Abstracts

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

1Mark R Brincat*, 1,2Ana Rita Mira, 1Shahnam Cyclewala, 1Meghana Enumula, 1Michal Sideris, 1James Dilley. 1Department of Gynaecological Oncology, Royal London Hospital, Barts Health NHS Trust, London, UK; 2Hospital Garcia de Orta, Almada, Portugal

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 cytoreductive 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 209 minutes (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 gyna-oncology teams in their treatment decisions and prehabilitation interventions.

Disclosures nothing for disclosure

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

1Azam Sadat Mousavi, 1Narges Zamani*, 1Mona Mohseni, 2Sedigheh Ghasemian Dizaj Mehr, 1Fatemeh Zamani. 1TJMS, Tehran, Iran; 2Urmia University of Medical Sciences, Urmia, Iran

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

1Mitra Mosavari Gilani, 1Narges Zamani*, 1Azam Sadat Mousavi, 1Setareh Akhavan, 1Shahraz Sheikh-Bashani, 1Somayeh Nikfar. 1TJMS, Tehran, Iran; 2Arak University of Medical Sciences, Arak, Iran

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).