**EP200/#1081**

INCREASING INCIDENCE OF SEX CORD STROMAL OVARIAN CANCERS IN BLACK WOMEN IN THE UNITED STATES

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**Objectives**
To identify trends associated with incidence of sex cord stromal tumors among Non-Hispanic Black women in the United States.

**Methods**
Data was obtained from the United States Cancer Statistics (USCS) between 2001 and 2017. SEER*Stat 8.3.9 and Joinpoint regression programs 4.9.0.0 were used to calculate the incidences and trends.

**Results**
Of 7,310 patients with sex-cord stromal tumors, 4,377 (59.9%) were Non-Hispanic White, 1,744 (23.9%) were Non-Hispanic Black, 852 (11.7%) were Hispanic, 215 (2.9%) were Asian, and 122 (1.7%) were other/unknown. The highest incidence of sex cord stromal tumors was seen in the 65–69 year age group at 0.60 (per 100,000). Based on race, Black women were found to have an over two-fold higher incidence at 0.62 vs. 0.22 and 0.27 for Whites and Hispanics, respectively. Overall the incidence of sex-cord stromal tumors has been increasing, and the most common histology was granulosa cell. The highest annual increase was in the younger age group of 35–45 years (average annual percent change (AAPC)=3.44%, p=0.001). The highest increase was observed in Black women with granulosa cell tumors increasing at 2.60% per year (p=0.001) vs. Whites at 1.88% (p=0.002).

**Conclusions**
Black women were found to more likely be diagnosed with sex-cord stromal tumors compared to White and Hispanic women. Further studies are warranted to determine potential genetic and social determinant factors associated with the rise in incidence in younger black women with sex-cord stromal tumors.

**EP201/#565**

PATTERNS OF RECURRENCE AFTER COMPLETE CYTOREDUCTION AND HYPERThERMic INTRAPERITONEAL CHEMOTHERAPY IN OVARIAN CANCER PATIENTS WITH NEOADJUVANT CHEMOTHERAPY OR UPFRONT SURGERY

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**Objectives**
Compared to upfront cytoreductive surgery and hyperthermic intraperitoneal chemotherapy (CRS/HIPEC), ovarian cancer patients treated with neoadjuvant chemotherapy (NACT) have higher recurrence rates. It is debated whether this is due to more aggressive disease biology or the quality of surgery. We hypothesized that high extra-abdominal recurrence rate signifies worse disease biology and compared patterns of recurrence in these treatment groups.

**Methods**
A retrospective single-center study was performed using a prospective database (2003–2021). Stage III-IV newly diagnosed high-grade serous ovarian cancer patients who underwent CRS/HIPEC with completeness of cytoreduction score 0/1 were divided by treatment: NACT+CRS/HIPEC and upfront CRS/HIPEC. Common indications for NACT were feasibility of complete cytoreduction, massive ascites/plural effusion, intraperitoneal metastases, and poor performance status. Recurrence patterns were classified as: extraperitoneal, intraperitoneal, and mixed. Kaplan-Meier survival was analyzed.

**Results**
Overall, 83 patients were included: 53 NACT and 30 upfront. Median age was 65 (IQR: 60–70) vs 61 (IQR: 56–65) years in NACT vs upfront (p=0.015). Median PCI was 19 (IQR: 12–26) in NACT vs 26 (IQR: 19–30) in upfront (p=0.003). Recurrence occurred in 81% NACT and 50% upfront patients (p=0.003). NACT had more extraperitoneal recurrences (53% vs 20%, p=0.003). Other groups were similar. Median follow-up was 48 months (95%CI: 42–54). Median progression-free survival was 11 months (95%CI: 9–13) in NACT and 44 (95%CI: 9–79) in upfront (p<0.001).

**Conclusions**
With unresectable disease at presentation, NACT patients had earlier, predominantly extraperitoneal recurrence.

**Abstract EP201/#565 Figure 1**
Survival by treatment groups