

9.2% of patients had variable follow up that requires standardisation. Risk of recurrence is low, however, both cases were malignant.

EPV206/#481 PREOPERATIVE EVALUATION OF ADNEXAL MASS IN BREAST CANCER PATIENTS

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Objectives Evaluation of ovarian cysts (OCy) are specially challenging in patients with a history of breast cancer (BC). We aimed to characterize a population of BC patients submitted to oophorectomy for OCy and establish risk factors for malignant findings on surgical specimen.

Methods All BC patients treated with oophorectomy for OCy between 2008–2021 at a tertiary hospital, were retrospectively reviewed.

Abstract EPV206/#481 Table 1

Characteristics	N=66
Median age (range)	51(27–76)
Histology (%)	
Invasive Ductal	57(86.4)
Invasive Lobular	2(3)
Ductal in situ	3(4.5)
Other	4(6)
Staging (%)	
0	1(1.6)
1	10(15.9)
2	23(36.5)
3	19(30.2)
4	10(15.9)
Family History Breast Cancer(%)	21(31.8)
Family History Ovarian Cancer(%)	6(9.1)
Suspected Hereditary breast-ovarian cancer(%)	6(9.1)
BC subtype(%)	
HR+/HER2-	45(68.2)
HER2+	11(16.7)
TNBC	8(12.1)
median IOTA-ADNEX/benign risk (IQR), N=51	91.2(61–96.6)
median IOTA-ADNEX/primary malign (IQR), N=51	8.8(3.4–39)
median IOTA-ADNEX/secondary malign (IQR), N=51	1.1(0.3–5.6)
median CA15.3(IQR), N=46	21.4(12.9–37.4)
median CA125(IQR, N=62)	18.5(11.3–39.3)
Ovarian histology(%)	
No cancer	15(22.7)
Benign	32(48.5)
Borderline	2(3)
Ovarian cancer	7(10.6)
BC metastasis	10(15.2)

Results 66 patients were eligible. Characteristics are described in table 1. Most (71.2%) had no cancer/benign lesions in the surgical specimens of the ovaries, 10.6% had ovarian cancer, 15.2% had BC metastasis and 3% had borderline lesions. Between the no cancer/benign/borderline the median IOTA-ADNEX/benign was 92.5%(IQR 62.6–96.6). Between the ovarian cancer the median IOTA-ADNEX/primary-malign was 83.7%(IQR 41–89.1). In the metastatic lesions the median IOTA-ADNEX/secondary-malign was 1.5%(IQR 0.3–12). The following variables were associated with a greater risk of malign ovarian histology: metastatic BC at diagnosis($p=0.01$), ascites($p=0.004$), elevated CA125($p=0.01$), elevated CA15.3 ($p=0.002$). Table 1.

Conclusions CA125/CA15.3 are good pre-operative markers, IOTA-ADNEX is a good tool to distinguish benign cysts and OC.

EPV207/#484 DISPARATE TRENDS IN OVARIAN CANCER IN ASIANS LIVING IN ASIA AND THE UNITED STATES

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Objectives To describe trends in ovarian cancer among native Asians and in the United States.

Methods Data were obtained from the United States Cancer Statistics (USCS) and Taiwan Cancer Registry of Taiwan Health and Welfare Data Center from 2001 to 2017. SEER*-Stat 8.3.9, Joinpoint regression program 4.8.0.1, and Excel were used to calculate incidences and trends.

Results From 2001 to 2017, ovarian cancer incidence rose in native Asians (Taiwan) at a rate of 2.1% per year ($p<0.001$) while they fell in US Asians at 1.2% per year ($p=0.026$). Native Asians had increasing incidences of cancers of all cell types, with the fastest growth seen in rare ovarian tumors such as carcinosarcoma (6.4% per year, $p=0.003$), clear cell carcinoma (6.2% per year, $p<0.001$), and sex cord stromal (5.7% per year, $p<0.001$). Interestingly, although the overall incidence of ovarian cancer decreased in US Asians, the incidence of clear cell carcinoma rose 2.1% per year ($p<0.001$) in this group. In 2017, the peak age ovarian cancer in native Asians was 55–59 years old, younger than the peak in US Asians at 75–79 years old.

Conclusions From 2001 to 2017 the ovarian cancer incidence in native Asians rose, driven by increases in rare tumors, while the incidence in Asians living in the US declined, leading to 25% more cancers among native Asians than US Asians.