groups more predisposed to PTSD. Distress was highest in emergency admissions, reinforcing the need for earlier diagnosis through improved diagnostic pathways. Psychological support may improve patient experience, especially for younger, less educated unemployed women.

**Introduction/Background** To evaluate clinico-pathological factors and oncological outcomes in ovarian clear cell carcinoma (OCCC).

**Methodology** Retrospective cohort study, spanning the period 2000–2022. One-hundred women with OCCC were enrolled. Clinico-pathological, and treatment data were analysed to identify plausible predictors. Survival analysis was performed via the Kaplan-Meier method, log-rank test and Cox-regression. The census day was 1st April 2022.

**Results** The median age at diagnosis was 59.6 years. The majority of women were diagnosed with stage I 55/100 (55%). Of these, 28/55 (50.9%) were stage IA, 16/55 (20.1%) stage IC on the basis of rupture-only, and 11/55 (20%) stage IC on the basis of surface involvement and/or positive cytology. 45/100 (45%) of women were stage III-IV. 51/100 (51%) of women had concomitant diagnosis of endometriosis. The median PFS and OS in women with stage I was 58.00 (95% CI 29.00 – 68.00) and 189.00 (95% CI 60.00 – 189.00) months, respectively. There was statistical difference in PFS/OS in women with stage IA and IC. In the subgroup analyses, women with stage IC on the basis of surface involvement and/or positive cytology demonstrated a statistically significant decrement in both PFS (HR=3.79, 95% CI 1.12 – 22.6) and OS (HR=5.32, 95% CI 1.25 – 26.2). The median PFS and OS in women with stage III-IV was 24.00 (95% CI 14.00 – 47.00) and 44.00 (95% CI 19.00 – 65.00) months, respectively. The presence of residual disease was found to be a prognosticator for survival, whilst adjuvant chemotherapy or presence of endometriosis were not significantly associated with poorer outcomes.

**Conclusion** OCCC usually presents in young women and at early-stage. Stage IA has an excellent prognosis compared to stage IC and III/IV. Surface involvement and/or positive cytology are seemingly independent prognosticators vis-à-vis endometriosis or adjuvant chemotherapy. Owing to high chemoresistance novel treatment paradigms are warranted.