Abstract EP285/#976 Table 1 Recurrence and surgical procedure

	All Cases (555)	SBOT (229)	MBOT (285)	Mixed (35)	Other (5)
Recurrence 1 2 3 As a cancer	31 (6%) 22 (4%) 6 (1%) 3 (<1%) 5 (1%)	22 (10%) 16 (7%) 5 (2%) 2 (1%) 4 (1.7%)	8 (3%) 6 (2%) 0 1 <1% 1 (<1%)	1 (3%) 0 1 (3%) 0 0	No recurrence
Average time to recurrence (months) [SD]	58 [54]	67 [59]	33[14]	43	
		First Procedure			
Cystectomy	10 (16%)	7 (23%)	2 (10%)	3 (10%)	
USO (or tube or ovary only)	17 (11%)	13 (21%)	4 (4%)	0%	
BSO only	0%	0%	0%	0%	
Hyst + BSO	3 (2%)	2 (2%)	2 (3%)	0%	

queried in 109/151 cases (72%), 54 (62%) in MBOT and 55 (92%) in SBOT.

Conclusion/Implications Our work contributes to existing published data.

EP286/#514 REAL WORLD MANAGEMENT OF ENDOMETRIOSIS: HOW CAN WE PREVENT ENDOMETRIOSIS ASSOCIATED OVARIAN CANCER?

[1]Kathryn Mcrae*, [2]Amy Jamieson, [3]Paul Yong, [4]Gillian Hanley, [2]Jessica Mcalpine. *[1]University of British Columbia, Gynecologic Oncology, Vancouver, Canada; [2]BC Cancer Agency, Gynecologic Oncology, Vancouver, Canada; [3]BC Women's Hospital, Obstetrics and Gynecology, Vancouver, Canada; [4]Vancouver Coastal Health, Obstetrics and Gynecology, Vancouver, Canada*

10.1136/ijgc-2023-IGCS.354

Introduction Endometriosis treatment is individualized and varies among patients. Studies suggest that hormonal suppression is protective against re-intervention and malignant transformation, however, they are largely based on self-reported diagnoses of endometriosis. We investigated patients with pathology proven endometriosis to characterize current management and determine whether hormone therapy reduces the risk of malignancy.

Methods Patients included had pathologically confirmed endometriosis diagnosed in British Columbia from 2000–2008 (n=4411). Data was linked to health administration holdings through Popdata BC.

Results After surgery, 475 (10.8%) patients received unopposed estrogen, 1567 (35.5%) estrogen and progesterone and 423 (9.6%) progesterone alone (p<0.001). 408 (9.3%) used GnRH agonists or antagonists. 194 (4.4%) patients were diagnosed with ovarian cancer; 68 (1.6%) with endometrioid and 58 (1.3%) with clear cell histology. There were 30 cancers diagnosed more than 6 months following index surgery. Those with ovarian cancer were less likely to have a prior physician visit coded for endometriosis (11% versus 34%; p<0.001) and were more likely asymptomatic (34.6% with prior visits for pelvic pain versus 51.4% ;p<0.001). Patients with malignancy were less likely to have been prescribed hormonal suppression prior to surgery, 13% with OCP use and 1.9% with GnRH agonist use compared to 36% and 10% respectively in benign endometriosis (p<0.001 for both medications).

Conclusion/Implications The majority of patients in our cohort were not placed on hormonal suppression after a pathology proven diagnosis of endometriosis. This study suggests early diagnosis and treatment of endometriosis may be protective against malignant transformation however a larger study is required.

EP287/#748 THE PROGNOSTIC IMPACT OF LIMITED-STAGING SURGERY IN PATIENTS WITH STAGE IA EPITHELIAL OVARIAN CANCER: A MULTI-CENTER STUDY WITH A PROPENSITY SCORE-ADJUSTED ANALYSIS

[1]Emiri Miyamoto*, [1]Hironori Suzuki, [1]Masato Yoshihara, [1]Shohei Iyoshi, [1]Kazumasa Mogi, [1]Kaname Uno, [1]Hiroki Fujimoto, [2]Kazuhisa Kitami, [1]Sho Tano, [1]Hiroaki Kajiyama. *[1]Nagoya University, Obstetrics and Gynecology, Nagoya, Japan; [2]Kitasato University, Obstetrics and Gynecology, Kanagawa, Japan*

10.1136/ijgc-2023-IGCS.355

Introduction Complete-staging surgery is recommended for stage IA ovarian cancer (OC), but may be omitted for various reasons, including the preservation of fertility and an advanced age. We herein investigated the prognostic impact of limited-staging surgery in patients with stage IA epithelial OC.

Methods We retrospectively collected data on 4,730 patients with malignant ovarian tumors from the databases of multiple institutions and ultimately included 293 with stage IA epithelial OC. Limited-staging surgery was defined as one that did not involve hysterectomy, systematic retroperitoneal lymphadenectomy, or the collection of ascites cytology. We used an inverse probability of treatment weighting analysis with propensity scores and estimated the hazard ratios of recurrence and death with limited-staging surgery.

Results In total, 176 out of 293 patients (39.9%) were assigned to the limited-staging surgery group. After propensity score (PS) adjustments, no significant differences were observed in recurrence-free survival (RFS) or overall survival (OS) between the limited- and complete-staging surgery groups (P-value=0.651 and 0.469, respectively). Even in the subgroup analysis with age stratification, RFS and OS were similar in the limited- and complete-staging surgery groups.

Conclusion/Implications The present results indicate the limited prognostic impact of limited-staging surgery for stage IA epithelial OC.

EP289/#884 LIPID MOLECULES IDENTIFIED BY METABOLOME ANALYSIS PROMOTE THE CELL PROLIFERATION OF EPITHELIAL OVARIAN CANCER

Hitomi Mukaida*, Kosuke Hiramatsu, Yuko Watanabe, Satoshi Nakagawa, Mamoru Kakuda, Toshihiro Kimura, Yutaka Ueda, Tadashi Kimura. *Osaka University, Obstetrics and Gynecology, suita, Japan*

10.1136/ijgc-2023-IGCS.356

Introduction Previously we reported that lipolysis-stimulated lipoprotein receptor (LSR) mediates the cell proliferation via lipid metabolism in epithelial ovarian cancer (EOC). We newly developed anti-LSR antibody. Anti-LSR antibody showed stronger anti-tumor effect against LSR positive EOC cells, especially