and they were unchanged. We took a biopsy of the other ovar- 
ium. Histopathological findings confirmed that it was a
malignant teratoma. One month after the operation, 
the patient developed abdominal pain and an ultrasound showed a

cyst on the other ovary. We performed a second laparotomy 
and the whole abdomen was with meta changes. We did hy-
terectomy, omentectomy, and oophorectomy. She received six 
cycles of chemotherapy but unfortunately, the patient died 
after 7 months of primary treatment.

Conclusion Although malignant teratoma is very rare caution 
should always be exercised in treating these tumors and the 
dilemma remains as to which is the best option in primary 
treatment as it is most often young women who want to pre-
serve their fertility. Can elevated alpha-fetoprotein levels help 
us predict the potential malignant transformation of ovarian
cystic teratomas?

**2022-RA-1014-ESGO**

**INCIDENCE OF PELVIC HIGH-GR ADE SEROUS CARCINOMA AFTER ISOLATED STIC DIAGNOSIS: A SYSTEMATIC REVIEW OF THE LITERATURE**

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10.1136/ijgc-2022-ESGO.616

Introduction/Background Serous tubal intraepithelial carcinoma (STIC) is a precursor lesion of pelvic high-grade serous carci-
noma (HGSC). Information on treatment and outcome of iso-
lated STIC is rare. Therefore, we reviewed systematically the 
published literature to determine the incidence of subsequent 
HGSC in the high- and low-risk population and to summarize 
the current diagnostic and therapeutic options.

Methodology A systematic review of the literature was con-
ducted in MEDLINE-Ovid, Cochrane Library and Web of Sci-
ence of articles published from February 2006 to July 2021.
Patients with an isolated STIC diagnosis with clinical follow-
up were included. Study exclusion criteria for review were the 
presence of synchronous gynaecological cancer and/or concur-
rent non-gynaecological malignancies.

Results 3031 abstracts were screened. 112 isolated STIC patients out of 21 publications were included in our analysis with a pooled median follow-up of 36 (interquartile range (IQR): 25.3–84) months. 71.4% of the patients had perito-
neal washings (negative: 62.5%, positive: 8%, atypic cells: 
0.9%). Surgical staging was performed in 28.6% of all STICs 
and did not show any malignancies. 14 out of 112 (12.5%) patients received adjuvant chemotherapy with Carboplatin 
and Paclitaxel. Eight (7.1%) patients developed a recurrence 
42.5 (IQR: 33–72) months after isolated STIC diagnosis. 
Cumulative incidence of HGSC after five (ten) years was 
10.5% (21.6%). Recurrence occurred only in BRCA1 carriers 
(seven out of eight patients, one patient with unknown 
BRCA status).

Conclusion The rate of HGSC after an isolated STIC diagnosis 
was 7.1% with a cumulative incidence of 10.5% (21.6%) after 
five (ten) years. HGSC was only observed in BRCA1 carriers. 
The role of adjuvant therapy and routine surveillance remains 
unclear, however, intense surveillance up to ten years is 
necessary.