#732 BORDERLINE OVARIAN TUMOR IN PREGNANCY: A SYSTEMATIC REVIEW

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Introduction/Background Borderline ovarian tumors (BOT) discovered during pregnancy are rarely encountered. Despite the limitations of diagnostic procedures in pregnancy, BOTs must be differentiated from other ovarian masses for proper management and eventually prompt surgery. The purpose of this systematic review is to collect data that may be useful for future studies or management guidelines.

Methodology A systematic review was conducted to evaluate the clinical and histopathological features. The review was performed in accordance with the PRISMA statement. No restrictions on the publication period have been applied. Articles in English were considered eligible.

Results The literature search identified 12 relevant reports for a total of 76 cases. The data was collected from articles published from 1988 to 2022. The average age was 31 (range 20–45). All the patients were asymptomatic except for four case. Abdominal surgery was performed in 51 cases (including 20 cesarean sections), laparoscopy was performed in 19 cases and 6 cases underwent both laparotomy and laparoscopy. Among the unilateral BOT cases, there were 34 cases of cystectomy and 27 cases of unilateral salpingo-oophorectomy. Regarding histology, 35 cases (46%) were serous, 27 cases (35.5%) were mucinous, 11 cases (14.5%) were seromucinous and 3 cases were endometrioid (4%). Sixty-eight cases (89.5%) were stage I, 4 cases (5.25%) were stage II, and 4 cases (5.25%) were stage III. After the initial surgery, observational follow-up was performed in 48 cases, whereas 28 cases required additional treatment (22 cases of fertility-preserving surgery and 6 cases of curative surgery). Recurrence was identified in 6 of the 76 cases. Only one case of recurrence was observed among patients who underwent restaging surgery, whereas 5 cases of recurrence were noted in patients with observational follow-up.

Conclusion Nowdays there is not enough data to choose a unique clinical management and a standardized type of surgical treatment for BOT in pregnancy.

Disclosures No disclosures

#735 CLINICAL OUTCOMES IN PRIMARY MUCINOUS OVARIAN CARCINOMA: A SINGLE UK CENTRE EXPERIENCE

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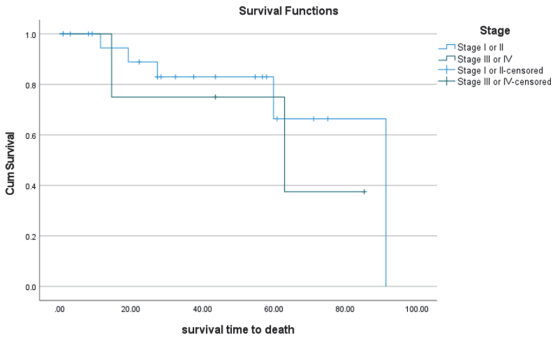
Introduction/Background Mucinous ovarian carcinoma (MOC) is a rare subtype of epithelial ovarian carcinoma (<5%). MOC is most frequently diagnosed at early stage & is associated with a good prognosis while advanced-stage & relapsed disease effective treatment options limited & outcomes are worse. Given the paucity of prospective trials in MOC, we performed a retrospective evaluation of treatment & outcome including management in recent years, to help guide discussions with patients (pts) in practice & clinical trial development.

Methodology A retrospective analysis of patients with MOC patients treated at Royal Marsden hospital between December (2014 – 2021) was conducted using the Cancer Database. The clinicopathological features & survival outcomes were evaluated using Kaplan-Meier analyses.

Results 27 patients were identified. Median age was 44. The FIGO stage distribution at diagnosis was: I 20 (74.1%), II 3 (11.1%); III 3 (11.1%) and IV 1 (3.7%). 15 pts (57.7%) had raised CA19.9 while 13 (48.1%) had raised CA125 at diagnosis. 14 pts (51.9%) received adjuvant chemotherapy. The chemotherapy regimens received were Carboplatin in (2) pts, Carboplatin/paclitaxel (10) pts, CapOx (1) & FOLFOX (1) pt.

7 pts(25.9%) developed disease relapse (5 (21.7%) & 2 pts (50%) had Stage I/II and III/IV disease at diagnosis, respectively. 2 pts (7.4%) were treated within clinical trials in relapsed settings.(4) pts were treated with Bevacizumab (14.8%), 2 pts had immunotherapy (7.4%) & 1 pt had Her2 targeted therapy. The Median overall survival was 91.3 & 62.9 months for stage I/II and III/IV respectively.

Carboplatin/taxane, CapOx, were used in the first relapse settings & subsequent treatment options included carboplatin/paclitaxel, carboplatin/Gemcitabine, liposomal doxorubicin & weekly paclitaxel.



Abstract #735 Figure 1

Conclusion New treatment options are urgently needed to improve the clinical outcomes of women with advanced and recurrent mucinous ovarian carcinoma.

Disclosures No Disclosures

#737 COMPLETE CYTOREDUCTION RATE DIFFERS ACCORDING TO THE EXPERIENCE, COMPETENCE AND MULTIDISCIPLINARY TEAM READILY AVAILABLE AT THE HOSPITAL SETTING IN PATIENTS WITH CARCINOMATOSIS PERITONEI DUE TO ADVANCED STAGE OVARIAN CANCER

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