Introduction/Background Granulosa cell ovarian tumors (GCT) originate from sex cords and the ovarian stroma. What is characteristic of these tumors is usually low dynamics of the disease and often very late relapses. As those tumors are relatively rare, the detection and treatment might be delayed by late diagnosis.

Methodology The aim of the paper is to present a case of a woman diagnosed finally with GCT after the history of 9 laparotomies and recurrent ascites.

Results A 41-years old patient was admitted to the University Clinical Center in Katowice due to recurrent ascites of unknown etiology. The patient presented symptoms of severe abdominal pain. She reported history of nine laparotomies, hysterectomy with adnexectomy, partial removal of the rectum and sigmoid, the creation of the colostomy, appendectomy, transverse colon resection and multiple peritoneal drainage. Some peritoneal cyst and ascites were detected on imaging (CT, MRI). Ca-125 was normal. During the hospitalization the patient was consulted with surgeons, anesthesiologists, internists, gastroenterologists and radiologists. The multidisciplinary board decided to perform laparotomy with pseudocyst and ascites removal. During the operation, pseudocyst containing tissue-like structure were removed. Due to the hepatic bleeding, abdominal packing was performed. Finally, after next two laparotomies, the hemostasis was obtained, and the abdominal wall was closed with sutures. The patient recovered well. The histopathological examination revealed GCT, FIGO stage IV.

Conclusion GCTs are potentially curable neoplasms of the ovary with low treatment failure rates. Proper diagnosis on the early stage may help in introducing right treatment and help patients to recover.

Disclosures none

#580 TREATMENT OPTIONS FOR PATIENTS WITH BRAIN METASTASES FROM OVARIAN CANCER: RETROSPECTIVE MONOCENTRIC STUDY

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Introduction/Background The incidence of brain metastases (BM) in ovarian cancer (OC) is ranging from 0.49% to 6.1%. This heterogeneity can be partially explained by diagnostic procedures and treatment improvement, influencing positively on detection and outcome rates. We aimed to analyze patients with BMs from OC in a single center experience and calculate interval between diagnosis of OC and BMs, interval between BMs and data of last contact.

Methodology All women with OC who were treated in Oncogynecological Department of N.N. Alexandrov National Cancer Centre of Belarus between January 1980 and December 2022 were retrospectively identified. The main criteria were serous carcinoma, endometrioid carcinoma and clear cell carcinoma and brain metastases. All data and follow-up were taken from medical records and analyzed afterward.

Results Out of 106 patients with BMs, interval between BMs and data of last contact were studied with the use of Kaplan-Meier curves. The statistical analyses were performed using SPSS statistical software (version 23.0). A two-sided p-value < 0.05 was considered statistically significant.

Conclusion The best option for patients with OC with BMs were the application of the multimodal treatment.

Disclosures The authors have nothing to disclose.

#583 SURVIVAL OF PATIENTS WITH BRAIN METASTASES FROM OVARIAN CANCER: RETROSPECTIVE MONOCENTRIC STUDY

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Introduction/Background The incidence of brain metastases (BM) from ovarian cancer ranges at about 1% - 3%. Although brain metastasis development is very rare in ovarian cancer, it should be considered in the patient group with poor prognostic features, especially at the time of high-grade diagnosis.

Methodology We aimed to analyze patients with brain metastasis from ovarian cancer (OC), fallopian tube carcinoma (FTC), primary peritoneal carcinoma (PPC) in a single center experience and calculate overall survival (OS), disease-free (DFS) interval between diagnosis of OC and BMs.

Methods All women with OC, FTC and PPC with BMs, who were treated in Oncogynecological Department of N.N. Alexandrov National Cancer Centre of Belarus between January 1980 and December 2022 were retrospectively identified. The main criteria were serous carcinoma, endometrioid carcinoma and clear cell carcinoma and brain metastasis. All data and follow-up were taken from medical records and analyzed then. DFS and OS were studied with the use of Kaplan-Meier curves. All computations were performed using SPSS Statistics (version 23.0).

Results A total of 105 patients were analyzed: all patients with OC. The mean was 61.42 ± 9.94 (95% CI [59.52; 63.32]) years. A multimodal approach (surgery combined with radiotherapy and chemotherapy) used in 21% of patients with BMs. The overall five-year survival of patients with OC with BMs was 35.7%, while one-year DFS was 67.9%. Median time to development of brain metastases was 31 ± 2.4 (95% CI [17.35; 141.4]) months.