

**Introduction/Background** Malignant Brenner tumors (MBT) of the ovary are rare disease; representing 1.5% of all ovarian cancers and 3.5% of Brenner tumors. They carry a poor prognosis. They generally affect women during the perimenopausal and postmenopausal periods. The aim of this study is to report our experience in the treatment of MBT of the ovary, to better characterize this disease.

**Methodology** A retrospective case series involving 5 patients diagnosed with MBT of the ovary and treated between 2006 and 2020.

**Results** The mean age of our patients was 54.1 years. Four patients were in the menopause period. The tumor was staged as IC in one case, IIC in one case and IIIC in three cases of FIGO classification. All women conducted surgery followed by adjuvant chemotherapy. Four patients underwent a loco-regional recurrence that occurred respectively after 9, 11 and 13 months in three patients. The treatment was based on chemotherapy, combined with surgery in one case. Two patients presented distant metastasis. The treatment consisted of chemotherapy and surgery. One patient of them died after surgery from massive pulmonary embolism. The mean follow up period was 39.5 months.

**Conclusion** The treatment approach of MBT of the ovary is not well established since its scarcity and poor prognosis. Thus, more case series and meta-analysis should be conducted.

2022-RA-1623-ESGO

#### EFFECT OF BEVACIZUMAB AND COMPLETE CYTOREDUCTIVE SURGERY IN ADVANCED LOW GRADE SEROUS OVARIAN CANCER: A SECONDARY ANALYSIS OF MITO 22

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10.1136/ijgc-2022-ESGO.759

**Introduction/Background** The aim of the present analysis was to explore the efficacy of Bevacizumab (Bev) on survival outcome in advanced low grade serous ovarian cancer (LGSOC) both in first line and in recurrent setting.

**Methodology** In this multicenter retrospective case control study, we compared LGSOC patients treated with chemotherapy (CT) with or without Bev, enrolled in MITO22 study. Patients receiving Bev in first-line or recurrence were considered and matched with patients receiving only CT (stage III and IV in first line; platinum based-CT in second line). Descriptive and survival analyses were performed for each group. Furthermore, the effect of upfront complete cytoreduction on progression free survival (PFS) was assessed.

**Results** Out of 128 patients included in MITO 22, 46 LGSOC patients receiving Bev in first-line setting or at the time of first recurrence were identified. In first line, 30 patients received Bev+CT and 65 CT alone. Median PFS were 47.86 months (95% CI: 31.48 -NR) and 22.63 months (95% CI 15 -39.24), respectively. This data was statistically significant at univariate analysis while it wasn't at the multivariate analyses where RT was considered. Median PFS was not reached (95% CI 31.5-not reached) in patients achieving complete cytoreduction and receiving Bev, while it was 32.4 months (95% CI: 7.9–37.4) in patients with RT. In the recurrent setting, 16 patients received Bev +CT and 33 women platinum-based CT alone at the time of relapse. PFS were 37.1 months (95% CI: 13.42–40.56) and 11.22 months (95% CI: 8.26–15.63), respectively, being statistically significant (p value 0.013); no multivariate analysis were performed due to the low number of patients receiving secondary cytoreduction.

**Conclusion** Our study suggests that Bev might be effective in LGSOC both at diagnosis and at the time of relapse. The role of optimal cytoreduction is also confirmed. This data warrants further studies.

2022-RA-1633-ESGO

#### CAN A MORPHOLOGICAL DESCRIPTION OF THE PERITONEAL CARCINOMATOSIS IN ADVANCED OVARIAN CANCER ADD PROGNOSTIC INFORMATION? SYSTEMATIC ANALYSIS IN 1686 PATIENTS

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10.1136/ijgc-2022-ESGO.760

**Introduction/Background** Peritoneal carcinomatosis in ovarian cancer is frequent and generally associated with higher stage and poorer outcome. The clinical features of peritoneal carcinomatosis are diverse and their relevance for surgical and long-term outcome remains unclear. We conducted this prospective study to describe intraoperatively the different features of peritoneal carcinomatosis (PC) and to correlate them with clinicopathological features and survival outcomes.

**Methodology** We performed systematic analysis of all patients with documented intraoperative PC and a primary diagnosis of epithelial ovarian, tubal, or peritoneal cancer from January 2001 to September 2018. All data were evaluated by using the systematic tumour bank tool. Specific PC features included texture (soft-hard), consistency (coarse-fine or both), wet vs dry, and localization (diffuse-local). The PC characteristics were then evaluated for correlation with age, FIGO-stage, tumour histology, lymph-node involvement, tumour grade, and presence of residual tumour. Moreover, the influence of PC characteristics on overall survival (OS) and progression-free survival (PFS) was analysed.

**Results** 1686 patients with PC and primary epithelial ovarian cancer were included. Majority of the patients had diffuse PC (73.9%). The majority of PC were fine in texture (55.3%) and hard in consistency (87.4%). 27.6% of patients had dry PC. Diffuse localization of PC was significantly associated with