

bleeding (29.7%). Most common histological presentation was endometrioid 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 univariate 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

¹Mark R Brincat*, ^{1,2}Ana Rita Mira, ¹Shabnam Cydewala, ¹Meghana Enumula, ¹Michail Sideris, ¹James Dilly. ¹Department of Gynaecological Oncology, Royal London Hospital, Barts Health NHS Trust, London, UK; ²Hospital Garcia de Orta, Almada, Portugal

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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 surgery 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 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

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

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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 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 Modares Gilani, ¹Narges Zamani*, ¹Azam Sadat Mousavi, ¹Setare Akhavan, ¹Shahzad Sheikhasani, ²Somayeh Nikfar. ¹TUMS, Tehran, Iran; ²Arak University of Medical Sciences, Arak, Iran

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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).