Stratifying by stage the residual tumour (OR=2.4; p=0.0001) , age (OR=1.9 P=0.0001), and the performance status (OR=1.2; p=0.03) resulted as independent survival prognostic factors according to Cox multivariate analysis.

Conclusion* Our data suggest that patients aged ≥70 can tolerate radical surgical treatments in the same way as younger patients without a significant increase in morbidity and, obviously, without ignoring the appropriate geriatric precautions. Furthermore, maximal surgical effort with optimal cytoreduction should be considered the gold standard regardless of age.

Therefore, our data underlines the importance of managing these patients within Gynecologic Oncology units equipped with a multidisciplinary team.

732 OVARIAN CANCER AND BRCA1 AND 2 GERMLINE MUTATIONS – THE PORTUGUESE EXPERIENCE

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Introduction/Background* Ovarian cancer (OC) is the second most common gynecologic malignancy in developed countries and the third most common in developing countries. Approximately 13 to 15 percent of OC are attributable to heritable mutations in *BRCA1* and *2*.

This study aims to: I- assess median overall survival (mOS); II- characterize patients (pts) with OC assessed in a Family Risk Consultation (FRC).

Methodology This is a multicentric, descriptive and retrospective study of pts with OC followed at the FRC between 2007-2019 in two porruguese hospitals. Data was obtained from clinical files. Statistical analysis was performed using SPSS version 24® and OS using Kaplan-Meier method.

Result(s)* There were included 70 pts, of which 23% (n=16) had *BRCA1/2* mutation: *BRCA1* mutation occurred in 56% (n=9) of pts and *BRCA2* in 44% (n=7). The Portuguese founder mutation - *BRCA2* c.156-157insAlu was found in 2 pts.

Median age of BRCA mutated (mut) pts was 56 years (39-71) and BRCA wild type (wt) was 62 years (35-78).

The most frequent histology was Serous Carcinoma, in 86% (n = 60) of pts; most frequent stages were IIIC 46% (n = 32) and IV 17% (n = 12). Neoadjuvant chemotherapy (CT) was performed in 50% of pts (n = 35) and in 37% (n = 26) surgery was the first therapeutic approach followed by adjuvant CT. Eleven pts (16%) were treated with PARP inhibitors: 6 pts BRCAmut and 5 BRCAwt.

There was family history of cancer in 56% of BRCAmut and in 45% of BRCAwt.

mOS of BRCAmut was 13.81 years (CI 95% 10.36-17.26) and 5.54 years (CI 95% 4.21-6.88) to BRCAwt, with a significant difference between the two groups (X^2=4.460; P=0.035).

Conclusion* Detection rate of *BRCA1/2* mut was higher than described in literature. BRCAmut pts showed a statistically significant longer survival, when compared with BRCA wt pts. Characterization of these pts at a national level would be an opportunity to obtain real data from the Portuguese population.

733 OUR EXPERIENCE IN OVARIAN CANCER 2006–2015 . STANDARDS OF QUALITY IN SURGICAL MANAGEMENT

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Introduction/Background* It is important to know the survival data of patients with ovarian cancer treated in our unit,the variables associated with the prognosis and the degree of compliance with the standards in the surgical management of ovarian cancer

Methodology Retrospective study of patients with ovarian cancer diagnosed and treated in CHUIMI in the period between 2006-2015.We studied epidemiological variables,stage at diagnosis,type of treatment,histopathological study,follow up and current status of patients.

Result(s)* The total number of patients diagnosed with ovarian cancer in the study period was 331,with a mean age of 57.84 years (range 26–85 years).69.8% were in advanced stages at the time of diagnosis (Stage I 23.9% (79),Stage II 6.3% (21), Stage III 54.1% (179) and Stage IV 15.7% (52).

Regarding the histological type,serous was the most frequent representing 49.8% of the sample, followed by endometrioid with 16.3% and clear cells with 10.9%.We found that endometrioid,clear cells and mucinous types were more frequent in the grupo diagnosed with eraly stages versus the serous type that were more associated with the advanced disease.

Overall survival (OS) at 5 years is 40.8% for the complete series. 83.3% for stages I, 72.2% for stages II, 29.1% for stages III and there are no patients in stage IV who lived after 5 years. In stages III, the most frequent therapeutic approach is initial surgery in 41.1%, followed by neoadjuvant chemotherapy in 30.3%. Stage III patients receiving surgery + adjuvant chemotherapy showed an OS of 47% at 5 years (median survival 44 months) meanwhile those who received neoadyuvant chemotherapy and get the surgery in second place showed an OS of 27.1% (median survival 35 months).

When we studied the effect of tumor residue after surgery in stage III patients, the OS when the surgery was complete was 52,9% at five years, 15% if there were residual tumour, regardless of the size. Initial surgery was performed in 58% of all stages III-IV (objective> 50%). Complete citoreduction was achieved in 51% of all stages III-IV (minimum objective> 50%, optimal> 65%)

Conclusion* Our epidemiological and survival data coincide with what has been published in the literature.Having surgeons with experience in the management of peritoneal carcinomatosis will allow to increase the rate of complete citoreductions

740 ESGO CERTIFICATION FOR ADVANCED OVARIAN CANCER SURGERY: THE EXPERIENCE OF AN ONCOLOGY CENTER TO AIM ACCREDITATION

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Introduction/Background* The outcomes of advanced ovarian cancer surgery is related to the size of the largest residual

tumor present after surgery that represents the most important prognostic factors. ESGO developed a list of quality indicators with an update in 2020 for certification of centers to ensure the best surgery for patients. These criteria include 24 complete surgeries per year in advanced stage III and IV ovarian cancer over the last 3 years. The main target is to ensure a complete resection rate of minimum require >50% to an optimal > 65%.

Methodology From 2018 the Department of Gynecology Oncology Center of Treviso Regional Hospital is trying to obtain the Esgo accreditation for the ovarian cancer.

Result(s)* Analyzing all the cases (from 2018 to 2020) we report a total of 66 high grade ovarian cancer, a complete resection rate of 73%, with a rate of primary debulking surgeries of 74%; 83% of the surgeries were performed by a certified gynecologic oncologist. The decision for any major therapeutic intervention has been taken by a multidisciplinary team in the 80% of cases. More than 95% patients had a treatment planned at a multidisciplinary team meeting (including a surgical specialist, a radiologist, a pathologist and a medical oncologist), more than 95% patients had a required pre operative workup. More than 90% of patients had a minimum required elements in pathology reports, we recorded prospectively all of the post operative complications. According to all of these aspects our center obtained a score of 32 points.

Conclusion* Actually the quality of the team work in our center has improved in the last three years. We started in 2018 with 18 cases of ovarian cancer moving up in the last two years to 24 cases. In 2020 we reported a lower rate of complete resection due to the more complex surgery for a more radical surgery to get a complete cytoreduction. We realized that since we begin to collect data for the accreditation we improved our surgical approach for the advance ovarian cancer.

747 OVARIAN CANCER ONSET ACROSS DIFFERENT BRCA MUTATION TYPE

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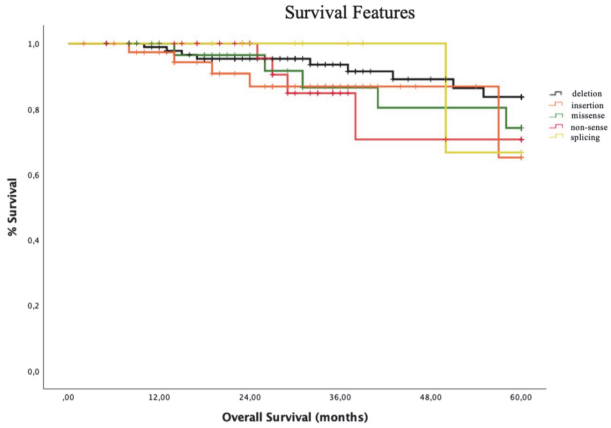
Introduction/Background* Mutations in BRCA-genes have been identified as predisposing to hereditary breast and ovarian cancers. Little is known about how ovarian cancer risks differs across different BRCA mutation type. The purpose of our study is to identify the correlation between specific type of BRCA mutations and (1) age of onset of high-grade serous ovarian cancer (HGSOC) and (2) patients' survival.

Methodology Retrospective multicentric series of newly diagnosed HGSOC-patients with FIGO Stage III-IV, assessed for germline (g)BRCA status. BRCA gene mutations were classified into 5 groups: deletion, insertion, no-sense, missense and splicing.

Result(s)* A total of 214 patients were included in the analysis. 143 (67.1%) had a gBRCA1-pathogenic variant (PV) and 71 (33.1%) had a gBRCA2-PV.

Abstract 747 Table 1 Distribution of BRCA mutation and age of onset

	All cases Nr (%)	Age Mean (SD)	BRCA-1 Nr (%)	Age Mean (SD)	BRCA-2 Nr (%)	Age Mean (SD)
All cases	**214**	**54.75 (10.9)**	**143**	**53 (10.9)**	**71**	**57.2 (10.5)**
Deletion	93 (43.5)	55 (10.4)	55 (38.5)	53.4 (10.1)	38 (53.5)	57.2 (10.7)
Insertion	40 (18.7)	58 (11.1)	26 (18.2)	57.7 (11.7)	14 (19.7)	59.6 (10.1)
No sense	39 (18.2)	49.7 (9.0)	30 (21.0)	48.8 (9.7)	9 (12.7)	53.0 (5.5)
Missense	32 (15)	55.4 (12.9)	25 (17.5)	54.6 (12.6)	7 (9.9)	58.2 (14.9)
Splicing	10 (4.7)	55.3 (8.9)	7 (4.9)	54.5 (7.6)	3 (4.2)	57.0 (13.4)



Abstract 747 Figure 1 overall survival in patients with different type of BRCA mutations

Overall, the mean age of onset was 54.75 years (10.9 SD) with a difference of around 4 years between patients having BRCA 1 and BRCA2 mutations (53yrs, SD 10.9 vs. 57.2yrs, SD 10.5; p=0.018). The most frequent mutation found was deletion (42.9%). Patients with no-sense mutation (18.2%) had the youngest age of onset, both in BRCA1 and BRCA2 subgroups, with an earlier occurrence of around 6 and 4 years respectively (BRCA1 group: 48.8yrs, SD 9.7 vs.54.7yrs, SD10.9; p=0.008) (BRCA2 group 53.0yrs SD 5.5 vs. 57.9yrs SD 10.9; p=0.04). Women with insertion (18.7%) had the oldest age of onset, both in BRCA 1 (57.7yrs, SD 11.7 vs. 52.2yrs, SD10.6; p=0.028) and BRCA2 (59.6yrs SD 10.1 vs. 56.6yrs SD 10.6) subgroups (p=ns) (table 1). No statistically significant difference in overall survival was found among the 5 groups examined (figure. 1).

Conclusion* Our study highlights for the first time that different types of BRCA mutations could indicate a different age for OC onset. If confirmed in larger series, it might have a relevant clinical impact, leading to a more tailored approach for risk-reducing surgery strategies for OC prevention. Moreover, as we initially include only advanced stages in our analysis, further investigation on the time of onset of early BRCA mutated OC is currently ongoing.

751 CORRELATION BETWEEN TUMOR MARKERS AND TUMOR BURDEN IN ADVANCED EPITHELIAL OVARIAN CANCER

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Introduction/Background* The aim of this study was to correlate the serum concentrations of tumor markers HE4 and