

148a-3p to promotes malignancy and cisplatin resistance of OVCA.

**Disclosures** The authors declare that they have no competing interests.

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**MALIGNANT TRANSFORMATION IN A MATURE CYSTIC TERATOMA OF THE OVARY. A 5-YEAR DESCRIPTIVE STUDY**

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**Introduction/Background** Malignant transformation (MT) in mature cystic teratoma of the ovary (MCTO) is a rare event. This descriptive study primarily aims to determine the prevalence rate of MT in MCTO and describe clinicopathologic features, management, and prognosis of patients who developed this rare type of tumor and likewise deliver a review in the light of recent literature.

**Methodology** A descriptive observational study of patients with MT in MCTO. The clinical and pathological records of each patient were reviewed. Descriptive statistics were used.

**Results** Between January 2016 to December 2020, of the 369 cases of mature cystic teratoma, 22 cases with malignant transformation were reported with an incidence of 6%. The mean age of diagnosis was 52 years, of which 70% are aged 50 years old and above. Fifty-nine percent (13/22) and 32% (7/22) of the cases were squamous cell carcinoma and mucinous adenocarcinoma, respectively. Very rarely malignant transformations were carcinoid tumors (1) and follicular carcinoma (1). The most common reason for consult among patients is a palpable abdominal/pelvic mass (45.5%). Around 60% percent of cases have an elevated CA-125 value with a mean level of 180 U/ml. Seventy-two percent of cases with malignant transformation measured 10 cm or more with the largest mean diameter of 13 cm. Five patients underwent fertility-sparing surgery. Fourteen had staging procedures. Twelve patients were at Stage I. Three, 4 and 3 patients were at Stage II, III, and IV respectively. Ten patients received adjuvant platinum-based chemotherapy and 9 patients warrant no treatment after surgery. The median survival time is 14 months.

**Conclusion** MT in MCTO is not a common occurrence but should be considered in older patients with large tumor sizes and elevated CA-125. This entity suggests an aggressive behavior but complete resection and indicated adjuvant platinum-based chemotherapy may improve survival.

**Abstract #257 Table 1** Clinicopathologic features of patients with malignant transformation.

Variables	N =22 (%)	Procedure done	
Age		Salpingoophorectomy	5 (22.7)
30-39	3 (13.6)	THBSO	17 (77.3)
40-49	4 (18.2)	With Staging	14 (63.6)
50-59	12 (54.5)	Without staging	8 (36.4)
≥60 and above	3 (13.6)	Final Stage	
CA-125		IA	8 (36.4)
Normal (<35mIU/ml)	6 (27.3)	IB	1 (4.5)
Low normal (> 35 to < 100mIU/ml)	4 (18.2)	IC	3 (13.6)
High normal (> 100 mIU/ml)	9 (40.9)	II	3 (13.6)
No record	3 (13.6)	III	4 (18.2)
Reason for consult		IV	3 (13.6)
Abdominal enlargement	5 (22.7)	Adjuvant Treatment Given	
Abdominal/pelvic pain	4 (18.2)	Observation	9 (40.9)
Palpable mass	10 (45.5)	Chemotherapy	10 (45.5)
Others (incidental findings, vaginal bleeding, body weakness)	3 (13.6)	none (no consent/ did not follow up)	3 (13.6)
Size of Ovarian mass		Alive status since diagnosis	
< 10 cm	6 (27.3)	< 6 months	4 (18.2)
10-15 cm	9 (40.9)	6-12 months	6 (27.3)
16-20 cm	6 (27.3)	> 12-24 months	4 (18.2)
>20 cm	1 (4.5)	>24 months	8 (36.3)

**Disclosures** none

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**DIAGNOSIS OF MALIGNANT OVARIAN TUMORS: EVALUATION OF THE PERFORMANCE OF THE RMI 1 SCORE**

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**Introduction/Background** The diagnosis of ovarian cancer is often established at a late stage of the evolution of the disease with the absence of universal screening method. The RMI1 (Risk of malignancy index 1) is a score to predict the risk of malignancy of a suspicious ovarian mass. The purpose of our work was to evaluate the performance of the RMI1 score in the evaluation of the risk of malignancy of suspicious ovarian masses in our service.

**Methodology** This was a descriptive, longitudinal, retrospective and mono-centric study conducted in the department of gynecology 'C', spread over a period of 03 years (from January 2019 to December 2021) conducted among women operated for suspected ovarian mass and meeting the criteria of suspicion. 89 patients were included in the work.

Women who were lost to follow-up were excluded.

**Results** The average age of the patients was 45.6 years. Concerning the circumstances of discovery, chronic abdominopelvic pain was the most frequent reason for consultation of the patients (n=39), i.e. 44.3% of the cases. A score greater than or equal to 200 suggestive of malignancy was observed in 70.5% of the cases. The suspected ovarian mass was malignant in 60.2% of cases. The malignant tumor was primary in 88.7% of cases and secondary in 11.3% of cases. The median RMI score was equal to 405 (IQR= [118.5–2034]).The RMI 1 score was significantly higher for malignant tumors (P=0.003),with an area under the ROC curve at 68.9%. 90% of the malignant epithelial tumors (n=27) had an RMI1 score higher than 200. On the other hand, 41.7% of borderline tumors had an RMI1 score < 200, i.e. a rate of about 50% of cases.

**Conclusion** The diagnostic contribution of the RMI1 score in our series is low compared to the literature data, and a prospective multicenter study is needed.

**Disclosures** The author and the co-authors have not potential conflict of interest to report

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**REAL WORLD EXPERIENCE WITH PARPI MAINTENANCE USE IN OVARIAN CANCER**

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**Introduction/Background** Survival of ovarian carcinoma has improved in recent years due to determination of the homologous recombination deficit (HRD), and the use of first-line maintenance with PARP inhibitors (PARPi).

The aim of our study was to do a real world study in patients treated in our Center.

**Methodology** A cross-sectional longitudinal observational study was designed in a cohort of 100 patients diagnosed with