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REAL-WORLD EFFECTIVENESS OF PEGYLATED LIPOSOMAL DOXORUBICIN VERSUS GEMCITABINE IN PLATINUM-RESISTANT/REFRACTORY RECURRENT OVARIAN CANCER

¹Chuenkamon Charakorn, ²Tarinee Manchana*, ³Sukanya Siriyotha, ³Ammarin Thakkinstian, ¹Suwicha Chittithaworn, ²Shina Oranratanaphan, ¹Navamol Lekskul, ¹Krissada Paiwattananupant, ²Natacha Phoolcharoen, ²Pinyada Panyavaranant, ¹Lukkana Promwattanaphan, ²Wilasinee Areeeruk, ¹Chompunoot Kongsawatvorakul, ¹Sikarn Satitniramai, ¹Panida Panida Mathaveechotikul, ¹Arb-Aroon Lertkachonsuk. ¹Faculty of Medicine Ramathibodi Hospital, Mahidol University, Obstetrics and Gynecology, Bangkok, Thailand; ²Faculty of Medicine, Chulalongkorn University, Obstetrics and Gynecology, Bangkok, Thailand; ³Faculty of Medicine Ramathibodi Hospital, Mahidol University, Clinical Epidemiology and Biostatistics, Bangkok, Thailand

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Introduction Non-platinum chemotherapy agents are often given in platinum-resistant/refractory recurrent ovarian cancer (PRROC) treatment. This large cohort study aimed to compare the effectiveness between pegylated liposomal doxorubicin (PLD) and gemcitabine, which are 2 most common second-line chemotherapy agents in Thailand.

Methods All epithelial ovarian cancer (EOC) patients treated at two tertiary cancer centers during 2009–2018 were enrolled. PRROC patients were included and their treatments were reviewed. The effectiveness of PLD and gemcitabine was compared using the treatment-effect model.

Results Of 1,708 EOC patients, 954 patients developed recurrence and 530 patients (55.6%) diagnosed as PRROC. The most common second-line chemotherapy regimen was PLD (251 patients, 47.4%), followed by gemcitabine (217 patients, 40.1%), and other (62 patients, 12.5%). After applying the treatment effect model by Inverse Probability Weighting with Regression Adjustment (IPWRA), the median time of disease progression after treatment with PLD, and gemcitabine was 6.3 months (5.4 to 7.1), and 6.7 months (5.2 to 8.2), respectively. The average treatment effect (ATE) or the difference of median time of disease progression between both agents was not statistically significant. Whereas the median time from PRROC diagnosis until death after treatment with PLD and gemcitabine was 22.5 months (17.7 to 27.4), and 17.6 months (15.0 to 20.3), respectively. The ATE indicated that PLD had 4.9 months (-0.5 to 10.4) longer than gemcitabine, although there was no statistical significance.

Conclusion/Implications PLD and gemcitabine had comparable effectiveness for PRROC treatment. The median time from PRROC diagnosis until death after treatment with PLD tended to be 4.9 months longer than gemcitabine.

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SURVIVAL RATE, RECURRENCE RATE AND COMPLICATION RATE OF ROUTINE APPENDECTOMY FOR PATIENTS WITH BORDERLINE AND MALIGNANT MUCINOUS OVARIAN TUMOR: A SYSTEMATIC REVIEW AND META-ANALYSIS

Applenet April Manuel*, Maribel Emma Co-Hidalgo. University of the East Ramon Magsaysay Memorial Medical Center Inc., Obstetrics and Gynecology, Quezon City, Philippines

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Introduction To this day, performing routine appendectomy for borderline and malignant mucinous ovarian tumors still remains a dilemma. This study aims to determine the survival rate, recurrence rate and complication rate among patients diagnosed with borderline and malignant mucinous ovarian tumor who underwent complete surgical staging with appendectomy.

Methods All studies retrospective studies with histopathologic diagnosis of borderline or malignant MOT with subjects who underwent appendectomy during primary surgery including encompassing data on survival rate, recurrence rate and/or complication rate that matched the terms set by the researchers were retrieved. Review Manager Version 5.3 (Revman 5.4.1) was used by the researcher to perform the systematic review and meta-analysis of included studies.

Results The random interval for survival rate is 64.9 to 99.7% with a P-value of <0.1. The prediction interval for recurrence rate is 0 to 100% with 95% confidence interval. The odds of complications occurring is less than 0.69 to 2.99 times with 95% confidence interval with mean effect size is 0.083 with a 95% confidence interval of 0.027 to 0.23.

Conclusion/Implications The mean prevalence of abnormal histology of the appendix in patients diagnosed with borderline and malignant MOT and underwent routine appendectomy is 3–13%. There is no statistically significant difference in survival rate of patients who were diagnosed with borderline and malignant MOT with or without appendectomy during primary surgery. The prediction interval for recurrence rate is 0 to 100% with 95% confidence interval. There is no significant difference between the rate of complications in patients who underwent appendectomy and those without.

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BORDERLINE OVARIAN TUMOUR AUDIT AT AN AUSTRALIAN TERTIARY CENTRE

¹Rosemary McBain*, ²Aidan Kashyap, ³Estefania Vicario, ³Mila Volchek, ³Deborah Neesham, ³Yael Naaman, ³Antonia Jones, ^{3,4}Niveditha Rajadevan, ^{5,6}Orla McNally. ¹Royal Women's Hospital, Gynaecology, Parkville, Australia; ²Monash Medical Centre, Obstetrics and Gynaecology, Clayton, Australia; ³Royal Women's Hospital, Gynaecological Oncology, Parkville, Australia; ⁴Peter MacCallum Cancer Centre, Laboratory Research, Melbourne, Australia; ⁵The Royal Women's Hospital, Gynaecology and Dysplasia Unit, Melbourne, Australia; ⁶University of Melbourne, Department of Obstetrics and Gynaecology, Parkville, Australia

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Introduction Borderline ovarian tumors represent 10–20% of all epithelial ovarian tumors and one third of patients present younger than 40. We present an updated audit at the Royal Womens' Hospital, reviewing all cases since 1982, with particular focus on outcomes in patients who undergo fertility preserving management; rates, timing and detection of recurrence; duration and frequency of follow-up and rates of progression to cancer.

Methods

Single (tertiary) institution retrospective audit Data were collected from the GEMMA and EPIC databases. Archived pathology reports were re-reviewed in cases where recurrence occurred. Ethics approval was obtained AQA21/15.

Results Mean age at diagnosis was 46. Correlation of frozen section results to final pathology was correct or at least