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.

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 times 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.

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 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.
Mauriziano Hospital in Turin. Patients diagnosed with ovarian cancer were included and divided according to age at diagnosis in group A (≥70 years) and group B (<70 years). For each patient are considered: co-morbidities, performance status, FIGO stage, grading, histotype, surgical treatment (divided in standard, radical and ultra-radical) and chemotherapy details.

**Results** 457 patients were included in the study, 138 (30.2%) in group A and 319 (69.8%) in group B. Optimal cytoreduction was achieved in 84.3% of the younger patients and in 73.2% of the older patients (p=0.005), although the surgical extension was not statistically significant different in the two groups (p=0.64). Disease free survival (DFS) was not statistically different in the two groups even in early and advanced stages (figure 1 and 2). The residual tumour (OR=2.286; p=0.0005) and the ultraradical surgery (OR=1.434; p=0.015) resulted as independent survival prognostic factors according to the multivariate Cox analysis.

**Conclusions** Our data suggest that elderly patients can tolerate radical surgical treatments without a significant increase in morbidity, so an optimal cytoreduction should be considered the gold standard without ignoring the importance of managing these patients within Gynecologic Oncology units equipped with a multidisciplinary team.

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**EP250/#199 INTRAOPERATIVE PREDICTORS OF APPENDICEAL ABNORMALITIES IN MUCINOUS OVARIAN NEOPLASMS**

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10.1136/ijgc-2022-igcs.341

**Objectives** The aim of this study was to evaluate intraoperative factors associated with pathological abnormalities of the appendix at time of gynecologic oncology surgery for mucinous ovarian neoplasms (MONs).

**Methods** We conducted a retrospective cohort study of 225 patients with pathology confirmed MON (cystadenoma, borderline tumor, and adenocarcinoma). Eligible patients underwent surgery for an adnexal mass with concurrent appendectomy between 2000–2018. Pathological findings of the appendix were categorized and intraoperative factors, such as tumor frozen section and surgeon’s impression of the appendix were analyzed using descriptive statistics and logistic regression.

**Results** Most patients’ appendixes were unremarkable on final pathology (77.8%). One patient with adenocarcinoma had metastatic spread to the appendix. Twenty-three patients (10.2%) had low-grade appendiceal mucinous neoplasms, where 22/23 were in the setting of malignancy, and one patient had a mucinous borderline ovarian tumor. Both abnormal intraoperative surgical impression of the appendix and malignant frozen section were independent predictors of abnormal appendix on final pathology, OR 11.19 (95%CI 4.38–28.60) and OR 3.23 (95%CI 1.35–7.76), respectively. When combining normal intraoperative appearance of the appendix and benign ovarian tumor on frozen section, specificity was found to be 86%, with seven (14%) patients being misclassified.

**Conclusions** Frozen section of the ovary suggesting malignancy and abnormal surgical appearance of the appendix were highly associated with abnormal appendix on final pathology. However, benign frozen section and normal appearing appendix are poor predictors of pathological findings of the appendix. Appendectomy should be considered in all cases of MONs, regardless of intraoperative findings.