

involved in progress of the disease. Further study is needed in order to understand the exact mechanism of action as well as prognostic value of Th9 lymphocytes in ovarian cancer.

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#561 SURGICAL TIMING AND MEDICAL TREATMENT IN ADVANCED OVARIAN CANCER: REAL-LIFE IMPACT ON DISEASE FREE SURVIVAL AND RELAPSE PATTERN

^{1,2}Margherita Giorgi*, ^{1,2}Roberta Massobrio, ¹Luca Fuso, ¹Daniela Attianese, ¹Pier Giorgio Spanu, ^{1,2}Luca Pace, ^{1,2}Jeremy Oscar Smith Pezua Sanjinez, ^{1,2}Francesca Govone, ^{1,2}Alessandra Testi, ^{1,2}Maria Pascotto, ^{1,2}Beatrice Campigotto, ^{1,2}Elisa Maisto, ^{1,2}Nicoletta Biglia, ^{1,2}Annamaria Ferrero. ¹Academic Department of Gynecology and Obstetric, Maurizioano Umberto I Hospital, Torino, Italy; ²University of Turin, Department of Surgical Sciences, Torino, Italy

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Introduction/Background The standard of care for advanced epithelial ovarian cancer (EAOC) is primary debulking surgery (PDS) followed by platinum-based chemotherapy and maintenance treatment. If optimal cytoreduction is not achievable, 3–4 cycles of neoadjuvant chemotherapy (NACT) followed by interval debulking surgery (IDS) are recommended. The impact on outcomes of delayed IDS (IDS-D) after 6 cycles remains debated.

This study aims to assess the real-life impact of surgical timing, medical treatment and their combination on disease free survival (DFS) and relapse pattern in EAOC patients.

Methodology EAOC patients who underwent PDS, IDS, or IDS-D from January 2012 to December 2022 were identified from the institutional database. The Cox regression model was used to compare DFS and adjusted for confounding factors provided by inverse probability of treatment weighting propensity score (IPTW) based on age, performance status and stage, collected retrospectively. The pattern of recurrence was also evaluated according to surgical timing, chemotherapy and maintenance treatment.

Results Of 226 EAOC-included patients, 116 (51.6%) underwent PDS, 61 (27.1%) IDS and 48 (21.3%) IDS-D. After a median follow-up of 40 months, DFS was 24.2 months in PDS, 17.4 months in IDS (HR=1.5; CI 95% [0.9–2.2]) and 17.5 months in IDS-D (HR=1.1; CI 95% [0.7–1.8]) from IPTW analysis. The absence of residual disease was the only prognostic factor (HR=1.8; CI 95% [1.2–2.6], p=0.001).

Sites of recurrences were identified as follows: 21 (14.4%) in lymph nodes, 14 (9.6%) isolated peritoneal with or without lymph nodes, 57 (39.0%) diffuse peritoneal without parenchymal involvement, 26 (17.8%) in liver and spleen parenchyma, 28 (19.2%) extra-abdominal. Timing of surgery and medical treatment do not affect the pattern of recurrence (lymph nodes + single peritoneal vs diffuse peritoneal + epatic + extra-abdominal p=0.27).

Conclusion In our series IDS or IDS-D do not impact DFS. Timing of surgery and medical treatment do not affect relapse pattern.

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#565 THE ORIGIN AND CLINICAL CHARACTERISTICS OF HIGH-GRADE SEROUS CARCINOMA

¹Mariam Dalaty*, ¹Ovidiu Nicodin, ¹Anca Popescu, ¹Mihnea Andrei Nicodin, ¹Nicolae Niculescu, ¹Simona Criste, ²Diana Badiu, ³Constantin Ghita, ²Costin Niculescu. ¹'Doctor Carol Davila' Central Military Emergency University Hospital, Bucharest, Romania; ²Obstetrics and Gynaecology Department, Faculty of Medicine, 'Ovidius' University from Constanta, 'Sf. Apostol Andrei' Emergency Clinic County Hospital, Constanta, Romania; ³General Surgery Department, Faculty of Medicine, 'Ovidius' University from Constanta, 'Dr. Alexandru Gafencu' Emergency Military Hospital, Constanta, Romania

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Introduction/Background High-grade serous carcinoma (HGSC) is most of the time diagnosed in later stages. New assumptions show that HGSC ovarian cancers have their origin in the fallopian tubes, as tubal malignant cells travel at the adjacent ovary. This study aimed to identify the origins and clinical characteristics of women with pelviabdominal tumor.

Methodology Forty-five cases of serous pelviabdominal tumor were eligible and analyzed retrospectively in our department between 2019 and 2022. Clinical characteristics including age, family history of malignancy, menopausal status, number of births, and serum levels of cancer antigen (CA)-125 were collected.

Results Intraoperatively, we performed total hysterectomy with bilateral salpingo-oophorectomy and pelvic lymphadenectomy, viscerolysis, adhesiolysis and partial omentectomy. After mass biopsy, the diagnosis was HGSC, FIGO stage IIIC of which 26 (57.77%) patients had ovarian HGSC, and 19 (42.22%) cases had tubal HGSC. The mean age of the patients with ovarian HGSC was 57 and the mean age of the ones with tubal HGSC was 58. From the total number of patients with ovarian HGSC only 20 (76.92%), and only 11 (57.89%) diagnosed with tubal HGSC had history of malignancy, without any statistically significance. All the patients from ovarian HGSC (n=26, 100%), and only 6 (31.57%) patients suffering from tubal HGSC were at menopause, without any statistically significance. The mean number of births was 2 and the difference between CA-125 for both HGSC was also not statistically significant.

Conclusion The clinical data from both ovarian and tubal HGSC were similar, without any significant difference suggesting that both types of patients could receive a similar therapeutic scheme. Finally, this study shows the importance of determining the tumor's origin in order to achieve a proper management in the shortest amount of time.

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#576 UNDIAGNOSED GRANULOSA CELL OVARIAN TUMORS IN PATENT WHO UNDERWENT MINE LAPAROTOMIES AND MULTI ORGAN REMOVAL DUE TO RECURRENT ASCITES AND GROWING PSEUDOCYST

¹Krzysztof Nowosielski*, ²Slawomir Mrowiec, ³Robert Król, ¹Michal Krawczyk. ¹Department of Gynecological Oncology, University Clinical Center, Medical University of Silesia, Katowice, Poland; ²Department of Digestive Tract Surgery, University Clinical Center, Medical University of Silesia, Katowice, Poland; ³Department of General, Vascular and Transplant Surgery, Medical University of Silesia, Katowice, Poland

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