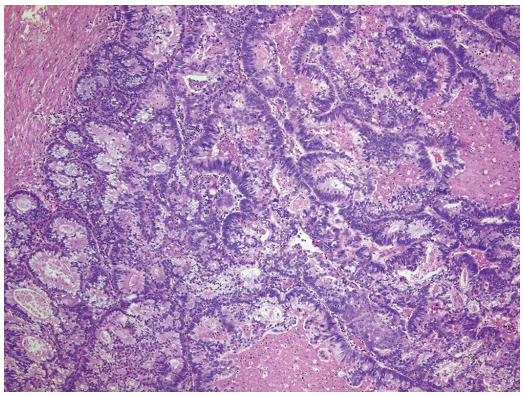
of dermoid cysts [1, 2]. We present a very rare case of early-stage ovarian adenocarcinoma resulting from malignant transformation of dermoid cyst.

A fourty-seven-years-old female patient was admitted to the Hospital due to acute abdominal pain caused by an unlarge tumor located in the pelvis and abdominal cavity. Transvaginal sonography and computed tomography revealed a 15 cm in diameter liquid cyst with one solid part 2.5 cm in diameter, without pathological vascularization. CA125, CEA, AFP, Ca 19–9 were within normal range. Due to acute condition of the patient, an immediate laparotomy was performed, which consisted of right adnexectomy and left salpingectomy.



**Abstract #592 Figure 1** Ovarian adenocarcinoma. H+E. 40x.

**Results** Pathology examination revealed ovarian teratoma with the component of adenocarcinoma of medium differentiation stage (pT1a NX, FIGO IA) [figure 1]. After a month, the patient underwent secondary intervention for careful restaging. No signs of cancer or metastatic disease were observed. She remains under routine oncological follow-up more than a year with favorable survival prognosis.

**Conclusion** Malignant transformation of the mature dermoid cyst is a rare entity and it is truly difficult to detect neoplastic transformation especially when the diagnostic imaging and oncological markers are within the normal ranges. Ovarian cyst sized above 10 cm in diameter, with suspected solid components, should be very carefully managed with special oncological care.

**Disclosures** The authors report no conflicts of interes.

## #596 ONE-CENTRE BASED REAL-WORLD DATA ON TREATMENT AND DISEASE EVOLUTION IN BRCA GERMLINE MUTATED AND NON-MUTATED EPITHELIAL OVARIAN CANCER

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**Introduction/Background** Between 10–15% of patients with epithelial ovarian cancer (EOC) carry a germline mutation in BRCA1/2. Different studies suggest that this population has a better prognosis. The purpose of our study is to analyse our BRCA1/2 germline mutated (gBRCA1/2m) population with EOC and to compare it with BRCA1/2 germline wild-type (gBRCA1/2wt) population.

**Methodology** Retrospective analysis in 158 patients with endometrioid or high-grade serous ovarian cancer with BRCA1/2 germline genetic study performed at our Hereditary Cancer Unit from February 2008 to April 2020. Patients with other histologies or pathogenic germline variants in other genes were excluded.

We described baseline characteristics and performed a comparative analysis between both cohorts at diagnosis and recurrence. Statistical analysis was performed with Wald tests, with STATA/IC 16.1.

**Results** Baseline characteristics are described in table 1. Median follow-up was 58 months. At diagnosis, gBRCA1/2m patients needed less neoadjuvant chemotherapy (24.4% vs. 50.4%, p=0.01). gBRCA1/2m patients had cytoreductive surgery (primary or interval) in a higher proportion (97.6% vs. 88%, p=0.07) and lower rate of residual disease after first-line treatment (9.8% vs 18.8%, p=0.18). The rate of relapse was lower in gBRCA 1/2m patients (48.8% vs 79.5%, p=0.001) and, platinum resistant or refractory (PR-R) relapse occurred in a lower percentage (5% vs 14%, p=0.26). gBRCA1/2m patients underwent secondary cytoreduction more frequently (45% vs 25.8%, p=0.11) and after second-line treatment presented residual disease in a lower proportion (45% vs 63.4%, p=0.27). The rate of second tumour progression was similar between both cohorts (90% vs 80.8% p=0.31), but among gBRCA 1/2m patients there were not any PR-R at that moment (0 vs 46.5% p=0.00).

**Abstract #596 Table 1** Baseline characteristics of patients at diagnosis and at recurrent disease.

| BASELINE CHARACTERISTICS AT DIAGNOSIS | | |
|---|---|---|
| | Germline pathogenic *BRCA1/2* mutation (n=41) | Germline *BRCA1/2* wild-type (n=117) |
| Median age (range) | 55 years (38-86) | 60 years (14-90) |
| Histology | | |
| High-grade serous | 39 (95.1%) | 114 (97,.4%) |
| High-grade endometiroid | 2 (4.9%) | 3 (2.6%) |
| Stage at diagnosis | | |
| I-II | 6 (14.7%) | 13 (11.1%) |
| III-IV | 35 (85.4%) | 104 (88.9%) |
| Systemic neoadjuvant treatment | 10 (24.4%) | 59 (50.4%) |
| Initial surgery (primary or interval) | 40 (97.6%) | 103 (88%) |
| Residual disease after first-line treatment (surgery + chemotherapy) | 4 (9.8%) | 22 (18.8%) |
| Maintenance with iPARP | 14 (34.1%) | 15 (12.8%) |
| Relapse | 20 (48.8%) | 93 (79.5%) |
| **RELAPSE** | | |
| | Germline pathogenic *BRCA1/2* mutation (n=20) | Germline *BRCA1/2* wild-type (n=93) |
| Platinum-resistant or platinum-refractory first relapse | 1 (5%) | 13 (14%) |
| Secondary cytorreduction | 9 (45%) | 24 (25.8%) |
| Residual disease after second-line treatment | 9 (45%) | 59 (63.4%) |
| Maintenance with iPARP | 11(55%) | 32 (34.4%) |
| Second tumor progression | 18 (90%) | 75 (80.8%) |
| Platinum-resistant or platinum-refractory at second tumor progression | 0 | 46 |

**Conclusion** In our centre, EOC gBRCA1/2m patients underwent primary cytoreduction more frequently than gBRCAwt patients, and there was a trend toward a higher rate of surgery and lower rate of residual disease, both at diagnosis and at first relapse.
**Disclosures** No disclosures.

## #598 LAPAROSCOPIC APPROACH OF EARLY-STAGE OVARIAN CANCER IS ASSOCIATED WITH SIMILAR SURVIVAL AND IMPROVED SURGICAL OUTCOMES COMPARED TO LAPAROTOMY: SYSTEMATIC REVIEW AND META-ANALYSIS

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**Introduction/Background** The aim of the present analysis was to compare survival, intraoperative and postoperative outcomes between laparoscopic and open surgical treatment of early-stage ovarian cancer patients.
**Methodology** A systematic review and meta-analysis adhered to PRISMA guidelines was performed. Included studies were prospective or retrospective, randomized controlled or cohort or case-control studies having as primary objective to compare survival outcomes between LSOC and OSOC. Primary outcomes were overall recurrence and death rate, 5-year OS and DFS, OS and DFS hazard ratios. Secondary outcomes were overall rates of intraoperative and postoperative complications, transfusion rate, blood loss, hospitalization duration and tumour rupture rate . Epidemiological and pathological characteristics were compared in order to detect potential selection bias.
**Results** Twelve studies were included in the analysis, enrolling overall 1,699 patients, 707 (41.6%) in LSOC arm and 992 (58.4%) in OSOC arm. No significant difference was observed in overall recurrence rates, as recurrence was 9.3% for laparoscopy vs. 13.5% for laparotomy (OR: 0.76, 95% CI: 0.42–1.35, P=.347). Overall death rate was marginally not significant in favor of laparoscopy group (3.8% vs. 6.5% respectively, OR: 0.55, 95% CI: 0.302–1.003, P=.051). Cyst rupture rate was significantly higher in laparoscopy group (19.4% vs. 12.2%, OR: 1.98, 95% CI: 1.14–3.41, P=.014). No significant difference was observed regarding intraoperative complications. Overall rate of postoperative complications was significantly lower in laparoscopy group (5.6% vs. 12.6%, OR:0.44, 95% CI: 0.206–0.931, P=.032). Hospitalization duration, blood loss, need for transfusion were also significantly different in favor of laparoscopy. No significant differences were detected in any epidemiological and pathological parameter, thereafter minimizing selection bias. Quality of evidence was assessed as low to moderate.
**Conclusion** Laparoscopy could be considered an effective and safe method for the management of early-stage ovarian cancer. The need to perform a well-designed prospective multicenter RCT is rather apparent to achieve definitive conclusions.
**Disclosures** Authors have nothing to disclose

## #599 FAILURE OF EARLY INTERVAL DEBULKING SURGERY AFTER STANDARD NEOADJUVANT CHEMOTHERAPY: MAY BEVACIZUMAB ADD SOMETHING? A LARGE RETROSPECTIVE STUDY

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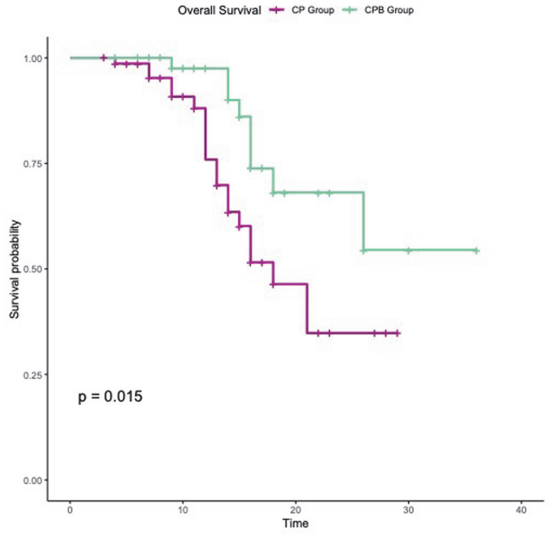
**Introduction/Background** Few data are available on Bevacizumab in neoadjuvant chemotherapy (NACT) setting for High Grade Serous ovarian Cancer (HGSC) patients. We investigate the effect of Bevacizumab addition to standard NACT regimen (Carboplatin and Paclitaxel) after Interval Debulking Surgery (IDS) failure following the first 3 NACT cycles.
**Methodology** This is a retrospective, single-centre study enrolling FIGO stage IIIC-IV HGSC patients (regardless of BRCA status) still considered unresectable after 3 cycles of NACT. Main inclusion criteria were: ECOG 0, age ranging from 40 to 75 years old, no contraindications to Bevacizumab administration. Patients were stratified whether they added Bevacizumab from cycle 4 to 6 (CPB group) or not (CP group). Primary endpoint was the cytoreduction rate after 6 cycles (delayed IDS).




**Abstract #599 Figure 1**

**Results** From 2017 to 2021, 58 (23%) patients received neoadjuvant Bevacizumab (CPB), and 190 (77%) did not (CP). Only 118 (48%) women received delayed IDS: 31 in the CBP group (46%) and 87 (53%) in the CP one (p=0.38); complete gross resection was achieved in 26 (84%) and 77 (88%) patients, respectively (p=0.72). We did not find any difference in terms of severe early postoperative complications (8% for the CP group and 10% for the CPB one, p=0.069). Median Overall Survival (OS) was not significantly different between