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394 CA125 NORMALIZATION FOLLOWING NEOADJUVANT CHEMOTHERAPY COMPLEMENTING THE CHEMOTHERAPY RESPONSE SYSTEM IN THE PROGNOSTICATION OF PATIENTS WITH HIGH-GRADE SEROUS OVARIAN CARCINOMA

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Objective To investigate whether CA125 normalization following neoadjuvant chemotherapy (NACT) can complement the chemotherapy response system (CRS) in the prognostication of patients with tubo-ovarian high-grade serous carcinoma (HGSC).

Methods In total, 106 HGSC patients who received NACT followed by interval debulking surgery (IDS) for FIGO stage IIIC-IV disease were included, and their clinical data were retrospectively reviewed. The primary endpoint was progression-free survival (PFS). Cox regression analysis was performed to identify predictors of PFS.

Results Following NACT, CRS3 was noted in 24 patients (22.6%), and CA125 normalization (≤ 35 U/ml) was noted in 54 patients (50.9%). Both CRS3 and CA125 normalization were identified as independent prognosticators of PFS. Combining these two factors, we stratified the 106 patients into three groups with different risks of recurrence: low-risk group (CRS3 + post-NACT CA125≤ 35 U/ml; n = 17, 16.0%), intermediate-risk group (CRS3 + post-NACT CA125 > 35 U/ml; n = 7, 6.6%) and high-risk group (CRS1-2; n= 82, 77.4%). The differences in PFS between the three groups were significant (log-rank test, P < 0.0001). In Cox regression analyses, the new stratification method was found to have an independent prognostic effect.

Conclusion Both the CRS system and the normalization of CA125 following NACT could reliably predict the risk of recurrence following primary treatment. The combination of the two factors refined the prognostic stratification of HGSC patients who were treated with NACT and IDS.

IGCS20_1425

395 POST-CONE RESIDUAL DISEASE IN MICROINVASIVE CERVICAL CANCER: IMPORTANCE OF SURGICAL MARGIN

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Introduction Microinvasive diseases of the cervix are conventionally treated with radical hysterectomy after confirmation of invasion depth and lymphovascular invasion in excisional biopsy. In some cases conization could be the definitive treatment in patients who wish to preserve fertility, it is essential to know the state of the section margins. The objective of this presentation is to demonstrate the risk of residual disease with cone positive margins.

Methods Retrospective review of patients with microinvasive cervical cancer between December 2014 and February 2020.

The contact of the lesion directly with the edge of the cone was taken as positive margin, we compared results of cone biopsies and hysterectomies.

Results The study included 47 patients (median age 42.9). Diagnoses of microinvasive cervical cancer: insitu adenocarcinoma, (FIGO IA1 and IA2), histological: adenocarcinoma and squamous. 42 patients met the inclusion criteria (cone biopsy and hysterectomy). 30 (71%) with squamous cancer and 12 (29%) with adenocarcinoma.

In 30 patients with squamous types, 14 cones had a positive margins, from which 10 (71%) surgical specimens resulted with residual disease, and 16 cones with negative margins, from which 1 (6.25%) specimen resulted with residual disease. In 12 patients with adenocarcinoma, there were 8 cones with positive margins, 6 (75%) surgical pieces were found with residual disease; 4 cones with negative margins, 3 (75%) surgical pieces were found with residual disease.

Conclusions Patients with positive margins regardless of histologic type are at increased risk for residual disease and is clearly more risky in adenocarcinomas due to multifocality.

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396 PREDICTIVE FACTORS OF SURVIVAL AND RECURRENCE IN PATIENTS WITH EPITHELIAL OVARIAN CANCER AFTER COMPLETE CYTOREDUCTIVE SURGERY: SERIES OF 185 PATIENTS

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Objectives to determine predictive factors of better survival and delayed recurrence in patients operated on for epithelial ovarian cancer.

Abstract 396 Table 1

	Survival rate (%)	P value
Age		
< 50 years	77.6%	p = 0.006
> 50 years	61.1%	
Lymph node status		
negative	80.3%	p = 0.000
positive	56.7%	
Lymph node ratio		
< 0.18	78.2%	p = 0.000
> 0.18	55.6%	
Stage of the disease		
Early (I-II)	90%	p = 0.000
Advanced (III-IV)	57%	
Type of surgery		
Primary surgery	79%	p = 0.001
Interval surgery	52%	
Bowel resection		
yes	57.6%	p = 0.000
no	73.7%	
Number of positive Lymph nodes		
1 positive lymph node	75.8%	p = 0.000
> 1 positive lymph node	55.1%	