Introduction/Background The treatment of older women with ovarian cancer is challenging due to increased pre-existing comorbidities and frailty, often leading to less radical treatment than the standard of care. Older women are frequently excluded from clinical trials. Recent studies such as the EWOC-1 study focused on elderly women with ovarian cancer suggest worse outcomes associated with less radical treatment approaches.

Methodology Women diagnosed with ovarian cancer ≥65 years old referred to oncology services at three Irish University Hospitals between 2015 and 2021 were included. We evaluated patterns regarding surgery and chemotherapy sequencing, choice of agent and completion rates, according to age group. Survival outcomes were examined by Kaplan Meier analysis. The study received ethical approval.

Results 190 patients were included in this study. 65.26% (124) of these women had an ECOG performance status of 0–1 at diagnosis. 129 patients (67.89%) had (FIGO) stage III or stage IV disease at diagnosis. 55% of all stage III/IV patients had optimal debulking surgery. 37% of stage III/IV patients received neoadjuvant chemotherapy followed by surgery and 27% had surgery followed by chemotherapy. Women in the ≥75 group were more likely to receive single agent carboplatin (38%), compared to women aged 65–74 years (30%). Median overall survival for all stage III/IV patients who received SA Carboplatin was 15 months versus 22 months for Carboplatin and Paclitaxel groups. BRCA testing was sub-optimal in this age group at 28% of all patients although routine BRCA testing has only been available in Ireland since 2019.

Conclusion Elderly ovarian cancer patients, particularly those ≥75 years, may receive less radical treatment approaches than standard of care. Our cohort suggests improved survival with carboplatin/paclitaxel, although our cohort is too small to show significant conclusions. Rates of BRCA testing were low. Geriatric oncology assessments should be incorporated into treatment decisions.
Abstract 2022-RA-1694-ESGO

Conclusion We developed a risk model to predict the short-term recurrence risk of ovarian cancer and proposed a framework for the dynamic determination of the follow-up interval based on the results of CA125 testing.

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ONCOLOGICAL OUTCOMES OF LAPAROSCOPY IN PATIENTS WHO UNDERWENT A CONSERVATIVE FERTILITY TREATMENT IN OVARIAN BORDERLINE TUMOURS

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Introduction/Background Borderline ovarian tumours (BOTs) have an average age at the diagnosis of 40 years and around 30% of patients have not completed their childbearing. Fertility sparing surgery (FSS) is considered the best treatment without an impact on the overall survival rate. However, the safety of laparoscopy for FSS in BOTs remains limited with short follow-up and ESGO and ESMO guidelines indicate open surgery as the standard approach. We aim to assess the long-term oncological safety of laparoscopy in the FSS treatment of BOTs.

Methodology This is a retrospective single-centre study including 34 women who underwent laparoscopic FSS for BOTs, between January 2000 and June 2019 at Hospital Clinic of Barcelona. FSS was considered when the uterus and at least part of the ovarian tissue was conserved. Patients were scheduled for transvaginal ultrasound and blood test including CA125 for 10 years or until loss. Chi-square and Fisher’s tests were applied for qualitative variables. Student T-tests or Mann-Whitney tests were applied for continuous variables.

Results Median age was 32 years. Unilateral cystectomy was performed in 15 patients (44.1%), bilateral cystectomy in 2