advanced stage of the disease and are considered as unfavorable prognostic parameter.

Disclosures Loss of heterozygosity in the p53 and BRCA1 genes and amplification of c-Myc and c-erbB-2 oncogenes correlate with an advanced stage of the epithelial ovarian cancers and are considered as unfavorable prognostic parameter.

#845 CLINICOPATHOLOGIC AND SURGICAL ANALYSIS OF 1090 PATIENTS WITH BORDERLINE OVARIAN TUMORS: A TURKISH SOCIETY GYNECOLOGIC ONCOLOGY (TRSGO) MULTI-INSTITUTIONAL RETROSPECTIVE TRIAL

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Introduction/Background To investigate the clinicopathological and surgical characteristics and to determine the factors affecting recurrence and survival rates in Turkish women with borderline ovarian tumors (BOTs).

Methodology We retrospectively investigated the data of 1090 patients with BOTs treated in 21 institutions for approximately the last 10 years. Some clinical, pathological and surgical data were evaluated. The clinicopathological, surgical data and recurrence and survival rates were evaluated using logistic regression analyses and Kaplan-Meier method.

Results The median age at diagnosis 42 years (range 13–94) and 65.1% of patients were premenopausal. Majority of cases were Stage I (77.5%) and unilateral (80.6%). The most common histologic types were serous and mucinous. Stromal microinvasion and micropapillary pattern were seen in 15.5% and 22.8%, respectively. 16.8% of patients operated via laparoscopy and 47.6% of cases were undergone conservative surgery (unilateral oopherectomy or cystectomy). Lymphadenectomy, omentectomy (or biopsy), appendectomy and peritoneal biopsies were done in 35.2%, 58.5%, 35.5% and 26.9% of cases, respectively. The median follow-up time was 66.5 months (range 6 – 238 months). Overall, 62 patients (6.1%) experienced recurrence and 14 (1.3%) died within the observation period. Five-year survival rate was 100% and median survival time was 234 months. Univariate analysis showed young age (<40 years), Laparoscopic surgery and cystectomy were associated in disease free survival (DFS), lymphadenectomy, omentectomy, appendectomy, micropapillary pattern and stromal microinvasion were not. None factors revealed no statistically significant association in DFS in multivariate analysis.
Conclusion Although there is no standart a surgical approach in therapy of BOTs, prognosis is perfect. Lymphadenectomy, omentectomy and appendectomy do not contribute to reccurrence and survival rates.

Disclosures I have no disclosure.