

cancer feasibility pilot was commenced in England with the aim to extend to all four UK nations.

Methodology All patients diagnosed with epithelial ovarian, fallopian tube and primary peritoneal cancer in NI were included between 2014 and 2017. Patients with non-invasive epithelial (borderline) tumours were excluded. Data was collected using electronic data sources. Observed 5-year survival and time to disease recurrence was estimated by Kaplan Meier method.

Results 603 patients in total with two thirds of women present with advanced (stage 3/4) disease. High grade serous carcinoma (HGSC) was the most common subtype (69%). 11% were palliative and two thirds developed recurrence. Low grade serous, mucinous and endometrioid 5 year survival was 81%, 80% and 70% respectively compared to 49% for clear cell and 21% for HGSC. Specifically for HGSC 42% had cytoreduction with chemotherapy (48% complete, 35% optimum), 16% were deemed unfit for active treatment. Median time to progression was 29 months for primary surgery and 16 months for interval surgery. Median overall survival was 24 months (primary cytoreduction 58 months and interval cytoreduction 37 months).

Conclusion The outcomes for patients vary significantly based on the histological subtype at diagnosis. HGSC remains the most common subtype with a 5 year survival of 21%.

2022-RA-1409-ESGO **ATYPICAL PROLIFERATIVE CLEAR CELL TUMOR ORIGINATED IN ENDOMETRIOSIS OF THE ABDOMINAL WALL**

¹Adriana Mayor Barrera, ¹Dianelle Soto Troya, ¹Luis Orlando Puentes Puentes, ²Maikel Pacheco. ¹Ginecología Oncológica, Fundación Universitaria de Ciencias de la Salud, Bogotá, Colombia; ²Fundación Universitaria de Ciencias de la Salud, Bogotá, Colombia

10.1136/ijgc-2022-ESGO.709

Introduction/Background Extraperitoneal endometriosis located in the abdominal wall is usually associated to a history of gynecological surgeries, with a reported incidence of malignant conversion of 0.7–1%. The most common histological types of endometriosis associated malignant transformation are endometrioid adenocarcinoma and clear cell adenocarcinoma. To our knowledge, only 30 cases of abdominal wall endometriosis with malignant transformation to clear cell adenocarcinoma have been reported. There are no published reports on borderline tumors originated from extraperitoneal endometriosis. The objective is to report a patient with abdominal wall endometriosis with malignant transformation to a borderline clear cells tumor.

Methodology 49 year old female with a history of a painful abdominal mass, with an abdominal-pelvic computed tomography that reported a multilobulated 6 cm mass with internal septums and mural nodules. A percutaneous biopsy of the mass reported endometriosis. She underwent laparotomy revealing a 7x5 cm solid mass which infiltrated the rectus abdominis sheath and muscle extending to the peritoneum and the anterior wall of the bladder. The final pathology

reported endometriosis with extensive atypical tubular proliferation. Immunohistochemistry stainings were consistent with a borderline clear cell tumor originating from endometriosis.

Results A laparoscopic hysterectomy, bilateral salpingoophorectomy and omentectomy was performed to rule out a primary ovarian neoplasia. Final pathology report was negative for malignancy. The patient has been under surveillance for 7 months without clinical findings indicative of recurrence.

Conclusion Extraperitoneal endometriosis located in the abdominal wall has an incidence of 0.3–3.5% and it rarely undergoes malignant transformation. Borderline tumors are noninvasive epithelial tumors with significant cellular atypia, high mitotic rate and high proliferation index but no stromal invasion. 20 to 40% of these tumors are associated to extra-ovarian implants. The non-invasive nature of these implants is an important histological landmark that defines the tumor's behaviour and the lack of adjuvant treatment.

2022-RA-1412-ESGO **THE ASSOCIATION BETWEEN SOCIAL DEPRIVATION IN NORTHERN IRELAND AND TREATMENT OF OVARIAN CANCER**

Josh Courtney McMullan, Lisa Rannaghan, Linda Simpson, Hans Nagar. *Regional Cancer Centre – Gynae-Oncology, Belfast City Hospital, Belfast, UK*

10.1136/ijgc-2022-ESGO.710

Introduction/Background The NHS England ovarian cancer audit feasibility pilot in 2018 suggested a geographical variation of treatment of ovarian cancer in England. There are areas of significant social deprivation in Northern Ireland (NI) and the aims of this project was to determine if there was any association between deprivation and treatment of ovarian cancer in NI.

Methodology All patients diagnosed with epithelial ovarian cancer between 2014 and 2017 were included, those with borderline tumours in the same timeframe were excluded. Data was collected electronically for all patients and their treatment types, if any. Postcodes were obtained for all patients and a Northern Ireland Statistics and Research Agency (NISRA) deprivation index was calculated and patients were ranked into deprivation quintiles (1 = least deprived, 5 = most deprived). This was correlated to the treatment that each patient received (specifically active cancer treatment vs no treatment and surgical vs non-surgical treatment) to assess if any correlation was identified.

Results 603 patients were identified. 101 patients in deprivation quintile-1 (83% active treatment, 75% surgery), 132 patients in deprivation quintile-2 (83% active treatment, 56% surgery), 129 patients in deprivation quintile-3 (89% active treatment, 54% surgery), 108 patients in deprivation quintile-4 (88% active treatment, 69% surgery), 133 patients in deprivation quintile-5 (91% active treatment, 64% surgery). No statistically significant correlation was found between social deprivation status and treatment modality.

Conclusion There is no correlation between social deprivation status and treatment of ovarian cancer in NI.