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.

Disclosures The authors hereby disclose no conflict of interests.

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

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

10.1136/ijgc-2023-ESGO.601

Introduction/Background The standard of care for advanced epithelial ovarian cancer (EOAC) 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 EOAC patients.

Methodology EOAC 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 EOACincluded 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 or 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 vs 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.

Disclosures The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. No specific funding was obtained for this study.

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

1Krzysztof Nowosielski*, 1Ovidiu Nicodin, 1Anca Popescu, 1Mihnea Andrei Nicodin, 1Nicolea Nicolescu, 1Simona Criste, 1Diana Badiu, 2Constantin Ghița, 2Costin Nicolescu. 1Department of Obstetrics and Gynaecology, University of Medicine, 1Ovidius’ University from Constanta, 2St. Apostol Andrei’ Emergency Clinic County Hospital, Constanta, Romania; 2General Surgery Department, Faculty of Medicine, Ovidius’ University from Constanta, 1Dr. Alexandru Gafencu’ Emergency Military Hospital, Constanta, Romania

10.1136/ijgc-2023-ESGO.602

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, visceralization, adhesiolysis and partial omentectomy. After mass biopsy, the diagnosis was HGSC. FIGO stage IIC 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 (35.7%) patients suffering from tubal HGCS 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.

Disclosures The authors declare no financial disclosures or conflicts of interest.

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

1Krzysztof Nowosielski*, 2Sławomir Mrowiec, 3Robert Krol, 4Michał 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

10.1136/ijgc-2023-ESGO.603