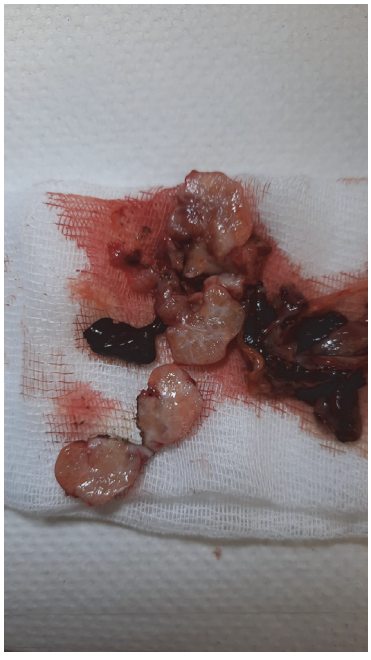
#43 A CASE REPORT OF A CASE WITH ENDOMETRIOID TYPE ADENO CANCER OF THE OVARY THAT DEVELOPED ON THE BASIS OF ENDOMETRIOMA, PERFORMED FERTILITY-SPARING SURGERY

[1]Kadir Güzin*, [2]Nükhet Eryilmaz, [3]Hüsnü Gökaslan, [4]Murat Api, [5]Remziye Bilgiç. *[1]Hisar Hospital Continental, Istanbul, Türkiye; [2]Maltepe Medical Park Hospital, Istanbul, Turkey; [3]Academik Hospital, Istanbul, Turkey; [4]The ministery of healt Kartal training and research hospital, Istanbul, Turkey; [5]Special pathology laboratory/Istanbul, Istanbul, Turkey*

10.1136/ijgc-2023-ESGO.502

Introduction/Background Ovarian cancer is a gynecological tumor that causes the most deaths in developed countries. Early diagnosis is very important in terms of life expectancy. Both clear cell cancer and endometrioid type ovarian cancer from ovarian tumors are associated with endometriosis. Sometimes it is seen in combination with endometriosis, sometimes it can develop from the endometrioma capsule.

Methodology We had a 44-year-old 6-month-old married woman in the premenopausal period, gravid 0, followed for 6 months by thinking of a simple cyst, endometrioma growth of about 65 mm, ca125 : 225 iu, and ca19.9 high output of 11 455 iu, USG and MRI also showed the presence of 39 mm solid areas containing calcified areas on the cyst wall, minimal fluid appearance around the cyst



Abstract #43 Figure 1 Macroscopic view of the right USO-Ovary

Results After the suspected malignancy in the frozen examination, Unilateral salpingo oophorectomy,, Staging was performed. The uterus and other tuba ovaries were left. Final Pathology: Stage IA, gr 1, good differentiation, no capsule involvement, we performed fertility-sparing surgery. The patient was placed on post-op follow-up

Conclusion As a result, the patient was followed up with the diagnosis of endometrioma cyst. Unfortunately, during the follow-up, both the endometrioma and the papillary structure within the endometrioma were omitted.In particular, endometriod or clear ca cell ovarian cancer should be kept in mind in the premenopausal period, in ovarian masses containing large endometrioma and intra-cyst papillary structure.In those who do not have children, fertility-sparing surgery should be planned.

Disclosures I have no potential conflict of interest to report

#45 PROGNOSTIC FACTORS AND CLINICAL HALLMARKS OF LOW GRADE SEROUS OVARIAN CARCINOMA: A SINGLE CENTER STUDY

Mohammad Zuhdy*, Mohamed Abdelkhalek, Khaled Gaballa, Mohamed Hamdy, Basel Refky. *Oncology Center Mansoura University, Mansoura, Egypt*

10.1136/ijgc-2023-ESGO.503

Introduction/Background Ovarian cancer is the most fatal gynecologic malignancy. Low-grade type represents only 2–5% of ovarian carcinoma. Its clinical characteristics, growth pattern, and response to treatment are distinct from high-grade serous ovarian carcinoma. In this study, we retrospectively evaluated the clinical features, prognostic factors, and survival of patients diagnosed with low-grade serous ovarian cancer from a tertiary centre.

Methodology This is a retrospective study where all patients diagnosed with low-grade ovarian cancer who presented to a tertiary cancer center were included from July 2015 to August 2021.

Results 42 patients with low-grade ovarian serous carcinoma were enrolled. The mean age of the patients was 50.17 ±10.91 years, while the mean BMI was 32.96±6.02 kg/m2. Primary optimal debulking was performed in 18 patients, while interval cytoreduction was done in 17 patients. Suboptimal debulking was performed in 5 patients. Neoadjuvant chemotherapy was administered in 19 patients (45.2%). The median overall survival of LGSOC patients was 95.58(73.37–117.79) months while the median PFS was 56.54(38.15–74.94) months.

Conclusion Surgery is still the cornerstone of the management of low-grade serous ovarian cancer. However, Neoadjuvant chemotherapy could be a predictor of progression-free survival in low-grade serous ovarian carcinoma patients.

Disclosures Surgery is still the cornerstone of the management of low-grade serous ovarian cancer. However, Neoadjuvant chemotherapy could be a predictor of progression-free survival in low-grade serous ovarian carcinoma patients.

#49 ROLE OF OMENTECTOMY AND RANDOM PERITONEAL BIOPSIES IN THE UPSTAGING OF APPARENT EARLY-STAGE EPITHELIAL OVARIAN CANCER – A TERTIARY CENTRE EXPERIENCE

Nidhi Mandar Waghralkar*, Pariseema Dave, Bijal Patel. *Gujarat Cancer and Research Institute (GCRI), Ahmedabad, India*

10.1136/ijgc-2023-ESGO.504

Introduction/Background Among gynaecologic cancers, ovarian cancer often metastasizes and forms implant tumors via peritoneal circulation. Definitive surgical staging is essential for optimal therapy in clinical early-stage disease.It is uncertain whether peritoneal biopsies and omentectomy should be standard procedures in thorough surgical staging among the available techniques. We aim to evaluate the role of routine omentectomy and random peritoneal biopsies in upstaging of

apparent early-stage epithelial ovarian cancer(EOC) at tertiary-level-center.

Methodology We retrospectively analyzed data with patients aged-eighteen years or above with an apparent early-stage EOC who underwent surgical staging and treatment. Besides demographic and imaging parameters, we collected tumour histology and grades. In addition, operative-notes were reviewed for the extent of disease spread in pelvis and apparent stage, as well as whether the omentum and peritoneal surfaces in question appeared to have metastatic disease, and whether biopsies were of normal tissue(random-biopsy) or of abnormal appearing tissue(targeted-biopsy).Patients with positive lymph-nodes and evident abdominal disease were excluded

Results We performed 166 primary staging since January2017, with 72 being exclusively for EOC. Among these,20 revealed borderline-pathology. Histology for EOC were serous with 36% followed by mucinous(22%) and least with clear-cell-carcinoma(1%). Out of these,24% were positive on peritoneal-fluid analysis.12% had positive peritoneal biopsies. Among these,18% showed omental occult metastasis. Among 46 cases of clinical stage1a, 6 upstaged due to positive ascitic-fluid or peritoneal-fluid cytology, 3 due to ovarian surface involvement, 2 due to fallopian-tube involvement,1 due to positive pelvic peritoneal biopsy and 5 cases due to positive omental metastasis. In Stage 1b, 14 cases were upstaged. One surgical spill case was turned up with 3a omental metastasis. 2b stage upstaged with 1 case to 3a. Omentectomy is shown to improve upstaging and should be included in early-stage EOC staging laparotomy. Random peritoneal biopsies were not beneficial for early-stage EOC due to few positive outcomes in biopsies.

Conclusion Omentectomy is shown to improve upstaging and should be included in early-stage EOC staging laparotomy. Due to few positive outcomes in biopsies, random peritoneal biopsies do not appear to be beneficial for early-stage EOC.

Disclosures None

#62 MICRORNA 1181 AND 4314 AS PROMISING BIOMARKERS FOR EPITHELIAL OVARIAN CANCER DIAGNOSIS AND PROGNOSIS

[1]Yagmur Minareci*, [2]Naziye Ak, [3]Hamdullah Sozen, [4]Ozgur Aydin Tosun, [5]Canan Kucukgergin, [5]Fatih Aydin, [5]Ilknur Bingul, [3]Yavuz Mehmet Salihoglu, [3]Samet Topuz. *[1]Istanbul University, Faculty of Medicine, Department of Gynecology and Obstetrics, Division of Gynecologic Oncology, Istanbul, Türkiye; [2]Istanbul University; Institute of Oncology, Department of Medical Oncology, Istanbul, Turkey; [3]Istanbul University, Faculty of Medicine, Department of Gynecology and Obstetrics, Division of Gynecologic Oncology, Istanbul, Turkey; [4]Istanbul Medeniyet University, Goztepe Research and Education Hospital, Department of Gynecology and Obstetrics, Division of Gynecologic Oncology, Istanbul, Turkey; [5]Istanbul University, Faculty of Medicine, Department of Biochemistry, Istanbul, Turkey*

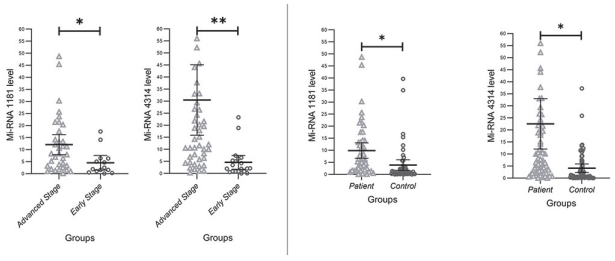
10.1136/ijgc-2023-ESGO.505

Introduction/Background Epithelial ovarian cancer (EOC) is the most ominous tumor of gynecological cancers due to its poor early detection rate and unfavorable prognosis. To date, there is no reliable screening method for the diagnosis of ovarian cancer at an early stage. MiRNAs are small non-coding RNA molecules, and their main function is to downregulate gene expression. The present study compared the serum miRNA1181 and miRNA4314 levels in patients with EOC and healthy controls to measure the diagnostic and prognostic value as candidate biomarkers.

Methodology We extracted serum samples from a total of 135 participants (69 patients with EOC and 66 healthy controls) at the Department of Gynecologic Oncology between September 2018 and December 2019. Relative expressions of miRNA1181 and miRNA4314 were measured by quantificational real-time polymerase chain reaction assay (qRT-PCR).

Results Of the 69 patients with EOC, 15 were stage I, four were stage II, 35 were stage III, and 15 were stage IV (according to FIGO classification). The median OS was 31.9 months (range 0.9–42.1) and the median DFS was 20.4 months (range 0.9–39.0)The present study revealed that both serum miRNA 1181 and miRNA 4314 levels in patients with EOC were dramatically increased compared to healthy controls with $p<0.001$ for each marker. In addition, there was a significant relationship between miRNA 1181 and miRNA 4314 overexpressions and the stage and prognosis of the disease. Finally, patients with high expression levels of miRNA 1181 and miRNA 4314 had significantly shorter survival rates than those with low expression levels.

Conclusion The current study proposed that serum miRNA1181 and miRNA4314 could discriminate the EOC patients from healthy controls. In addition, both miRNA1181 and miRNA4314 may be predictive biomarkers for ovarian cancer prognosis. Further studies are needed to confirm the findings of the present study.



Abstract #62 Figure 1 On the right (The relative expression levels of miRNA1181 and miRNA 4314 in patients with epithelial ovarian cancer and healthy controls. *p-value is less than 0.001) On the Left: The relative expression levels of a miRNA 1181 and miRNA 4314 in early stage and advanced stage of epithelial ovarian cancer. *p-value is 0.012, **p-value is less than 0.001.

Disclosures We declared that we have no conflict of interest

#63 CENTRAL NERVOUS SYSTEM METASTASIS IN GYNECOLOGIC CANCERS: SEEKING THE PROGNOSTIC FACTORS

[1]Yagmur Minareci*, [2]Naziye Ak, [3]Ozgur Aydin Tosun, [4]Hamdullah Sozen, [1]Samet Topuz, [1]Yavuz Mehmet Salihoglu. *[1]Istanbul University, Faculty of Medicine, Department of Gynecology and Obstetrics, Division of Gynecologic Oncology, Istanbul, Turkey; [2]Istanbul University, Institute of Oncology, Department of Medical Oncology, Istanbul, Turkey; [3]Istanbul Medeniyet University, Goztepe Research and Training Hospital, Department of Gynecology and Obstetrics, Division of Gynecologic Oncology, Istanbul, Turkey; [4]Istanbul University, Faculty of Medicine, Department of Gynecology and Obstetrics, Division of Gynecologic Oncology, Istanbul, Türkiye*

10.1136/ijgc-2023-ESGO.506