompass five major disease entities with High Grade Serous Ovarian Carcinoma representing the most common histologic type. The majority of these cancers originate from fallopian tube precursor lesions including serous tubal intraepithelial carcinomas (STIC), serous tubal intraepithelial lesions (STIL), epithelia with a p53 signature and secretory cell outgrowths (SCOUT). Accordingly it has been suggested that removal of the fallopian tubes, even in women at baseline risk for ovarian cancer may reduce the incidence of this deadly disease. On the other hand risk-reducing salpingo-oophorectomy remains the gold standard for primary prevention of ovarian carcinoma in women at increased risk. Here we aim to investigate the frequency of such precursor lesions in a consecutive series of women undergoing surgery for benign pelvic diseases or primary risk-reduction.

Methodology Patients in which uterine adnexa were removed during elective gynecologic procedures (=opportunistic salpingectomy, oSE) and women undergoing risk-reducing surgery (=prophylactic salpingectomy, pSE) were identified. Serially sectioning and extensively sampling of the fimbriated end (SEE-FIM protocol) was applied in all cases, additional routine p53 and Ki-67 immunohistochemistry was performed in pSE specimens. Histopathologic findings and clinical data were collected.

Result(s)* A total of 457 cases treated at the Tuebingen University Women's hospital between 1.3.2019-31.1.2020 was available for further research. 399 patients underwent oSE (87,31%) and 58 surgeries (12,69%) were performed for primary prevention. Median patient age was 49 years (30-83) in the oSE-group and 46 years (29-63) in the pSE-group. After oSE precursor lesion were identified in 8 patients (2,01%) including STIC (n=1), STIL (n=1), SCOUT (n=4) and p53-signature (n=2). In patients with increased risk for ovarian cancer 6 lesions (10,34%) were detected (STIC:n=1; p53-signature:n=5).

Conclusion* We were able to demonstrate a relevant number of ovarian carcinoma precursor lesions in a walk-in series of opportunistic and prophylactic salpingectomies. In concordance with published data a higher number of precursor lesions was found after pSE. Further studies will now investigate the impact of specialized pathology review and additional immunohistochemistry (p53/Ki-67) in oSE specimens.

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IMPACT OF SARS-COV-2 INFECTION ON TREATMENT RESULTS IN PATIENTS WITH EPITHELIAL OVARIAN CANCER

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