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 is not statistically 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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**INTROOPERATIVE PREDICTORS OF APPENDICEAL ABNORMALITIES IN MUCINOUS OVARIAN NEOPLASMS**

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**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 normal 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.