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64P- Malignant Brenner Tumor of the Ovary: impact of adjuvant chemotherapy, age, race, laterality and stage on survival outcome

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Introduction

Brenner tumors represent 1% of all ovarian tumors. They are classified histologically as three types: benign, proliferative and malignant. Malignant Brenner tumors are less than 5% of all diagnosed Brenner tumors and have poor prognosis. Treatment approach for malignant Brenner tumors is not well established but surgical resection is widely accepted and indications for adjuvant chemotherapy is controversial. Current evidence on treatment is limited to few case studies and case series due to its scarcity. So the aim of this study is to add to the available limited data of malignant Brenner tumor of the ovary and evaluate the impact of adjuvant chemotherapy, age, race, laterality and stage on survival outcome

Methods

We used Surveillance, Epidemiology and End Results(SEER) program software to extract the data of 139 female patients with malignant Brenner tumor of the ovary diagnosed from 2000-2019. We divided them into two subgroups according to the treatment modality; adjuvant chemotherapy and surgery with no systemic therapy. We used SPSS for data analysis. Kaplan-Meier curve, Log-rank test for survival analysis

Results

Age standardized 5-year survival for malignant Brenner ovarian tumor is 55.9% while the overall 5-year survival is 63.2% . The median age is 61. Out of 139 cases, 55.4% were treated surgically with no systemic treatment and 44.6% received adjuvant chemotherapy with overall 5-year survival outcome for both treatment regimens(68%,61% respectively; *P*=0.5). Performing Cox-regression analysis for the predictors: age, race, laterality and stage, tumor stage is the only factor with statistical significance on survival (*P* <0.00)

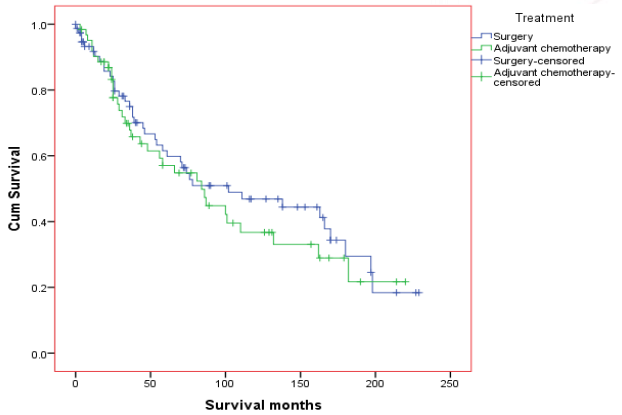

Figure 1 Kaplan-Meier curve analysis for the survival for surgery with no systemic therapy and surgery followed by adjuvant chemotherapy

Table 1: Survival outcome of surgery with no systemic therapy compared to surgery followed by adjuvant chemotherapy

Survival		Surgery with Adjuvant chemotherapy	Surgery without systemic therapy	*P-Value*
Age std survival				
	3-year	68.1%	83.4%	
	5-year	63.4%	77.0%	
Relative OS				
	3-year	72.7%	81.2%	0.502
	5-year	61.8%	68.6%	

**P*-Value is considered significant if <0.05

Conclusion

Adjuvant chemotherapy and surgical resection with no systemic therapy has quiet similar survival outcome. This result highlight surgical management with no systemic therapy to be the first line therapy to avoid unnecessary chemotherapy complications. Further evaluation for each patient is needed and we encourage more studies to evaluate radiotherapy impact on this rare type.

Conflict of Interest

The author declares there is no conflict of interest to disclose