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 premenarchial. 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.
Memory Questionnaire), daily activity, time to next medical intervention, time to next subsequent therapy, safety assessments and OS. At the moment 8 patients are randomized.

**Result(s)**

**Conclusion**

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**627 SCOUT-1: PROSPECTIVE NON-INTERVENTIONAL STUDY IN BRCA/HRD TESTED OVARIAN CANCER PATIENTS ELIGIBLE FOR FIRST-LINE PLATINUM-BASED CHEMOTHERAPY**

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**Introduction/Background** At initial diagnosis of ovarian cancer (OC), two third of patients have an advanced stage, accompanied by a poor prognosis. Results from landmark trials of maintenance therapy (MTX) with poly ADP ribose polymerase inhibitors (PARPi), especially in tumors associated with homologous recombination deficiency (HRD), like BRCA-mutated tumors, led to the strong recommendation on testing and treatment procedures in the clinical routine in patients with advanced high-grade epithelial OC. The translation of these guidelines into the clinical routine affects drug as well as care management and therefore needs to be evaluated. This study aims to gain new insights into real-world biomarker testing, 1L treatment patterns together with outcomes of patients with newly diagnosed advanced OC in Germany and to capture the influence of 1L PARPi MTX on medical routine.

**Methodology** SCOUT-1 is a German prospective, non-interventional study (NCT04830709; NOGGO ov54) to collect clinical real-world and patient-reported outcome (PRO) data in patients newly diagnosed (first-line) with histologically confirmed advanced (FIGO stage III or IV) high-grade epithelial ovarian, fallopian-tube, or primary peritoneal cancer. Further eligibility criteria include written informed consent, completed surgery (if applicable), eligible for platinum-based chemotherapy, BRCA1/2 mutation tested and willingness/ability to report PROs electronically. Approximately 750 adult eligible patients are planned to be included in up to 80 hospitals or office-based sites. The primary objective is to determine the effectiveness of standard treatment sequences by assessing progression-free survival according to investigator’s assessment and evaluation criteria used in routine clinical practice. Secondary goals are shown in figure 1. Further focus is to describe biomarker-testing algorithm, patient selection and to assess patients’ QoL, symptoms, needs as well as patients’ expectations. Importantly, the SCOUT-1 will help to collect long-term data as patients will be followed for up to 7 years. The study has been approved by ethics committees and recruitment is planned to start in Q2 2021. The estimated primary completion date is Q2 2032.

**Sponsor** AstraZeneca, in cooperation with North-Eastern German Society of Gynecological Oncology (NOGGO e.V.)

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**629 AUDIT OF MANAGEMENT OF ADVANCED OVARIAN CANCERS AT A GYNAECOLOGIC ONCOLOGY DEPARTMENT –AS PER ESGO 2020 UPDATED GUIDELINES**


Christian Medical College, Gynaecology Oncology, Vellore, India

**10.1136/ijgc-2021-ESGO.443**

**Introduction/Background** The aim of this audit is to assess the compliance of the Department of Gynaecological Oncology, in a tertiary care hospital, India in the management of advanced ovarian cancers, as per the updated European Society of Gynaecology Oncology (ESGO 2020) quality indicators for advanced ovarian cancer.

**Methodology**

Design A retrospective audit