**Results** Panellists consensually agreed that both BRCA mutation and homologous recombination deficiency (HRD) status should be assessed in parallel with initial histopathological diagnosis, and that first-line (1L) platinum chemotherapy could be started concurrently. There was consensus that other academic HRD tests are acceptable, provided they are validated prior to testing. Panellists agreed that high-risk disease was a FIGO stage III tumour operated with incomplete resection, regardless of size of residual disease and surgery timing, or a FIGO stage IV tumour, meaning that complete interval debulking surgery could potentially be considered at low risk for disease recurrence. The decision for maintenance treatment with a PARPi, bevacizumab, or both, was based on clinician consideration of the high risk or low risk, and response to 1L platinum chemotherapy, including RECIST criteria and KELIM.

**Conclusion** Among multiple therapeutic options, the key drivers for selecting maintenance treatments for EOC in routine practice included: clinician perception regarding the risk for early disease progression (based on criteria slightly different from published clinical trials), chemosensitivity and molecular characteristics (BRCA/HRD status).

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## #228 BORDERLINE TUMORS OF THE OVARY: EXPERIENCE OF 99 CASES FROM A SINGLE ACADEMIC INSTITUTION

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**Introduction/Background** The aim of the study was to evaluate the clinicopathological features and the survival time estimates in patients treated for borderline ovarian tumors (BOTs).Fertility rates was also reported.

**Methodology** A retrospective review of all patients treated for BOTs at the University of Bari (Bari, Italy) between 1991 and 2022 was performed. Data were obtained from hospital records and gynecological oncology charts.

**Results** Ninty-nine patients were identified. The median age was 41 years (range 12–87). The majority of the patients (91%) presented symptoms such as pain and sense of tightness in abdominal and pelvic area at diagnosis. FIGO stage I disease was found in 74% of patients, stage II in 14% and the remaining 12% had stage III. Half of the patients had serous histology in their tumors whereas 31% had mucinous histology. All women underwent surgery. Twelve percent of the patients had a recurrence. The median survival was 49 months (range 16–84) and the 5 year survival rate was 98%. No statistical difference has been observed in survival between complete and conservative surgery, stage I and II/III, serous versus no serous histological types, and positive versus negative CA-125 and CA-19.9 levels of at diagnosis.

**Conclusion** BOTs have an excellent prognosis. Surgery is the gold standard of treatment for these tumors and conservative treatment in patients who desire to preserve fertility may be a valid option of treatment.

**Disclosures** No disclosures.