association between the risk of serious complications and SCS was explored with a logistic regression model.
Results The CRS was classified as low risk for 35 patients (14.6%), intermediate risk for 110 patients (46%), and high risk for 94 patients (39.3%). Within 30 days after surgery, 254 patients (10%) had a Clavien-Dindo grade III to V complication. The serious complication rate in our cohort was 7.6% among patients with SCS < 8 versus 13.8% in the group of patients with SCS ≥ 8. Compared to patients with SCS < 8, patients with SCS ≥ 8 had a higher, but not significant, risk of complications (OR=1.96 [0.84- 4.57], p=0.12).
Conclusion In our cohort, an SCS ≥ 8 is in favor of a higher risk of serious postoperative complication. The use of this score in CRS could help to propose tailored perioperative management based on SCS.
Disclosures none disclosures

#445 SURGICAL OUTCOMES AND SURVIVAL ANALYSIS FOLLOWING PRIMARY SURGERY IN BORDERLINE AND MALIGNANT EPITHELIAL OVARIAN CANCERS (EOCS) – SINGLE CENTRE EXPERIENCE FROM SOUTH INDIA

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Introduction/Background Ovarian cancer is the second most common genital malignancy among women in India. Surgery has a unique role and its aim is staging and to remove all visible disease known as optimal cytoreduction. Primary debulking surgery (PDS), although, is the standard of care, its evidence is primarily indirect, derived from retrospective data. In this study we analysed the experience at our centre and also hoped to strengthen the armamentarium of published data on PDS in ovarian cancer.
Methodology This retrospective longitudinal study included women who underwent primary surgery for borderline and malignant EOCs 2011 - 2017 at VPS Lakeshore Hospital and Research Centre, Kochi, India. Patients' age, tumour stage, histopathology, surgery status (optimal, suboptimal), post-operative stay and recovery, adjuvant chemotherapy, progression-free survival (PFS), and overall survival (OS) rate was collected. Primary outcome measured was OS and PFS. Secondary outcomes measured were morbidity and adverse effects. Univariate and multivariate Cox proportional hazard regression was used for OS and PFS. For statistical significance, p value of less than 0.05 was considered statistically significant.
Results A total of 81 patients who underwent primary surgery were analysed and followed up for a period of 5 years. 61.73% had stage I disease and 23.4% had stage III disease. 79 out of the 81 patients underwent optimal cytoreduction. (97.5%) 5 year OS was 94.35% for stage 1 and 2 and 70.83% for stage 3 and 4. 5 year PFS for stage 1 and 2 was 94.73% and for stage 3 and 4 was 44.91%. Optimal cytoreduction was found to have a statistically significant positive correlation with OS on both univariate (p value =0.0003) and on multivariate (p value = 0.005) and PFS on univariate (p value = 0.0003) analysis.
Conclusion Primary surgery plays a key role with optimal debulking significantly contributing to OS and PFS.
Disclosures None

#450 SURGICAL MANAGEMENT OF MALIGNANT INTESTINAL OBSTRUCTION IN PATIENTS WITH OVARIAN CANCER – TEN-YEAR EXPERIENCE OF A TERTIARY GYNECOLOGIC ONCOLOGY DEPARTMENT

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Introduction/Background Therapy options by malignant intestinal obstruction (MIO) in relapsed ovarian cancer (rOC) are associated with high mortality and morbidity rates, which poses a great challenge in deciding which therapy option should be chosen. Our aim was to evaluate clinical and surgical outcomes of pts with MIO in rOC, who were operated directly, or after failure of conservative treatment in the further course of disease.
Methodology It was a descriptive analysis of pts with MIO and rOC admitted to KEM (Germany) in 2012–2022. Data were extracted from the prospectively running data base of our clinic, missing data were elucidated by chart review.
Results 22 pts were included. 20 pts had HGSOC. 18 pts (82%) represented with nausea, vomiting, abdominal pain; 4 pts(18%) – with acute abdomen. At the time of diagnosis of MIO, 8 pts(36%) presented with the 1 st relapse simultaneously; 14 pts(64%) were in the 2nd or further line therapy with 6/14 pts(43%) also having a relapse. 8 pts(36%) were primarily treated conservatively, 14 pts(64%) underwent direct surgery. The median time of conservative therapy was 19.5 days (range 9–63 days). After no improvement or worsening of symptoms 7 pts were operated. 5/7 pts had a major complication requiring another abdominal surgery, compared to 3/14 pts who were primarily operated. The mean hospital stay was 49.6 days (conservative therapy, range 10–96) vs. 27.2 days (directly operated, range 10–65) (p=0.028). Finally, 17 pts(77%) were discharged, 5 pts(23%) were transferred to palliative care unit. Median overall survival (OS) for all pts was 12 months (range 1–72 months) with OS of 48 months for primarily operated vs. 12 months treated primarily conservatively (p=0.769), 30-day mortality was 4.5%.
Conclusion Secondary surgery after failure of conservative management of MIO is associated with increased complications, longer hospital stay and frequent referral to palliative care.
Disclosures Authors have no conflicts of interest to declare regarding the submitted work.

#458 BORDERLINE TUMOR OF THE OVARY ABOUT 10 CASES AND REVIEW OF THE LITERATURE

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Introduction/Background Borderline tumors of the ovary represent 10 to 20% of malignant tumors of the ovary and concern young women for whom the preservation of fertility is a major therapeutic issue.