#732 BORDERLINE OVARIAN TUMOR IN PREGNANCY: A SYSTEMATIC REVIEW

[1]Tommaso Difonzo*, [2,3]Vera Loizzi, [1]Francesca Arezzo, [1]Michele Mongelli, [1]Pietro Quarto, [1]Gaia Battista, [1]Massimiliano Memmola, [2]Anila Kardhashi, [2]Ambrogio Cazzolla, [2]Erica Silvestris, [1]Lorenzo Vinci, [1]Giulia Maria Contaldo, [2]Brunella Pilato, [2,3]Gennaro Cormio. *[1]University of Bari, Bari, Italy; [2]IRCCS Istituto Tumori Giovanni Paolo II, Bari, Italy; [3]Department of Interdisciplinary Medicine, Bari, Italy*

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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

Menna Fouda*, Angela George, Susana Banerjee. *The Royal Marsden NHS Foundation Trust, London, UK*

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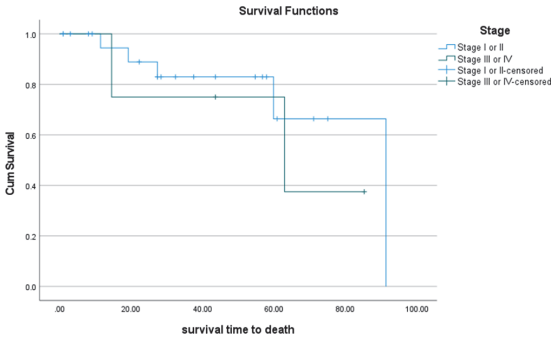
Introduction/Background Mucinous ovarian carcinoma (MOC) is a rare subtype of epithelial ovarian carcinoma (<5%). MOC is most frequently diagnosed at early stage & is associated with a good prognosis while advanced-stage & relapsed disease effective treatment options limited & outcomes are worse. Given 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

[1]Murat Api*, [2]Selcuk Kaya, [1]Esra Keles, [3]Sami Acar, [4]Ugur Kemal Ozturk, [5]Serkan Akis. *[1]University of Health Sciences, Kartal Dr. Lütfi Kirdar City Hospital, Departmant of Gynecologic Oncology, Istanbul, Turkey; [2]University of Health Sciences, Kartal Dr. Lütfi Kirdar City Hospital, Departmant of General Surgery, Istanbul, Türkiye; [3]University of Health Sciences, Zeynep Kamil Women and Children Diseases Education and Research Hospital, Department of General Surgery, Istanbul, Türkiye; [4]University of Health Sciences, Zeynep Kamil Women and Children Diseases Education and Research Hospital, Department of Gynecologic Oncology, Istanbul, Türkiye; [5]Marmara University Faculty of Medicine, Pendik Education and Research Hospital, Department of Gynecologic Oncology, Istanbul, Turkey*

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Introduction/Background Complete cytoreduction is the most critical prognosticator for survival in ovarian cancer patients. Prediction of suboptimal cytoreduction surgery for advanced ovarian cancer can prevent unnecessary surgery and morbidity. Therefore, the present study compared the R0 rates of patients with advanced stage ovarian cancer in two different settings, one having multidisciplinary team hospital and one without a multidisciplinary team hospital.
Methodology Retrospective cohort study of patients with advanced ovarian cancer who underwent upfront debulking surgery in two settings (n=225). Surgery for advanced stage ovarian cancer may include splenectomy, colon resection, hepatic resection, diaphragmatic stripping, peritonectomy, cholecystectomy, total colectomy, parciel colectomy, primary anastomosis, small intestine resection, ilioanal anastomosis, j poche application, liver resection, cholesystectomy, diafragmatic stripping, and implant resection. The rate of complete cytoreduction in the multidisciplinary team hospital was compared with the rates in the non-multidisciplinary team hospital.
Results The results of the study showed that multidisciplinary team hospitals had a significantly higher rate of complete cytoreduction than non-multidisciplinary team hospitals. R0 rates were 87% vs 45% ($p<0.05$).
Conclusion Preoperative evaluation to decide resectability of the advanced stage ovarian cancer is not always reliable. Our results supported that multidisciplinary team competence and experience of physicians were more predictive of complete cytoreductive surgery.
Disclosures The authors have no potetial conflict of interest to report.

#745 OVARIAN TUMORS AND PREGNANCY: ABOUT 18 CASES

Merieme Alami Merrouni*, Marwa Marwa Sekkat Chu. *Fes, Morocco*

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Introduction/Background The association of ovarian tumors and gravidoperitoneal state corresponds to any proliferative process developed at the ovarian level during pregnancy.
Methodology The objective of our study is to review this association through the study of cases collected in the department of obstetrics gynecology I at the university hospital Hassan II of Fez during the period January 2017/2023.
Results The age of our patients varies between 20–43 years with an average age of 32 years. 5 of our patients were on oral contraception. None of our patients had a family history of ovarian cancer or Lynch syndrome.

The diagnosis of ovarian tumor was made at different ages of pregnancy with an average of 17 years. The majority of our patients (11 cases) reported´ acute onset abdominal-pelvic or pelvic pain. Three of our patients presented with metrorrhagia.

Twelve patients underwent laparotomy during their pregnancy, six of them during the first trimester of pregnancy. The surgical procedure was a cystectomy in three cases, oophorectomy in seven cases, adnexectomy in one case, and extended surgery in one case (total hysterectomy with bilateral adnexectomy).
Conclusion Expectantation is recommended for ovarian tumors presumed to be benign and not progressing during pregnancy. The risk of miscarriage following surgery (laparoscopy and laparotomy) for ovarian tumor during pregnancy is estimated at 2.8%. The modalities of delivery should not be modified by the ovarian tumor, except in case of obstacle praevia, complication or suspicion of malignancy.
Disclosures The frequency of ovarian tumors discovered during pregnancy is between 0.3 and 5.4%. The most common benign organic ovarian tumors in pregnancy are dermoid cysts followed by cystadenomas. The main complication risk of ovarian tumors during pregnancy is adnexal torsion.

Tumor markers are not reliable during pregnancy. Ultrasound remains the reference examination to characterize an ovarian tumor during pregnancy. Its specificity is lower for the diagnosis of malignancy than outside pregnancy. Pelvic MRI is an efficient examination for the diagnosis of ovarian tumours during pregnancy and provides additional information to ultrasound.

#746 MOLECULAR ANALYSIS OF BRCA AND HRD STATUS FROM SMALL BIOPSIES IN HIGH GRADE SEROUS CARCINOMA. A REAL-WORLD COMPARATIVE ANALYSIS

[1]Paul Kubelac*, [1]Anca Avram, [1]Adrian Turcas, [1,2]Andrei Roman, [1,2]Andra Piciu, [1,2]Andrei Pasca, [1,2]Vlad Gata, [3]Irina Tripac, [1,2]Bogdan Pop, [1]Ovidiu Balacescu, [1,2]Catalin Vlad, [1,2]Patriciu Achimas-Cadariu. *[1]Institute of Oncology, Cluj Napoca, Romania; [2]University of Medicine and Pharmacy, Cluj Napoca, Romania; [3]Institute of Oncology, Chisinau, Moldova*

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Introduction/Background Treatment in high-grade serous ovarian cancer (HGSOC) depends upon knowledge of BRCA and homologous recombination deficiency (HRD) status. Hence, tumor quality is critical for successful genomic analyses. We investigated if samples from ultrasound-guided biopsies (UGB) could yield conclusive results compared to surgical excision specimens (SES).
Methodology A retrospective analysis of HGSOC confirmed through UBG was done. Paired temporal cases from SES were selected. BRCA and HRD analysis was done with Ion GeneStudioTM S5 Prime System using the Oncomine BRCA assay and Oncoscan CNV array (Thermo Fisher Scientific).
Results 78 patients diagnosed with HGSOC between 2021–2023 were included. 113 genomic analyses were performed (32 sBRCA and 10 HRD from UBG; 44 sBRCA and 27 HRD from SES). sBRCA analysis from UGB was successful in 65% of samples. Cases with successful results had a higher number of tumor samples (mean 5.5 vs. 4.9), higher total tumor length (mean 19.5 vs. 16.6 mm), higher DNA quality (mean 15.5 vs 1.5 ng/μλ) and significantly lower number of IHC stains/series (mean 6.3 vs. 8.4, $p=0.024$; mean 1.2 vs. 1.8, $p=0.06$) in comparison with unsuccessful results. Adnexal and omental biopsies were significantly associated with a lower rate of conclusive results than other (cytoblock, colon, lymph node, peritoneal/pleural nodule) sites (50% vs 85%, $p=0.034$). In addition, UGB done on Friday had a lower rate of successful results than biopsies performed Monday-Thursday (42.8% vs. 69.5%). HRD analysis from UGB was successful in 60% of samples. sBRCA and HRD analysis from SES was successful in 88% and 96% of samples and there were no differences regarding the timing of surgery or NACT.
Conclusion Careful planning of UGB and stepwise tissue diagnosis with respect to influencing factors can increase the success rate of genomic analyses in HGSOC and could be a feasible alternative to SES.