**Abstracts**

**Methods** Pubmed, EMBASE, Medline and the Cochrane Database were searched from inception to March 2022. Inclusion criteria were studies assessing the treatment of LGSC with a MEKi in the primary or recurrent setting, published in English. Case reports, case series, conference proceedings, in vitro studies and animal studies were excluded. Studies were screened and assessed for eligibility by two independent reviewers (AK, CC), with conflicts resolved by a third reviewer (TZ). Data was extracted using pre-established criteria.

**Results** Initial literature search identified 1815 papers; four met eligibility criteria. Three were randomized clinical trials and one was a phase II single-arm prospective cohort study. A total of 680 patients were included, of which 416 were treated with a MEKi alone. All patients were treated for recurrent LGSOC. ORR ranged from 12.1 to 26% and median progression-free survival (PFS) ranged from 7.2 to 13 months.

**Conclusions** While one study demonstrated significantly improved efficacy of MEKi over physician-choice systemic therapy, another did not show benefit. Two additional studies did not compare MEKI to traditional therapies, limiting their clinical relevance. LGSC with BRAF and KRAF mutations have higher ORR to MEKi. Further prospective and randomized trials are needed to determine the efficacy of MEKi in treating LGSC.

**EP247/#668 ENDOMETRIOSIS IN CLEAR CELL AND ENDOMETRIOID CARCINOMA Ovary: ITS IMPACT ON CLINICOPATHOLOGICAL CHARACTERISTICS AND SURVIVAL OUTCOMES**

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**Objectives** This study aimed to assess the impact of endometriosis on clinical characteristics and survival outcomes in Endometrioid (EC) and clear cell (CCC) ovarian carcinoma.

**Methods** This study investigated 78 cases of EC and CCC diagnosed between 2010 and 2021. Demographic and clinical presentation data were obtained from medical records. Patients were followed up till March 2022.

**Results** Of the 78 cases of CCC and EC ovary, 38 had histopathologically proven endometriosis, ovary being the most common site. There was no difference in mean age (50.97 and 50.05 years), BMI, parity, menopausal status and CA 125 levels at presentation. Ascites was more frequent in the absence of endometriosis (30% vs 8%, p=0.020). However, this did not translate to a statistical difference in the stage, with majority presenting in early stage. (94% vs 83%). Progesterone receptor positivity on IHC was more likely in the presence of endometriosis (47% vs 18%, p=0.005). All 78 patients underwent primary cytoreduction with equal rates of optimal resection (97% and 98%). 74% with endometriosis and 83% without received adjuvant chemotherapy. 13% and 15% respectively received radiation, all of whom had CCC. There was no difference in the disease free interval (93.4 vs 97.3 months, p =0.587) and overall survival (100.2 vs 106.6 months, p= 0.716) in the patients with and without endometriosis. Recurrences were predominantly pelvic in both groups.

**Conclusions** In the Indian population, endometriosis did not have any impact on the age at presentation, CA 125 levels, stage of the disease and survival out comes in EC and CCC ovary.

**EP248/#494 3 YEARS SURVIVAL AND RISK OF CANCER PROGRESSION AND DEATH CAUSED BY OVARIAN CANCER IN GEORGIA**

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**Objectives** Ovarian cancer survival rates, cancer progression and risk of death with this cause have not been studied in Georgia yet. Conducting the study based on population registry data has been possible since 2015. 5 years registry dBase allowed us to study 3 years survival and risks.

**Methods** 1,467 (5.0%) cases of ovarian cancer were registered in the Georgia in 2015–2019. Using dBase SPSS of the registry, 3-year survival of ovarian cancer and risks of cancer progression were studied; Risks of cancer progression and death were assessed 36 months after the incidence.

**Results** Compared to other cancer sites, 3-year survival rate of ovarian cancer is low in both Georgia (55.4%) and Tbilisi (55.2%). Risk of ovarian cancer progression, 36 months after the incidence was 3.3 times higher than cervical and 1.4 higher than endometrial cancer in Tbilisi. Among gynecological cancers both in Tbilisi and in Georgia, No1 killer is ovarian cancer. The risk of ovarian cancer death in Tbilisi is 2.1 times higher compared to cervical and 2.4 times higher than endometrial cancer death.

**Conclusions** Research should be continued and study 5 years survival and risks of cancer caused death, according to treatment methods and schemes, as well as cytological, ultrasound (3D), cytological, histological, histochemical and molecular characteristics of cancer. Study of 5-year survival, in addition should determine ECOG Adjusted Survival, for which it is recommended that the Registry add ECOG follow-up to the registration variables.

**EP249/#909 MANAGEMENT OF ELDERLY PATIENTS WITH OVARIAN CANCER: FROM SURGERY TO MEDICAL THERAPY**

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**Objectives** Incidence of ovarian cancer increases with advancing age and reaches a peak at 70 years. The aim of this study is to analyse the surgical and pharmacological approach to elderly patients affected by ovarian cancer evaluating different outcomes and complications in different groups of patients.

**Methods** We have conducted a multicenter retrospective study including patients treated in Sant’Anna Hospital and...