series may indicate that the presence of neoplastic cells in pelvic washing cytology is not associated with a high rate of recurrence, with the limitations of a small sample size. Positive cytology appears to be correlated with the presence of non-invasive peritoneal implants.

**Abstracts**

**EP355/#365**

**MULTIOMICS PROFILING OF CHINESE PATIENTS WITH SMALL CELL CARCINOMA OF THE OVARY, HYPERCALCEMIC TYPE**

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**Introduction** Small cell carcinoma of the ovary, hypercalcemia type (SCCOHT) is a rare and lethal malignancy that occurs most frequently in young women. Studies have shown that mutations in the SMARCA4 gene are one of the factors driving the development of SCCOHT. However, little has been reported about the molecular characteristics in Asian patients. This study aims to reveal the genetic and expression profiles of an independent cohort of Chinese SCCOHT cases by Whole Exome Sequencing (WES) and RNA sequencing.

**Methods** We enrolled a total of 12 patients with SCCOHT. WES was conducted in 10 of them and 4 were matched with blood samples. We also obtained fresh tumor tissue from 5 patients and performed RNA sequencing.

**Results** Among the 12 SCCOHT patients, 10 carried SMARCA4 mutations accompanied by loss of protein expression and 1 had a deletion of exon 1–6 in SMARCB1. Somatic variations affecting Notch and Hippo signaling pathway were detected in 60.0% of SCCOHT. Through gene set variation analysis (GSVA), the following pathways were up-regulated in SCCOHT compared with benign ovarian tissue: oxidative phosphorylation, MYC targets, E2F targets, G2M checkpoint, etc. While Notch and WNT signaling pathways were down-regulated.

**Conclusion/Implications** Here we report the molecular profile of SCCOHT in the Chinese population for the first time. These findings contribute to the further exploration of the pathogenesis of SCCOHT and the development of new targeted therapies.

**EP356/#37**

**THE ROLE OF ADJUVANT PLATINUM-BASED CHEMOTHERAPY IN EARLY ADULT GRANULOSA CELL TUMOR OF THE OVARIIES: A META-ANALYSIS OF COMPARATIVE STUDIES**

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**Introduction** Adult granulosa cell tumors (AGCT) are the most common type of malignant ovarian sex chord stromal tumors but only comprise 2 to 5 percent of all malignant ovarian neoplasms. Most have an indolent growth pattern, but their tendency for late relapses is well documented. Despite the lack of supporting data, NCCN recommends platinum-based adjuvant chemotherapy (AC) for Stage I with intermediate and high-risk features. Therefore, we conducted this meta-analysis to evaluate the impact of AC on disease recurrence in a stage I enriched AGCT.

**Methods** A review of the medical literature was conducted using online databases. Inclusion criteria consisted of English language, diagnosis of AGCT, studies with a preponderance of stage I, comparative studies of AC versus none, and studies that reported recurrence rates. Studies that had a preponderance of advanced stages or juvenile variants were excluded. A meta-analysis using the fixed effects and random effects models was conducted.

**Results** Seven retrospective comparative studies with 500 patients were included. The average median age was 47, and the average median follow-up was 58 months. Around 79% were stage I, and 79% of stage I were IC. Most AC were BEP and EP. Platinum-based AC in early-stage AGCT didn’t impact recurrence rates (HR=1.39, 95%CI 0.86–2.25, I²=48%, p=0.18).

**Conclusion/Implications** This is the first meta-analysis to show platinum-based AC does not improve the recurrence rate in early AGCT. In the absence of evidence supporting any benefit, recommendations to use platinum-based AC with or without Bleomycin should be re-evaluated since its risk is well-documented and carry potentially serious side effects.

**EP357/#863**

**INVESTIGATION OF PROGNOSTIC FACTORS IN NEUROENDOCRINE CARCINOMA OF THE UTERINE CERVIX**

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**Introduction** Neuroendocrine carcinoma of the cervix (NECC) is a rare, aggressive histologic type of cervical cancer. This study aimed to investigate prognostic factors of NECC and compare survival outcomes according to the treatment methods. NECC patients who received primary treatment at our institution between 2000 and 2020 were retrospectively identified. We collected patients’ clinicopathologic and survival data, including age at diagnosis, histologic subtype, stage, immunohistochemical staining results, and detailed treatment methods. Multivariate analyses were conducted to identify prognostic factors for progression-free survival (PFS) and overall survival (OS).

**Results** In total, 47 NECC patients were included in this analysis. The mean age at diagnosis was 46.9 years. In relation to histologic subtypes, 23 (48.9%) and 7 (14.9%) were diagnosed with small cell and large cell NECCs, respectively, while 17 (36.2%) had NECC combined with other carcinomas. Patients with early-stage (2009 FIGO stage IB1), locally advanced-stage (IB2-IIIA), and distant metastasis (IVB) showed 15.6, 17.7, and 7.0 months of the median PFS, respectively, and 94.7%, 92.3%, and 15.6% of 18-month OS rates, respectively. In terms of primary treatment, 32 (68.1%) received surgical treatment. In multivariate analysis, small cell NECC (aHR, 0.297; 95% CI, 0.133–0.663; P=0.003) was identified as a favorable prognostic factor for PFS. In a subgroup of patients with stage IVB NECC, no differences in PFS and OS were observed between the chemotherapy-only and multimodal therapy groups.