#72 OVARIAN CANCER AUDIT OF A UK TERTIARY CENTRE OVER THE PAST 3 YEARS

[1]MARKAdrian Mcgowan*, [2]Gowri Prathap, [2]Amelia Whitehead, [1]Jimoh Aderemi, [2]Ellie Davies, [1]Mercedes Jimenez-Linan, [1]Filipe Martins, [1]Pubudu Pathiraja, [1]Krishnayan Haldar, [1]Helen Bolton, [1]Peter Baldwin. [1]*Cambridge University Hospitals, Cambridge, UK*; [2]*University of Cambridge, Cambridge, UK*

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Introduction/Background There is a disparity in ovarian cancer outcomes in the UK compared to other European countries. The ovarian cancer feasibility pilot in 2020 identified disparities in treatment outcomes across the UK. BGCS Quality Indicators (QIs) were introduced to improve the standard ovarian cancer care. ESGO also provides QIs with a similar objective.
Methodology Retrospective audit of ovarian cancer debulking surgeries at CUH from 2019 to 2022. Cases were identified from combined MDT and pathology databases. Statistical analysis was performed with SPSS version 26.
Results The median overall age of the cohort was 64 (CI 62.7 - 63.9) years old. A total of 390 patients underwent surgery of which 57% were primary and 43% interval debulking over the 3-year period. Staging breakdown: Stage 1 – n=88, Stage 2 – n=45, Stage 3 – n=175, and Stage 4 - n=82. The MDT information of CA-125 was present in 96% of all debulking cases but CEA was missing in 38% of primary surgical cases. Complete cytoreduction was achieved in 58% of surgeries.
Conclusion The ovarian cancer BGCS and ESGO QIs provided useful measures to improve the standard of care at our institution. We have created more stringent MDT referral criteria and setup a prospective surgical database based on the audit results.
Disclosures No conflicts of interest to report.

#75 PRIMARY ADENOCARCINOMA OF THE TUBE ABOUT A CASE AND REVIEW OF THE LITERATURE

[1]Mohamed Abdellahi El Moctar*, [2]Salma Lamsyah. [1]*Obstetrics Gynecology I Department of the CHU HASSAN II, Fes, Morocco*; [2]*Faculty of Medicine, Sidi Mohamed Ben Abdellah University, FES, Fès, Morocco*

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Introduction/Background The primary cancer of the fallopian tube is rare. They represent less than 1% of gynecological tumors and they are dominated by adenocarcinoma.

tumors of the fallopian tube are rare and more often malignant, occurring classically in a context of infertility and pauparity, or genetic, prompting a search for a deleterious BRCA1/2 chromosomal mutation. They develop preferentially at the distal end of the tube, which is also the primary site of carcinogenesis of high grade ovarian cancers. The classical symptoms are a pelvic mass, bleeding, pain, hydrops tubae perfluens or typical hydrops tubae perfluens, allowing an earlier management and thus a better prognosis compared to epithelial ovarian malignancies, even if the diagnosis of tube cancer is rarely evoked preoperatively. Vaginal pelvic ultrasound is the key examination that will alert the clinician. The serum marker CA125 must be measured as for any organic ovarian tumour, its elevation strongly suggesting a malignant pathology. Their treatment is that of ovarian cancers combining optimal reduction surgery and chemotherapy with cisplatin and paclitaxel. The prognosis depends mainly on the stage of the disease, the age of the patients (older patients have a worse prognosis), and the quality of the surgical resection.
Methodology We report the case of tubal adenocarcinoma in a patient followed in the department of gynecology obstetrics I CHU HASSAN II FES
Results Tubal adenocarcinoma is a more frequent pathology in postmenopausal women. The diagnosis of primary tubal cancer is very difficult to confirm. The treatment is similar to that of malignant epithelial tumors of the ovary with a better prognosis in the early stages.
Disclosures Rare cancer of unknown etiology, the clinical signs are often dissociated, the preoperative diagnosis is difficult, with a prognosis which depends on the stage of the disease.

#82 OUTCOMES OF FIRST-LINE TREATMENTS FOR SMALL CELL CARCINOMA OF THE OVARY, HYPERCALCEMIC TYPE: THE MAYO CLINIC CASE SERIES

[1]Luigi ADe Vitis*, [1]Diletta Fumagalli, [2]John A Vu, [3]Maryam Shahi, [4]John Weroha, [1]Andrea Mariani, [1]Carrie L Langstraat, [1]Amanika Kumar. [1]*Department of Obstetrics and Gynecology, Mayo Clinic, Rochester, USA*; [2]*College of Medicine and Science, Mayo Clinic, Rochester, USA*; [3]*Department of Pathology, Mayo Clinic, Rochester, USA*; [4]*Department of Oncology, Mayo Clinic, Rochester, USA*

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Introduction/Background Small-cell carcinoma of the ovary, hypercalcemic type (SCCOHT) is an aggressive malignancy that accounts for less than 0.01% of ovarian cancers. First-line treatment options include surgical cytoreduction, vinblastine, cisplatin, cyclophosphamide, bleomycin, doxorubicin, and etoposide (VPCBAE) combination regimens, and high-dose chemotherapy (HDC) with autologous stem cell transplantation. We aimed to assess the prognostic impact of different first-line treatment modalities in our patient cohort.
Methodology A retrospective review of SCCOHT evaluated at the Mayo Clinic from 1994 to 2022 was conducted. Recurrence-free survival (RFS) was measured from the date of diagnosis to the date of recurrence, death, or last follow-up, whichever came first. Log-rank test was used to compare survival, after stratification by stage.
Results Twenty-eight cases were identified:

13 patients (46.4%) with stage I-II and 15 (53.6%) with stage III-IV disease. The median age at diagnosis was 28 years [IQR 23–34]. Sixteen relapses and 15 deaths were reported. RFS was significantly different between early and advanced disease (median RFS 13.0 vs. 3.7 months; $p<0.01$). In advanced disease, macroscopic complete resection (n=6/13) and VPCBAE (n=6/12) appeared to increase RFS, but the difference was not statistically significant (p=0.08 and 0.24, respectively), due to limited power. A longer RFS (10.0 vs. 3.6 months; p-value=0.01) was observed in HDC with autologous stem cell transplantation (n=4/13), after surgery and adjuvant chemotherapy. In early-stage disease, radical surgery (n=8/13) (vs. unilateral salpingo-oophorectomy only) and VPCBAE (n=4/10) tended to increase survival but did not reach statistical significance (p=0.85 and 0.76, respectively).
Conclusion Stage is a strong prognostic factor in SCCOHT. HDC with autologous stem cell transplantation could be offered to patients with good performance status and awareness of its debilitating toxicities. Surgical complete resection, type of adjuvant chemotherapy, and conservative treatment require further evidence. International cooperation and

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