which matched the definitive histological result in 80,5%. BOTs are mainly diagnosed at an earlier stage (34 cases at FIGO stage IA) 8 patients at stage IB and 3 patients at stage IC on the other hand 2 patients at stage IIIB and finally 2 patients at stage IIIC.All patients underwent surgery. We performed conservative treatment in Nineteen patients (38.7%). It consists of ovarian cystectomy and unilateral adnexectomy . Thirty patients (61.2%) underwent radical treatment which consist of bilateral adnexectomy and hysterectomy.Three patients with BOTs staged IIIB and IIIC received adjuvant chemotherapy. During average follow-up of 5 years 4 patients developed tumor recurrence .

Conclusion Borderline tumours usually affect young women aged between 20 and 40. They are usually diagnosed at an early stage (stage-I disease) . Prognosis is generally excellent, and long-term risk of recurrence is low.

2022-RA-1178-ESGO EVALUATION OF PROGNOSTIC FACTORS IN PATIENTS WITH STAGE IV OVARIAN CANCER

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Introduction/Background The diagnosis of ovarian cancer tends to be late (stages III-IV). The factors that may influence the survival of stage IV patients are not clearly described, especially regarding the initial management of extra-abdominal disease and the possibility of performing surgery despite its existence. This makes it necessary to delve into their knowledge, in order to carry out a more individualized management of these patients. The purpose of this study is to analyze the prognostic factors that may have an effect on overall and disease-free survival of women diagnosed with stage IV ovarian cancer, with special interest on those related to the early management of the disease.

Methodology We performed a retrospective analysis including stage IV ovarian cancer patients, treated in Gynecologic Oncology Unit in La Paz University Hospital between 2000 and 2022 (n=110). We analyzed all risk factors that could influence the oncological outcome.

Results The correlation between disease-free survival and primary cytoreduction, in absence of residual disease, is demonstrated. No significant differences were observed in terms of overall survival when comparing patients that underwent primary cytoreduction (84 ± 11,1 months) with those who received neoadjuvant chemotherapy (90,7 ± 14,4 months). Statistically significant association was demonstrated between thoracic resection and disease-free survival (p=0,012).

Conclusion Age, performance status, initial management of the disease (primary surgery versus neoadjuvant chemotherapy) and complete cytoreduction with no residual disease, which is the greatest prognostic predictor, are the factors that have shown greater association with overall survival.

2022-RA-1192-ESGO NOGGO OV44 – PERCEPTION WHAT IS THE ROLE OF IMMUNOTHERAPY IN LOW GRADE OVARIAN CANCER? A NOGGO PHASE II TRIAL OF PEMBROLIZUMAB IN COMBINATION WITH CHEMOTHERAPY IN RECURRENT LOW-GRADE SEROUS OVARIAN CANCER

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Introduction/Background Within the group of invasive epithelial ovarian cancers, low-grade serous ovarian cancer (LGSOC) is a minority. Recent studies have revealed that LGSOC is only moderately sensitive to chemotherapy. No other agents have been approved in LGSOC since the implementation of bevacizumab several years ago. New therapeutic combinations with current chemicals are in high demand to improve the response rate and prognosis in this group of patients. Immune checkpoint inhibitors are a new treatment option that has shown to be successful in a variety of cancers as well as in a subset of ovarian cancer patients. The standard chemotherapy will be administered with pembrolizumab in recurrent LGSOC cases with a treatment free interval (TFI) of more than 6 months after the last platinum-based chemotherapy. There have been no comparable studie completed or planned to the authors knowledge. If our trial demonstrates the efficacy of pembrolizumab in LGSOC, it will serve as a signal and urge for future clinical trials in this rare condition.

Methodology This is a multi-center, single-arm phase 2 study evaluating pembrolizumab therapy in recurrent LGSOC cases in combination with platinum-based chemotherapy (carboplatin plus pegylated liposomal doxorubicin or carboplatin plus gemcitabine) and as maintenance. This clinical trial is open to LGSOC patients who have progressed or recurred at least six months after the last platinum-containing treatment. The perimary objective is to determine the rate of progression-free survival (PFS) after 12 months. The trial will follow Simon's two-stage design, with a total enrollment of up to 33 patients. In the first phase 18 patients will be enrolled and if at least 5 patients show PFS after 12 months the study is going to be continued with an additional 15 patients. The trial is claimed successful, if at least 11 patients show PFS after 12 months.

Results -

Conclusion -