

Setting Department of Gynaecologic Oncology, tertiary hospital in India, accredited by ESGO in 2019

Patients Electronic hospital records of 106 patients with advanced ovarian cancer, between January 1, 2019 – 31 December 2019 were identified, reviewed and analysed using SPSS Version 21.

Result(s)* Ninety out of 106 patients, underwent cytoreductive surgeries by trained gynaecologic oncologists during this period. The first quality indicator target was not met as the complete resection and primary cytoreductive rates were 49% and 37% respectively. Other quality indicators with regard to case load, skills, training and surgeon's experience were fulfilled. Majority (95%) of the patients were discussed in multi disciplinary board meet. Targets for quality indicators with regard to clinical trial recruitment, preoperative work up and discussion in multidisciplinary board, structured operative report, post-operative complication reporting were achieved. The department has supporting high dependency and intensive care units, but lacks an active perioperative management program. Compliance to pathology reporting was 64%. Overall, a total score of 25 was achieved.

Conclusion* The revised quality indicators laid down by the ESGO helps in introspection and auditing of the department's existing practices for advanced ovarian cancer. The audit revealed the need for judicious selection of patients for primary surgery, improving complete cytoreduction rates and a structured active perioperative management. Synoptic pathology reporting improves completeness and accuracy.

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"OVARIAN CANCER IN YOUNG WOMEN": RESULTS IN A COHORT SPANNING 7 YEARS

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Introduction/Background* Ovarian cancer is the eighth most frequent cancer worldwide. Although the vast majority of ovarian cancers are diagnosed in postmenopausal women and at advanced stage, a significant subset occurs in younger women. Our objective is to describe the diagnosis and treatment of ovarian cancer in young women in a tertiary Spanish hospital during a 7-year period.

Methodology Retrospective descriptive cohort study of patients aged between 18 and 45 years old diagnosed with ovarian cancer between 01/2012 and 12/2019 at University Hospital 12 de Octubre, Madrid, Spain.

Result(s)* A total of 34 women were included. The mean age at diagnosis was 35.9 years old and the mean body mass index (BMI) was 23.7 kg/m². 22/34 (64.7%) women were nulligesta; 6/34 (17.6%) had a family history of breast/ovarian cancer; 7/34 (19.6%) were smokers and 3/34 (7.8%) were BRCA mutated.

The mean tumor's size in presurgical imaging workup (ultrasound, CT or MRI scan) was 110.1 ± 68.5mm. The mean Ca-125 serum concentration was 128.4 U/mL in FIGO stages I-II and 393.7 U/mL in FIGO stages III-IV.

The diagnostic method was adnexectomy in 79.4% of the patients; 55.9% performed by laparotomy. 29/34 (85.3%) patients presented epithelial tumours (20.6% low-grade serous, 14.7% high-grade serous, 17.6% mucinous, 14.7% clear cells, 14.7% endometrioid) and 5/34 non epithelial (5.9%

dysgerminoma and 11.8% other non epithelial histology). 23/34 (67.6%) patients were diagnosed at FIGO stages I-II.

In patients with FIGO stage III-IV, 4/11 (36.4%) of patients underwent primary cytoreductive surgery and 6/11 (54.5%) of patients underwent surgery after neoadjuvant chemotherapy. Complete tumor resection was obtained in 90.9% of all surgeries. Fertility preservation was possible in 7/34 patients (20.6%).

Mean follow up time was 48.4 ± 24.7 months. Five patients (14.7%) relapsed, one patient (3.4%) died because of disease and one patient (3.4%) died because other disease.

At the time of last follow up, 28/34 (82.4%) women were tumor free, 2/34 (5.8%) were alive with disease, 2/34 (5.8%) were lost in the follow up.

Conclusion* As reported in literature, women under 45 years old are often diagnosed with early stage ovarian cancer and present optimal survival results with low recurrence rate.

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AN INTERNATIONAL SURVEY OF PRACTICE PATTERNS IN OVARIAN CANCER: WHAT WE STAND FOR IN 2021

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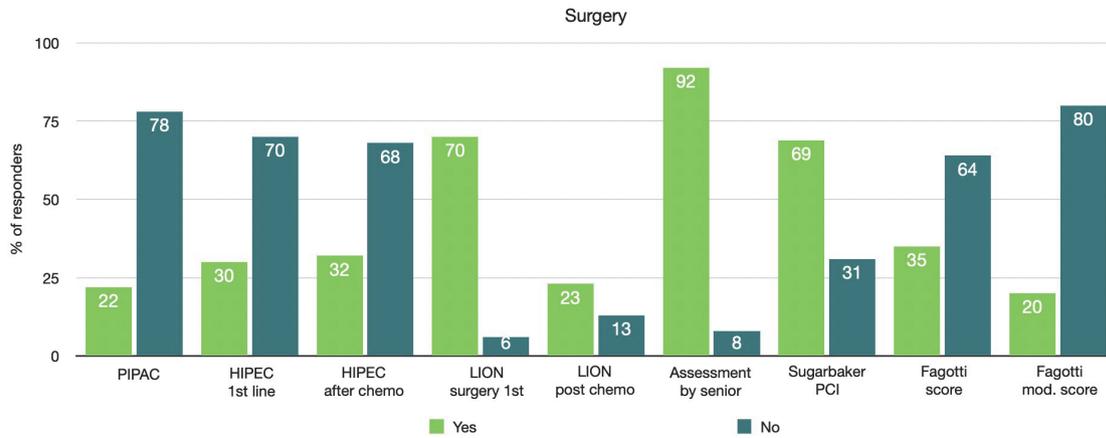
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Introduction/Background* The aim of this study was to investigate the current surgical and non-surgical therapeutic management of advanced epithelial ovarian cancer (AEOC) cases worldwide, using the data from an internationally launched survey.

Methodology After the validation of a 58-item survey regarding diagnostic and pathological data, as well as surgical and chemotherapeutic strategies of AEOC in France, in the period between April and May 2021, the survey was launched among the members of the following gynecological cancer societies and study groups: IJGC Fellows, SENTICOL 3 study group, ARCAGY-GINECO, AGO, SFOG, SFOG Campus and FRANCOGYN.

Result(s)* A total of 203 physicians completed the survey and majority of them, 171 (84.7%) were from Europe. Gynecological oncologists represented 49.2% of the respondents, surgical oncologists 25.1% and medical oncologists 13.7%. Most of the participants work in centers, managing more than 20 AEOC per year (91.5%).

According to 66.7% of respondents, less than 50% of patients were eligible for primary debulking surgery (PDS). If neoadjuvant chemotherapy (NACT) was used, resectability was assessed after 3 cycles of NACT before interval debulking surgery (IDS) was performed. The most used peritoneal carcinomatosis index was Sugarbaker (69.8%), whereas Fagotti, modified Fagotti and Makar scores were used in 35.4%, 20.1% and 4.9%, respectively.



	Yes	No
PIPAC	22	78
HIPEC 1st line	30	70
HIPEC after neo-adjuvant chemotherapy	32	68
LION surgery 1st	70	6
LION post neo-adjuvant chemotherapy	23	13
Resecability assessment by senior	92	8
Sugarbaker PCI	69	31
Fagotti score	35	64
Fagotti modified score	20	80

Abstract 662 Figure 1

After the initial staging, the decision between PDS and NADS-IDS was based on the number of the surgical procedures which had to be performed (82.9%), carcinosis index (61.6%), patient's age (51.2%), global visual assessment (36.0%) and surgeon's personal estimation (11.0%).

During IDS, LION study's criteria were always applied according to only 23.1% of the respondents. Hyperthermic intraperitoneal chemotherapy (HIPEC) was used as a first-line treatment from 16.0% of respondents within clinical trials and 14.1% out of clinical trials.

Regardless of the surgical strategy (PDS or NACT-IDS) and the completeness of cytoreduction surgery, Olaparib was prescribed by 74.3% to 81.4% of the respondents and Niraparib by 8.6% to 12.9%. Bevacizumab was prescribed by 42.9% to 68.6% in case of no BRCA mutation.

Conclusion* According to our study, the current management of ovarian cancer is in line with the ESGO guidelines. More participants are necessary for a more precise presentation.

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BRCA1-2 MUTATION PREVALENCE IN OVARY EPITHELIAL CANCER IN LAS PALMAS

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Introduction/Background* Ovarian cancer represents 3% of all female tumors, with a high mortality rate since about 70% are diagnosed in advanced stages. At least 20% of ovarian cancers

are inherited. Genes whose mutations are associated with an increased risk of ovarian cancer are BRCA1 and BRCA2.

With all that, facing late diagnosis and poor prognosis, it is necessary to get a better understanding of the etiopathogenesis of ovarian cancer and to develop new and more efficient tools to prevent, detect and treat this disease. Genetics may be the way to do so.

Methodology Retrospective study of patients diagnosed and treated for epithelial ovarian cancer in CHUIMI between 2006 and 2019. Different epidemiological variables and the BRCA 1 and BRCA 2 genetic study in germinal and somatic lines were collected.

Result(s)* The total number of patients diagnosed with ovarian cancer was 524, with a mean age 57.9 years (range 17-88 years). 69.8% were in advanced stages at diagnosis (Stage I 23.9%, Stage II 6.3%, Stage III 54.1% and Stage IV 15.7%). 50.5% had a family history of cancer, of these, 76% were hereditary cancers (38% breast cancer (n = 98), 15.6% colon cancer (n = 40), 14.9% digestive cancer (n = 38 pancreas, gastric, intestine) and 6.2% ovarian cancer (n = 16). 11% had a personal history of cancer, the most frequent was breast cancer representing 4% (n = 21), followed by endometrial cancer. A germinal-somatic BRCA1/2 study was performed in 141 patients, a pathogenic variant was detected in 24% (n = 34); being more frequent in BRCA1, 66%. The mean age at diagnosis of patients with a pathogenic mutation was 53 years versus 55.1 years in negative BRCA.

Conclusion* We saw in our population a 24% of BRCA1/2 pathogenic variants in patients with epithelial ovarian cancer in advanced stages. This data is similar to what is published in the literature. The diagnosis of hereditary ovarian cancer allows us to implement more efficient measures to prevent