average of about 14.9 lymph nodes per patient. Nodal metastasis were detected in 8 (21.6%) patients. Six (75%) of patients with lymph metatstases 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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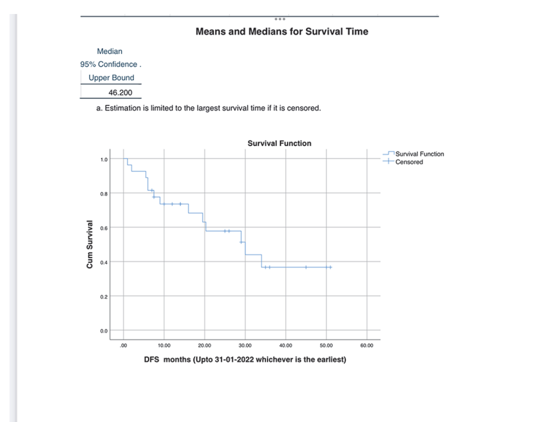
Introduction/Background About 80 percent of patients of ovarian cancer relapse following optimal cytoreduction and chemotherapy. A majority of these patients are in poor general condition due to conglomeration of factors leading to malnutrition and poor immunity. The 10 year survival of these patients 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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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.	0.531		
	>55	1.46			
Parity	Nulliparous	Ref.	0.622		
	Multiparous	1.46			
Depth of myometrial invasion	Endometruim	Ref.	0.156		
	Myometrium*	3			
Ovarian Histology	Non-endometroid	Ref.	**0.037**	Ref.	
	Endometroid	**0.19**			
Ovarian Grade	I	Ref.	**0.045**	Ref.	
	II, III	**4.72**			
Ovarian Stage	I	Ref.	**0.037**	Ref.	
	>I	**5.06**			
Endometrial Histology	Non-endometroid	Ref.	0.324		
	Endometroid	2.8			
Endometrial Grade	I	Ref.	0.367		
	II, III	0.39			
Endometrial Stage	I	Ref.	0.588		
	>I	0.04			
CA-125	Normal	Ref.	0.877		
	Elevated	1.17			
Adjuvant therapy	NO	Ref.	0.490		
	YES	2.05			
Lymphovascular space invasion	No	Ref.	0.826	Ref.	
	Yes	1.15			
Omentum invasion	No	Ref.	**0.004**	Ref.	
	Yes	**9.44**			
PLND invasion	No	Ref.	0.295		
	Yes	2.26			
Cervix invasion	No	Ref.	0.735		
	Yes	1.42			
Peritoneal invasion	No	Ref.	0.298		
	Yes	1.84			
Ovary invasion	Unilateral	Ref.	0.266		
	Bilateral	1.9			

*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

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bleeding (29.7%). Most common histological presentation was endometroid type for both ovarian (46%) and endometrial (97.3%) cancers. Over the mean follow-up period of 85.54 months, 11 patients developed recurrence without mortality. Non-endometrioid histology of ovarian cancer, higher grade and stage of ovarian cancer, and omentum invasion were significantly associated with worse DFS in unvariate analysis. Lymphovascular invasion was the sole predictor of DFS in multivariate analysis.

Conclusion While this study was not able to investigate the risk factors of overall survival associated with SEOC, the results of this study provides an overview of clinicopathological presentation of the disease and emphasizes the importance of lymphovascular invasion in determining prognosis and DFS in SEOC

Disclosures nothing for disclosure

#136 THE ROLE OF EDMONTON FRAIL SCALE ASSESSMENT IN PRE-OPERATIVE COUNSELLING FOR OVARIAN CANCER CYTOREDUCTIVE SURGERY

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Introduction/Background Frailty refers to the decrease in physiological reserve as well as multisystem impairments that develop separately to the normal ageing process. Objective frailty assessment can be valuable in the pre-operative risk-stratification of advanced ovarian cancer (OC) patients. We explored the association of Edmonton Frail Scale (EFS) on cytoreduction surgical outcomes.

Methodology We retrospectively collected data on consecutive patients who underwent cytoreductive surgery for OC between 2018–2022. This included demographics, morbidity, mortality and surgical outcomes including length of stay(LOS). We used inferential univariate statistics to describe our dataset. Spearman's correlation was used to primarily explore the association between EFS and quoted pre-operative morbidity and mortality (P-POSSUM/SORT scales) as well as surgical outcomes including complications and LOS.

Results 161 patients with a median age of 68(IQR 60–75) underwent primary(N=95), interval(N=45) or delayed cytoreduction(N=21). The median ASA was 2(IQR 2–3) and the median operating time was 209minutes(IQR 142–279). Overall the preoperative median EFS was 3 out of 17(IQR 2–5), which translated into 126(78.3%)'not frail', 25(15.5%)'vulnerable', 8(5%)'mildly frail', 1(0.6%)'moderately frail' and 1 (0.6%)'severely frail' patients. The median (IQR) HDU and overall length of stay was 2(1–4) and 7(5–10) days respectively. The median (IQR) number of post-operative complications was 0(0–2), with the median most severe complication being 2(1–3) on the Clavien-Dindo scale. Pre-operative EFS was statistically significantly associated with overall LOS (coef=0.164, p=0.038), total number of complications (coef=0.223, p=0.005), P-POSSUM morbidity score (coef=0.261, p=0.01), P-POSSUM mortality score (coef=0.288, p≤0.01), SORT score (coef=0.363, p≤0.01) and pre-operative serum albumin (coef= -0.176, p=0.025).

Conclusion EFS appears to correlate with quoted pre-operative morbidity and mortality (P-POSSUM/SORT) scales, as well as median length of stay and total number of complications. Hence EFS can be a useful adjunct in pre-operative counselling of patients undergoing cytoreductive surgery for ovarian cancer. This information can assist gynae-oncology teams in their treatment decisions and prehabilitation interventions.

Disclosures Nothing to disclose

#137 OVARIAN ADENOSARCOMA IN A POSTMENOPAUSAL WOMAN: CASE REPORT AND REVIEW OF LITERATURE

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Introduction/Background Mullerian adenosarcoma is a rare malignancy that generally occurs in the uterine corpus but more uncommonly may be found extrauterine. Ovarian adenosarcoma is extremely rare and often is presented in young women. Most of them are low grade and have à good prognosis except adenosarcoma with sarcomatous overgrowth.

Results A 77-year-old menopausal woman presented with abdominal discomfort. She had severe ascites and increasing level of CA-125, CA 19–9, HE4 tumor markers. After surgery and reviewing the pathological samples, adenosarcoma with sarcomatous overgrowth was diagnosed.

Conclusion Possibility of endometriosis transformation to malignancy even in the postmenopausal women may warrants continuous follow up for early diagnosis of this potentially fatal disease. More studies are needed to find the best therapeutic approach in adenosarcoma with sarcomatous overgrowth.

Disclosures nothing for disclosure

#139 UTERINE INVOLVEMENT IN EPITHELIAL OVARIAN CANCER AND ITS RISK FACTORS

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Introduction/Background Epithelial ovarian cancer (EOC) is an extremely aggressive and lethal carcinoma. Specific data that identify high-risk groups with uterine involvement are not available. Thus, this study aimed to evaluate a gross number of women with EOC to obtain the frequency of uterine involvement and its risk factors.

Methodology This retrospective observational study was conducted on 1900 histologically confirmed EOC women, diagnosed and treated in our tertiary hospital from March 2009 to September 2020. Data including their demographic, medical and pathological findings were collected.

Results From 1900 histologically confirmed EOC women, 347 patients were eligible for participations. The mean age of study patients was 51.31±11.37 years with the age range of 25 to 87 years. Uterine involvement was detected in 49.6% (173) of the patients either macroscopic (47.4%) or microscopic (52.6%) types.

Uterine involvement was significantly associated with having AUB (P-value = 0.002), histological type of ovary tumor (P-value < 0.001), ovarian cancer stage (P-value < 0.001), and abnormal CA-125 concentration (P-value = 0.004).

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