

average of about 14.9 lymph nodes per patient. Nodal metastasis were detected in 8 (21.6%) patients. Six (75%) of patients with lymph metastases had a serous ovarian carcinoma while in 1 (12.5%) patient was detected a clear cell carcinoma, and 1 (12.5%) an endometrioid carcinoma.

Conclusion Surgery is still an important treatment strategy for ovarian cancer, but the role of systematic lymphadenectomy for treating ovarian cancer is still controversial. Lymph node status may significantly affect the survival of patients with ovarian cancer.

Disclosures No disclosures

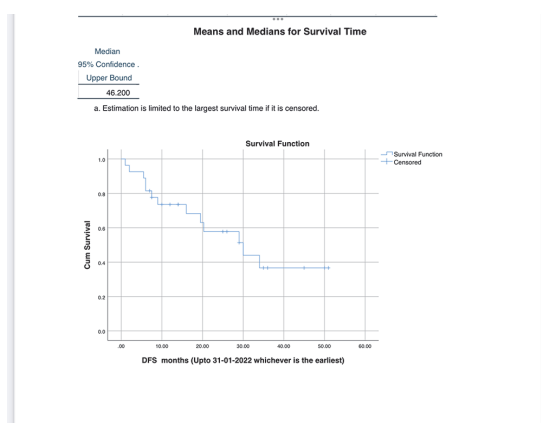
#134 EARLY OUTCOMES FOLLOWING SECONDARY CYTOREDUCTIVE SURGERY IN RECURRENT OVARIAN CANCER FROM A TERTIARY INSTITUTE OF A DEVELOPING NATION

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10.1136/ijgc-2023-ESGO.519

Introduction/Background About 80 percent of patients of ovarian cancer relapse following optimal cytoreduction and chemotherapy. A majority of these patients are in poor general condition due to conglomeration of factors leading to malnutrition and poor immunity. The 10 year survival of these patients is less than 15%. A historical debate continues to exist regarding treatment following relapse in platinum sensitive disease. The objective of this prospective study was to evaluate the short term outcomes of patients undergoing secondary cytoreductive surgery at our institute.

Methodology Twenty-eight patients of histological and biochemical relapsed ovarian cancers were operated between April 2017 and December 2021. The selection criterion of platinum sensitivity and AGO DESKTOP III with a good performance score (ECOG 0–2), no ascites and a previous complete cytoreduction. Disease free survival was calculated from the date of last treatment (chemotherapy or surgery) to the date of recurrence/death, whichever is the earliest, or upto 31–01–2022 in patients without evidence of recurrent disease



Abstract #134 Figure 1 Kaplan Meir curve showing survival

Results A total of 28 women underwent surgery, of which 17 underwent primary surgery and 11 underwent interval cytoreduction. A total of 13 patients (46.4%) had experienced

recurrence, 13 (46.4%) had no recurrence and 2 (7.17%) are still undergoing therapy as of 31–01–2022. The mean disease free survival (DFS) in the recurred group was 14.29 months (range 1–34 months, median- 19.5months) and in the non recurred group was 20.515months (range 7–51 months, median -17.75 months).Morbidity was evaluated using Clavien Dindo Morbidity Index

Conclusion The mean DFS following secondary CRS is 20.51months including relapse following the secondary CRS which is significant enough to provide the benefit of surgery in a select population of patients

Disclosures Nil

#135 SYNCHRONOUS ENDOMETRIAL AND OVARIAN CANCER AND ITS RECURRENT RISK FACTORS: CASE SERIES

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10.1136/ijgc-2023-ESGO.520

Introduction/Background Synchronous endometrial and ovarian cancer (SEOC) is a relatively rare entity with indistinct clinical manifestation but has a better prognosis compared to metastatic malignancy of each organ. The aim of the study is to determine the prognosis and factors associated with the recurrence of SEOC.

Methodology This case-series study was performed on 37 histologically confirmed SEOC, diagnosed and treated in our tertiary hospital from March 2009 to September 2020. Disease-free survival (DFS) and overall survival (OS) rates following indicated procedure were calculated using the Kaplan-Meier method. Univariate and multivariate Cox regression analysis were used to determine risk factors of recurrence.

Abstract #135 Table 1 The 180-month DFS for selected variables

Variables	Univariate Analysis		Multivariate Analysis	
	HR	p-value	HR	p-value
Age	<55	Ref.		
	>55	1.46	0.531	
Parity	Nulliparous	Ref.		
	Multiparous	1.46	0.622	
Depth of myometrial invasion	Endometrium	Ref.		
	Myometrium*	3	0.156	
Ovarian Histology	Non-endometrioid	Ref.		
	Endometrioid	0.19	0.037	Ref.
Ovarian Grade	I	Ref.		
	II, III	4.72	0.045	Ref.
Ovarian Stage	I	Ref.		
	>I	5.06	0.037	Ref.
Endometrial Histology	Non-endometrioid	Ref.		
	Endometrioid	2.8	0.324	
Endometrial Grade	I	Ref.		
	II, III	0.39	0.367	
Endometrial Stage	I	Ref.		
	>I	0.04	0.588	
CA-125	Normal	Ref.		
	Elevated	1.17	0.877	
Adjuvant therapy	NO	Ref.		
	YES	2.05	0.490	
Lymphovascular space invasion	No	Ref.		
	Yes	1.15	0.826	Ref.
Omentum invasion	No	Ref.		
	Yes	9.44	0.004	Ref.
PLND invasion	No	Ref.		
	Yes	2.26	0.295	
Cervix invasion	No	Ref.		
	Yes	1.42	0.735	
Peritoneal invasion	No	Ref.		
	Yes	1.84	0.298	
Ovary invasion	Unilateral	Ref.		
	Bilateral	1.9	0.266	

*less 50%.

Results The mean age of participants was 49.38 (age range: 26–78). The most common complaints and symptoms were abdominal pain (40.5%), followed by abnormal uterine