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

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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 of 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 set up 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

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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, hydroms tubae perfluens or typical hydroms 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.
centralization of care are essential for this rare ovarian cancer that affects young women.

Abstract #82 Figure 1 Oncologic outcomes and first-line treatment characteristics of Small Cell Carcinoma of the Ovary, Hypercalcemic type evaluated at Mayo Clinic, Rochester. Each line represents a patient. Abbreviations: CHT, chemotherapy; HDC, high-dose chemotherapy (HDC) with autologous stem cell transplantation; RD, residual disease; VPBCAE, vinblastine, cisplatin, cyclophosphamide, bleomycin, doxorubicin, and etoposide

Disclosures Nothing to disclose.

#86 THE CUKUROVA SCORE IN THE PREDICTION OF PRIMARY CYTOREDUCTION IN OVARIAN CANCER: A PRELIMINARY STUDY

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Introduction/Background Primary debulking surgery still the preferred surgical route and considered a quality indicator for advanced ovarian cancer surgery. However, a significant portion of the patients are not amenable for upfront surgery, and therefore neoadjuvant chemotherapy and interval debulking surgery concept is the best current approach for this group. This study aimed to evaluate the ability of a novel score in prediction of the surgical outcomes at primary debulking surgery for ovarian cancer patients, and based on deciding to pursue on primary surgery or switching to neoadjuvant chemotherapy.

Methodology This observational prospective study was conducted between December 2018 and August 2022. Patients with peritoneal carcinomatosis due to ovarian carcinoma were included. Patients’ clinic, radiologic, and laparoscopic findings were recorded, and anticipated required surgical procedures were determined, and based on Cukurova score was developed. Cytoreduction results, postoperative morbidities, and 90-day mortality were compared between patients according to Cukurova score and debulking type. Area under curve, 90-day mortality were compared between patients according to Cukurova score and debulking type. Area under curve, 90-day mortality were compared between patients according to Cukurova score and debulking type. Area under curve, 90-day mortality were compared between patients according to Cukurova score and debulking type. Area under curve, 90-day mortality were compared between patients according to Cukurova score and debulking type. Area under curve, 90-day mortality were compared between patients according to Cukurova score and debulking type. Area under curve, 90-day mortality were compared between patients according to Cukurova score and debulking type.

Results Among the 114 patients included in the study. Primary debulking surgery was performed in 70% of the cases. Among them, complete cytoreduction (R0) was achieved in 97.3%, and optimal cytoreduction (R1) was achieved in 2.7% of cases with Cukurova score ≤12. A result of no macroscopic residual disease was not succeeded in any of the cases whose Cukurova score was >12, moreover 75% of them ended with nonoptimal surgery. Odds ratio of 90-day mortality was 13.4 (1.5–119.7) for patients with Cukurova score >12 comparing with those with ≤12.

Conclusion Cukurova score is a highly promising model for discriminating advanced ovarian cancer patients to primary debulking surgery or neoadjuvant chemotherapy based on an individualized patient-oriented concept that could weigh surgery-related morbidity and mortality while predicting complete cytoreduction rates.

Disclosures None

#88 ABDOMINAL B-CELL LYMPHOMA MIMICKING OVARIAN CANCER

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Introduction/Background A 54-year-old patient with no preceding comorbidities presented in our clinic with dyspnea and abdominal distension. The clinical examination revealed pleural effusion and ascites. Gynecological sonography showed an ovarian cyst (54x44 mm), ascites and peritoneal carcinosis in the pouch of Douglas, suspicious of ovarian cancer, as well as a suspicious lymph node in the right axilla. In order to confirm the diagnosis of ovarian cancer and to schedule further therapeutic steps, a staging laparoscopy was performed. Intraperitoneal white milky ascites, white stipples and pleural effusion on the diaphragm and liver as well as white-yellow marbling of the liver were detected. The fallopian tubes and the ovaries were enlarged with tumor. Biopsies were taken from the diaphragm, the liver around the falciform ligament and from the right fimbrial funnel. All biopsies from the abdomen and the axilla revealed high lymphatic infiltration matching a stage III B-cell lymphoma (marginal zone lymphoma). The patient was transferred to the hemato-oncological department for further therapy. Cytostatic therapy with six cycles R-CHOP (rituximab, cyclophosphamide, hydroxydaunorubicin, vincristine sulfate, prednisone) was initiated and the patient is doing well and