CRS3 group (0 (0%) vs. 6 (18.8%), p=0.035). There was no difference in PFS and OS between the two groups (log rank test =0.282 and 0.664, respectively).

Conclusions In this study, a 2 tier pathological CRS of the omental tumor was found to be associated with the rate of complete cytoreduction at ICS. Interestingly, this difference did not translate into an advantage in PFS for these patients.

**EP229/#754**

**LONG-TERM SURVIVAL AMONG PATIENTS WITH VARIOUS HISTOLOGIC SUBTYPES OF ADVANCED OVARIAN CANCER ENROLLED IN NCI CLINICAL TRIALS**

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**Objectives** To determine extended long-term survival of ovarian cancer patients after standard surgery and chemotherapy enrolled in NCI clinical trials.

**Methods** Data on stage III epithelial ovarian cancer patients were obtained from three prospective randomized Gynecologic Oncology Group clinical trials (114, 158, 172). Chi-squared, multivariate Cox models, and log-rank tests were employed to determine overall survival.

**Results** Of 1,526 patients enrolled, 75.7% had serous, 10.6% endometrioid, and 8.1% mixed epithelial, 3.3% clear cell, 2.3% mucinous histologies. Extended long-term OS (≥15 years) was lowest in mucinous at 14.3% compared to clear cell (23.5%), serous (23.5%), mixed epithelial (25.8%), and endometrioid (34.2%) histologies (p<0.0001). On multivariate analysis, older age (≥75 median age) (HR 1.23; 95%CI [1.09,1.39]; p=0.0006), worse ECOG performance status (HR 1.42; 95%CI [1.14–1.77]; p=0.002), mucinous histology (HR 3.3; 95% CI [2.25,4.86]; p<0.0001) predicted worse OS. On subanalysis of 35 patients with mucinous tumors, those who underwent intraperitoneal chemotherapy did not have an improved survival compared to intravenous therapy (p=0.22). Furthermore, those with low grade serous tumors had the highest long-term survival at 42.7% compared to only 20.9% in those with high-grade tumors (p<0.0001).

**Conclusions** Histology remains as an independent predictor for long term survival in ovarian cancer patients enrolled in clinical trials with central pathology review and after receiving standardized surgery and chemotherapy. Specifically, mucinous tumors demonstrated the worst survival of all histologies. Low grade serous had best prognosis after treatment.

**EP230/#1083**

**CORRELATION BETWEEN CT SCAN AND POSTOPERATIVE FINDINGS IN SECOND-LOOK SURGERY FOR OVARIAN CANCER**

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**Objectives** The aim of this study is to correlate computerized tomography (CT) scans with clinical findings during second-look surgery.

**Methods** This study was conducted on twenty-five patients with epithelial ovarian cancers undergoing second-look operations in our hospital between 2019 and 2021.

**Results** The average age of patients was 59.2 years (46–73 years old). Twenty-one cases are staged as stage III (84%) and 4 cases of stage VI (16%) high serous ovarian carcinoma. All patients underwent multiple courses of combined neoadjuvant chemotherapy. The evaluation of response was clinically, radiologically and biologically. Computed tomography (CT scan) was performed prior and after chemotherapy. Second-look laparotomy was used to determine disease status, restage and debulk tumor. CT scans were correlated with the results obtained at subsequent second-look laparotomy. It consistently failed to detect intraperitoneal spread except when disease was gross (>2 cm) or when it could be predicted by the presence of ascites. The correlation with intraoperative findings in this situation was only 7.2%. Sensitivity was poor for mesenteric and lymph nodal involvement, good for omental and abdominal mass and decisively good for pelvic metastases of ovarian cancer.

**Conclusions** Due to a still high false-negative rate a normal CT scan does not provide sufficiently accurate diagnostic information to replace a second-look laparotomy.

**EP231/#1099**

**DISCREPANCIES BETWEEN FROZEN AND FINAL DIAGNOSIS IN THE EVALUATION OF MUCINOUS BORDERLINE OVARIAN TUMORS**

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**Objectives** The distinction of ovarian Mucinous Borderline Tumors (MBT) from carcinomas remains the greatest challenge for pathologists. The aim of the work was to assess concordance between the response of extemporaneous examination (EE) and the final diagnosis of MBT.

**Methods** Our study was retrospective including 37 cases of primary ovarian MBT, diagnosed at the Pathology Department.