Abstact 605 Figure 1

follow-up time was 30.4 months. There were no differences in progression free-survival (long-rank=0.069) or overall survival (long-rank=0.47) between the groups.

Conclusion* Splenectomy in the course of debulking surgery for ovarian cancer does not seem to be associated with a higher rate of postoperative complications. Additionally, splenectomy does not have a deleterious influence before or during chemotherapy administration or a negative impact on oncological outcome.

Abstract 605 Figure 2

Introduction/Background* Endometriosis is one of the most common gynaecological disorders. It affects 10–15% of all women in the reproductive years. Although endometriosis is recognised as a benign disease, its association with ovarian cancer has been frequently described in the medical literature since 1925. The aim of our study was to determine the incidence of endometriosis in patients with proven ovarian cancer.

Methodology: The study is retrospective, single-center and was conducted at the Clinic of General and Oncological Gynecology, Military Medical Academy-Sofia for a period of 2 years (2018-2020). The information from the history of the disease, operative protocol and histopathological examination were used. Included are 54 patients with histologically verified ovarian cancer operated at the Clinic of General and Oncological Gynecology. Preoperative tumor markers were examined in all patients. The staging of the disease is according to the FIGO classification. Histopathological preparations for the presence of endometriosis were revised in all patients.

Results* The mean age of the patients enrolled in the study was 60.5 years (39 to 83 years). Depending on the histological type of ovarian cancer, the distribution is as follows: serous - 38 (70.4%), mucinous - 6 (11.1%), endometrioid - 2 (3.7%), clear cell - 2 (3.7%), granulosa cell - 3 (5.6%), small cell - 1 (1.8%), seromucinous - 2 (3.7%). Histologically, endometriosis was detected in 11 (20%) of all patients. In patients with endometriosis, the most common histological type of ovarian cancer is serous - 6 (54.5%).

Conclusion* According to our results, the incidence of endometriosis accompanying ovarian cancer is relatively high. Additional research is needed to look at the relationship between endometriosis as a precursor to ovarian cancer.

THE INCIDENCE OF ENDOMETRIOSIS IN PATIENTS WITH OVARIAN CANCERS

A Ganovska*, S Kovachev. Military Medical Academy, Gynecology and Oncology, Sofia, Bulgaria

10.1136/ijgc-2021-ESGO.438

6118 GENETIC PROFILE BY WHOLE EXOME SEQUENCING OF BORDERLINE OVARIAN TUMORS: SERIES OF 32 PATIENTS

D Atallah*, 1 El Feghaly, 2 E Choueiry, 3N Jallik, 4N Alkh, 5 M Akiki, 6H Kourie, 1 N El Kassis, 7 G Chahine, 1 M Moubarak, 1 Hôtel-Dieu de France University Hospital, Saint Joseph University, Obstetrics and Gynecology, Beirut, Lebanon; 1 Hôtel-Dieu de France, Saint Joseph University, Beirut, Lebanon; 2 Hôtel-Dieu de France, Saint Joseph University, Beirut, Lebanon; 4 Lebanese American University, Human Genetics, Beirut, Lebanon; 5 Saint Joseph University, Medical Genetics Unit, Beirut, Lebanon; 6 Hôtel-Dieu de France University Hospital, Saint Joseph University, Pathology, Beirut, Lebanon; 6 Hôtel-Dieu de France University Hospital, Pathology, Beirut, Lebanon; 7 Hôtel-Dieu de France University Hospital, Saint Joseph University, Oncology, Beirut, Lebanon

10.1136/ijgc-2021-ESGO.439

Introduction/Background* Borderline ovarian tumors are defined as non-invasive epithelial ovarian tumors which can have an intraperitoneal extension. Molecular studies have shown a correlation between the patient's response to chemotherapeutic treatments adjunct to surgery and the tumor's genetic profile, especially related to the KRAS and BRAF genes. This study aims to assess the molecular profile of BOTs in the Lebanese population by Whole Exome Sequencing (WES) and correlate the results with patients' clinical profiles.

Methodology: 33 tumors belonging to 32 Lebanese patients presenting with BOTs, diagnosed at Hôtel Dieu de France were included. A total of 234 genes involved in different germinal and somatic types of cancer were analyzed using Next Generation Sequencing in the 33 included tumors. Genetic variants detected in more than 5% of the reads, with a sequencing depth ≥ 50x, were selected.

Int J Gynecol Cancer 2021;31(Suppl 3):A1–A395

A256

Int J Gynecol Cancer: first published as 10.1136/ijgc-2021-ESGO.439 on 12 October 2021. Downloaded from http://ijgc.bmj.com/ on October 18, 2023 by guest. Protected by copyright.
Introduction/Background Malignant Germ cell tumours (MGCTs) are rare tumours that account for 2% - 3% of all ovarian cancers. Being highly chemosensitive, fertility sparing surgery whenever feasible with or without adjuvant chemotherapy, is the standard treatment approach in these patients. Upfront fertility sparing surgery may not be feasible in all patients with advanced stage disease due to poor performance status, bilateral ovarian disease or large tumours infiltrating the uterus. Neoadjuvant chemotherapy (NACT) followed by conservative surgery might be considered for such patients. This study aimed to analyse the outcome of patients with advanced malignant germ cell tumour ovary who underwent NACT followed by surgery and to assess the menstrual and reproductive function in those patients who underwent conservative surgery.

Methodology A retrospective study of 28 patients who underwent debulking surgery following neoadjuvant chemotherapy for advanced malignant germ cell tumour ovary from January 2008 to March 2019. Clinical information and follow up data till December 2020 were collected from medical records.

Results The median follow up period was 76 months (range 7 to 133 months). The median age was 16.5 years (range 7 to 31 years). Twenty four (85.8%) patients underwent fertility sparing surgery. Complete pathological response was seen in 25 (89.3%) patients. Two patients were lost to follow up, one of whom was pregnant at the time of the last follow up. One patient, who initially presented with stage IV Dysgerminoma and underwent bilateral salpingo-oophorectomy following chemotherapy, died 6 months after surgery due to disease recurrence. Of the remaining patients, 17 reported menstruation following treatment. Two patients were diagnosed with primary amenorrhea and 2 were still premenarchal. Three patients tried for pregnancy and had a total of 4 pregnancies.

Conclusion NACT followed by interval debulking surgery might be considered in patients with advanced malignant germ cell tumour. In patients with poor performance status and high tumor load, neoadjuvant chemotherapy makes fertility sparing surgery feasible with a good reproductive outcome.