tumors. In ovarian cancer (OC) JARID1A leads to proliferation and metastasis. High JARID1B mRNA-expression is associated with poor outcome and chemoresistance in OC. The aim of this study was to explore the role of JARID1A- and JARID1B-mRNA-expression in OC.

Methodology JARID1A and JARID1B mRNA-expression was investigated in 238 epithelial OCs and put in relation to clinicopathological characteristics. Univariate and multivariate survival analyses were used to explore the association of both demethylases with patients' outcome. Additionally, nineteen non-neoplastic fallopian tubal and sixteen non-neoplastic ovarian samples were used as a control group.

Results High JARID1B mRNA-expression was associated with worse PFS and OS in the whole cohort, which could be confirmed in multivariate Cox-regression analysis (HR=1.638, P=0.011 and HR=1.618, P=0.009). Interestingly, in the subgroup of high-grade OCs high JARID1A mRNA-expression was associated with better PFS and OS (HR=1.538, P=0.004 and HR=1.578, P=0.007).

Conclusion Although, JARDID1A and JARID1B are so far thought to have the same biological functions, we showed for the first time that high JARID1A expression is independently associated with favorable PFS and OS in high-grade OCs, whereas high JARID1B mRNA-expression is associated with worse clinical outcome. These findings suggest that potential targeted therapies on chromatin modulation by histone demethylation should be carefully tailored by considering the opposite prognostic effects of both demethylases.

Disclosures No Disclosures.

#425 HUGE ADNEXAL MASS MANAGED MINIMALLY INVASIVE SURGERY USING FLOUROSCOPY C-ARM COVER BAG

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Introduction/Background Minimally invasive surgery is widespread used for the management of adnexal masses. However the main concern of minimally invasive surgery is dissemination of the abdomen and contamination to port sites. Sterile endobags are used in order to prevent dissemination. There are commercial endobags which can be as much as 15 cm in diameter. The removal of bigger masses may be problematic since the mass may not fit into bags. Controlled rupture of the masses which are strogly supposed to be benign was shown not to have adverse outcome. However a mass must be removed in sterile bags which has suspicion of malignancy.

Methodology In this we present management of a huge adnexal mass using flouroscopy C-Arm cover bag. The patient admitted to our department with the diagnosis of adnexal mass. Ultrasonography revealed a multiloculated mass 17 cm in diameter. No ascites or distant metastasis was detected. Ca 125 level was 47. Laparoscopic exploration and salpingooferectomy was performed. Posterior colpotomy was performed for removal of the mass. A flouroscopy C- Arm bag was put into abdomen through colpotomy incision using straightened needle and theades. After taken into abdomen the needles were passed through abdominal wall and the threads was pulled for insertion of the bag through the colpotomy incision. The mass was put into bag and the needles were passed through the abdominal wall and the thread was brought outside the vagina for pulling back the bag. When the opening of the bag was taken outside the vagina the cyst was aspirated and the mass was removed without any contamination. Frozen section revealed borderline tumor and staging was performed laparoscopically.

Results Huge adnexal masses may be managed usign Flouroscopy C-Arm cover bag succesfully without any contamination

Conclusion Huge adnexal masses may be managed usign Flouroscopy C-Arm cover bag succesfully without any contamination

#428 LOW-GRADE SEROUS OVARIAN CARCINOMA IN PREGNANCY – A CASE REPORT

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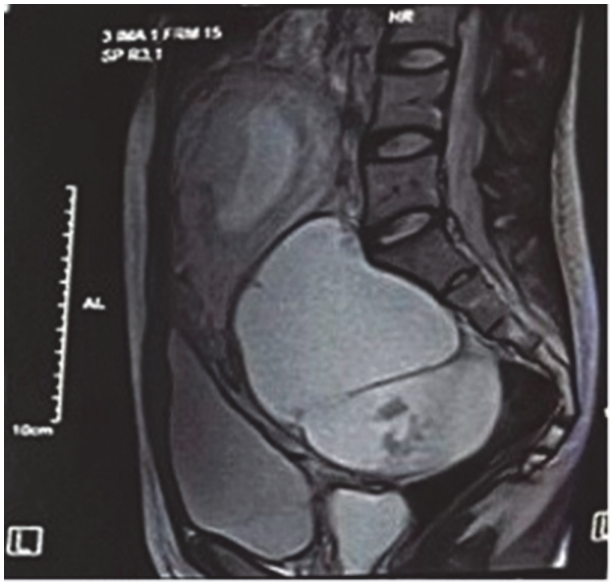
Introduction/Background Adnexal masses are encountered in 2.4–5.8% of all pregnancies.In 0.2–3.8 per 100000 pregnancies, ovarian cancer is diagnosed. Low-grade serous ovarian cancer is rare,as it accounts for 2% of all epithelial ovarian cancers.

Results A 26-year-old primigravida was referred to our gynecological oncology unit for evaluation and management of a adnexal mass during pregnancy. At a gestational age of 12 weeks, sonography revealed a heterogeneous image in the left ovary of 122x104x90mm with vascularized inner wall. Pelvic MRI revealed a large right adnexal cystic mass of 104x118x116mm, multiloculated with papillary projections. Blood serum demonstrated cancer antigen (CA) 125 levels of 60U/mL, carcinoembryonic antigen (CEA) and CA 19.9 were within normal limits. The patient underwent exploratory laparotomy at 27 weeks of gestation, a right adnexal tumor of approximately 8cm was attached to the right posterolateral wall of the uterus and to posterior cul-de-sac. Left adnexa without macroscopic changes and absence of peritoneal carcinomatosis.

Right salpingooophorectomy was performed, with intraoperative capsule rupture,and inconclusive frozen secction. Final histopathology revealed a low grade serous cystadenocarcinoma, absence of linfovascular infiltration, ovarian surface was not compromised, right uterine tube not compromised, and peritoneal fluid cytology negative for malignancy.

Following discussion in the multidisciplinary tumor board, it was decided to perform videolaparoscopy for reestaging at a second time after delivery. Patient underwent cesarean delivery at 36 weeks of gestation due to labor and anomalous fetal presentation. Videolaparoscopy was performed 46 days after the delivery, peritoneal washings were collected and multiple peritoneal biopsies were performed, intraoperative frozen secction and the final histopathology revealed absence of malignancy. The patient had a well recovery, in clinical follow-up, with no evidence of the disease so far.



Abstract #428 Figure 1 Pelvic MRI

Conclusion Since there is limited information regarding the optimal therapeutic approach to epithelial ovarian cancer during pregnancy, each case needs to be addressed individually.
Disclosures Gestational age at diagnosis, the initial surgical procedure, disease stage and patient's preferences are the key factors to establish the best treatment strategy.

#443 FEASIBILITY OF A CARBOPLATIN DESENSITIZATION PROTOCOL AFTER HYPERSENSITIVITY REACTION (HSR) IN PATIENTS WITH GYNECOLOGIC MALIGNANCIES

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Introduction/Background Carboplatin-based chemotherapy is one of the most used regimens for gynecologic malignancies. Repeated administration of carboplatin can induce hypersensitivity reactions (HSR) and may result in life threatening reactions, leading to discontinuation of therapy. Therapy discontinuation might be prevented using a carboplatin desensitization protocol (CDP).
Methodology In this retrospective study we analyzed patients treated with CDP at each cycle of therapy after a HSR to carboplatin. The basis of CDP is titration of the carboplatin-dosage with increasing concentrations from 1:1000/1:100/1:10 and finally the leftover. All patients had gynecological malignancies and were treated at our tertiary institution of Kliniken Essen-Mitte, Germany from January 2012 until March 2023.
Results CDP was applied to a total of 68 patients (56 ovarian, 9 breast, three synchronous ovarian and breast cancer). BRCA1/2mutations were identified in 18 patients.

HSR occurred in the second (n=32, 47.1%), third (n=15, 22.1%), fourth (n=8, 11.8%) and fifth (n=5, 7.4%) line of chemotherapy. A median number of 8 cycles (range 4–24) of carboplatin were administered prior to HSR with a median accumulative dosage of 4.495mg (range 710mg -13.370mg).

During application of the CDP, 26 patients (38.2%) suffered a renewed HSR, n=22/26 (84.6%) during the first, n=2/26 (7.7%) the second, n=1/26 (3.9%) the third and n=1/26 (3.9%) the fifth desensitization cycle, respectively. In 41/68 (60.3%) patients the planned chemotherapy regimen was completely administered without a recurrence of HSR, 30 patients with 1–5, 9 patients with 6–10, and 2 patients >10 CDP cycles, respectively (median: 4 cycles being administered as CDP). Predictors (BRCA status, cumulative carboplatin dosage, cycles of carboplatin) of successful CDP administration were not identified.
Conclusion CPD is a feasible strategy for patients with HSR to carboplatin and enables the continuous platinum-based chemotherapy. However, close monitoring is indicated to recognize repeated HSR promptly, especially at the first cycle of desensitization.
Disclosures None

#444 VERIFICATION OF THE ASSOCIATION OF THE SURGICAL COMPLEXITY SCORE (ALETTI SCORE) WITH POSTOPERATIVE COMPLICATIONS IN A COHORT OF PATIENTS OPERATED FOR ADVANCED OVARIAN CANCER

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Introduction/Background Adnexal carcinoma is most often diagnosed at an advanced stage and the standard treatment is chemotherapy combined with cytoreductive surgery (CRS). This CRS must be macroscopically complete and, because of the possible need for extensive resections, may be a source of postoperative complications. A score has been described specifically for advanced ovarian cancer (AOC) surgery, the surgical complexity score (SCS) from 1 to 18. It defines 3 groups according to the resection procedures performed: low risk (SCS □ 3), intermediate risk (SCS between 4 and 7), or at high risk (SCS □ 8) of presenting a complication of grades III to V of the Clavien-Dindo classification.
Methodology Between 2017 and 2022, 239 CRS are performed for AOC at the Oscar Lambret Center. Different disease variables, patient comorbidities, and complications during the 30-day postoperative period were collated. Descriptive statistical analyses and correlation test were used and the