2022-RA-1414-ESGO PATTERN OF RECURRENCE AND CA125 MONITORING IN BRCA WILD-TYPERECURRENT OVARIAN CANCER PATIENTS UNDER MAINTENANCE WITH NIRAPARIB

[1]Serena Maria Boccia, [2]Claudia Marchetti, [3]Cristina Chiamenti, [4]Francesca Tronconi, [2]Carolina Maria Sassu, [2]Lucia Musacchio, [5]Domenica Lorusso, [2]Anna Fagotti, [2]Giovanni Scambia. *[1]Policlinico Gemelli, Roma, Italy; [2]Policlinico Gemelli, Rome, Italy; [3]Department of Obstetrics and Gynecology, University Hospital of Verona, verona, Italy; [4]Medical Oncology, Università Politecnica delle Marche, Ancona, Italy; [5]Policlinico, Rome, Italy*

10.1136/ijgc-2022-ESGO.711

Introduction/Background The recurrence pattern in BRCA wild-type ovarian cancer (OC) patients relapsing during Niraparib maintenance is still unknown. Moreover, the role of the CA125 as an effective biomarker to detect disease progression in OC patients under maintenance with PARP inhibitors is unclear. We, therefore, explored the pattern of recurrence in this setting of patients, also investigating the concordance between the serological elevation of CA125 (CA125 progression) and radiological disease progression.

Methodology This retrospective study included BRCA wild-type OC patients treated between 2017 and 2022 and recurred during maintenance with Niraparib (first recurrence). All patients had CA125 elevation before starting platinum-based therapy. CT scan was performed every 24 weeks or earlier in case of clinical or CA125 progression. CA125 was performed monthly. We evaluated the concordance between CA125 and disease progression according to Response Evaluation Criteria in Solid Tumours (RECIST) criteria. The pattern of recurrences was also collected. Oligometastases were defined as less or equal to 3 nodules of disease.

Results 91 OC patients progressed after a median recurrence-free interval of 5 months [1–45]. 64 patients of 91 (70.3%) had concordant CA125 and RECIST progression, whereas the remaining 27 (29,7%) had radiological disease progression without CA125 elevation. 3 (11%) of 27 patients with no CA125 progression had a peritoneal site of relapse, while the remaining 24 (89%) had an extraperitoneal recurrence. As expected, among patients with peritoneal carcinosis, only 2 (6.8%) had low CA125 ($p<0.001$), while 9 (69.2%) patients with oligometastases had a negative marker ($p=0.002$)

Abstract 2022-RA-1414-ESGO Table 1

		Ca 125 positive	Ca 125 negative	
Total of patients No, (%)	91 (100%)	64 (70.3%)	27 (29.7%)	
Site of progression				
Peritoneal carcinosis No, (%)	43 (100%)	40 (93%)	3 (7%)	<0.001
Lymph-nodes No, (%)	45 (100%)	34 (75.6%)	11 (24.4%)	0.19
Parenchymal metastases No, (%)	13 (100%)	6 (46.2%)	7 (53.8%)	0.045
Ascites No, (%)	8 (100%)	8 (100%)	0 (%)	0.05
Oligometastases No, (%)	13 (100%)	4 (30.8%)	9 (69.2%)	0.002

Conclusion Most recurrences after Niraparib might occur as oligometastatic without Ca 125 rising. Therefore, CA125 surveillance alone may not be sufficient to detect disease progression and tailor oligometastatic disease approach with surgery or radiotherapy. Larger and confirmatory studies are needed.

2022-RA-1422-ESGO DETAILED PROFILING OF THE IMMUNE MICROENVIRONMENT IN OVARIAN EPITHELIAL CANCERS; RELATION TO TUMOUR CHARACTERISTICS AND IMPACT ON PROGNOSIS

[1]Annabel Stout, [2]Natalya Facey, [3]Anjali Bhatnagar, [3]Kirstie Rice, [4]Fedor Berditchevski, [2]Daniel Kearns, [2]Amy Metcalf, [2]Abeer M Shaaban, [1]Alaa Elghobashy. *[1]Gynaecological Oncology, The Royal Wolverhampton NHS Trust, Wolverhampton, UK; [2]Department of Cellular Pathology, The Queen Elizabeth Hospital, Birmingham, UK; [3]Pathology, The Royal Wolverhampton NHS Trust, Wolverhampton, UK; [4]Institute of Cancer and Genomic Sciences, Birmingham, UK*

10.1136/ijgc-2022-ESGO.712

Introduction/Background Advances in knowledge of tumour microenvironment in various cancers have led to revolutionary immunotherapies and improved patient survival. The profiling of ovarian cancer microenvironment and impact on outcome remain understudied.

Methodology All ovarian cancer patients treated at a large UK Cancer tertiary referral institution over a 5 year period were identified. Included were epithelial ovarian primaries of any stage and grade undergoing primary or interval de-bulking surgery with follow up and tumour paraffin blocks available. Representative tumour blocks were immunohistochemically stained for CD3 (T lymphocytes), CD20 (B lymphocytes), CD68 (pan macrophages) and CD163 (M2 macrophages subtype). Detailed quantitative scoring and topography following the International Immuno-Oncology Group guidelines was done.

Results A total of 138 cases with mean age of 60.5 years were included. 52.9% of cancer cases were WHO stages 3&4 and 72.55% were grade 3. Neoadjuvant chemotherapy was used in 16.7% of cases. After 81 months of follow up, 62.3% of patients were alive with median survival of 41 months. Increased CD3 stromal average was found in grade 3 cancers compared with grades 1 and 2 ($p= 0.009$) and in higher stage disease ($p=0.047$). CD3 stromal average correlated positively with patients' age ($rs = 0.172$, $p= 0.044$). CD20 stromal average and percentage were statistically higher in high grade tumours ($p= 0.009$ and $p= 0.036$ respectively). CD3/CD20 stromal averages and CD20% negatively correlated with survival ([$rs= -0.215$, $p=0.014$], [$rs= -0.250$, $p=0.004$], [$rs= -0.267$, $p=0.004$] respectively). CD68/CD163 expression did not predict tumour characteristics or patient outcome.

Conclusion There was significant association between increased stromal tumour infiltrating lymphocytes and adverse tumour prognosticators and worse patient survival supporting an important role of the tumour microenvironment in prognosis and potential for immunotherapies in ovarian cancer. Further analyses are underway to determine the expression in different tumour types and relation to neoadjuvant chemotherapy response.

2022-RA-1428-ESGO SOLITARY UNUSUAL METASTASIS OF SEROUS OVARIAN CARCINOMA IN THE GASTRIC WALL. REPORT OF A CASE

[1]Rosa Angélica Salcedo-Hernandez, [2]Jonathan Gustavo Gonzalez-Mena, [3]Miriam Perez-Pais, [3]Jose Armando Lopez-Rodriguez, [3]Leonardo Saul Lino-Silva. *[1]Gynecology, National Cancer Institute Of Mexico, Mexico City, Mexico; [2]National Cancer Institute Of, Mexico City, Mexico; [3]National Cancer Institute, Mexico City, Mexico*

10.1136/ijgc-2022-ESGO.713

Introduction/Background Introduction: Ovarian carcinoma (OC) has high mortality, 75 to 80% presents in locally advanced stages (1) and a large proportion of patients receive neoadjuvant chemotherapy followed by interval surgery. Despite the high response rates to primary treatment, 70% of patients will have a recurrence within 2 years. There are multiple studies that have described the patterns of recurrence in OC (2); however, the recurrence in our case was unusual.

Methodology Results Case descriptionA 60-year-old patient diagnosed with high-grade serous OC, clinical stage IIIC, who received induction chemotherapy with Carboplatin/paclitaxel for 4 cycles, underwent interval cytoreductive surgery, remaining R0, and subsequently completed 4 cycles of chemotherapy, with complete response by tumor marker and imaging. At 18 months of follow-up, a PET-CT showed hyper-uptake in the pancreas with a SUV_{MAX} of 7, without elevation of CA 125. EUS was performed, which showed a subepithelial lesion of 14 mm in the submucosa of the stomach. FNA reported a malignant neoplasm.Distal gastrectomy was performed. Except in the stomach, no data of disease was found. Pathology found a 1.2 cm intramural nodule in the minor curvature, well-defined, without involvement of the mucosa. The diagnosis was a mural metastasis of high-grade serous OC. Complementary chemotherapy was restarted for 6 cycles. A PET-CT study was performed with no data on tumor activity 8 months after surgery.

Conclusion

Discussion The most frequent sites of recurrence are peritoneal, lymph node and as a location at the pelvic level (3,4). It is worth mentioning that in a large proportion the recurrence is in multiple sites. However, intramural recurrences at the gastrointestinal (stomach) level as a single site were not found in a literature review. Knowledge of this type of rare recurrence is important, since it forces us to carry out a more meticulous evaluation of our patients diagnosed with OC.

2022-RA-1438-ESGO SAFETY OF TOTAL PARACENTESIS IN PATIENTS WITH MALIGNANT ASCITES FROM OVARIAN CANCER: RESULTS FROM THE PROSPECTIVE, RANDOMISED ATLANTIS-TRIAL

[1]Klaus Pietzner, [1]Mona Passler, [1]Maximilian Krafft, [1]Sara Alavi, [1]Robert Armbrust, [2]Aarne Feldheiser, [1]Jalid Sehouli. *[1]Department of Gynecology, Charité – Universitätsmedizin Berlin, corporate member of Freie Universität Berlin, Humboldt-Universität zu Berlin, and Berlin Institute of Health, Berlin, Germany; [2]Department of Anaesthesiology and Operative Intensive Care Medicine (CCM, CVK, Charité – Universitätsmedizin Berlin, corporate member of Freie Universität Berlin, Humboldt-Universität zu Berlin, and Berlin Institute of Health and Evang. Kliniken Essen-Mitte, Huyssens-Stiftung/Knappschaft, Berlin and Essen, Germany*

10.1136/ijgc-2022-ESGO.714

Introduction/Background Despite the very common occurrence, no guidelines exist on the management of malignant ascites. It remains unclear if total drainage of the intraperitoneal volume is safe. Due to concerns for paracentesis-induced circulatory dysfunction, hemodynamic shock and kidney failure, many centers limit the drained volume and do not perform total paracentesis.

Methodology The ATLANTIS-trial is a prospective, randomized pilot study, designed to address the question on the safety of total paracentesis of malignant ascites in patients with ovarian cancer. Patients were randomized one-to-one into a limited-paracentesis group where only 3000 ml of ascites were drained, and a total-paracentesis group with free drainage of all intraperitoneal fluid. Extensive peri- and postinterventional hemodynamic monitoring was performed for 24-hours and the kidney function was assessed before and after paracentesis.

Results Of 93 patients screened, 61 patients with histologically or cytologically confirmed ovarian, peritoneal, or fallopian tube cancer were eligible for randomization. No significant difference could be found between both groups for the hemodynamic parameters of heart rate, estimated stroke volume and estimated continuous cardiac output. The comparison of systolic and diastolic blood pressure profile showed no significant differences between the full drainage and limited drainage group. At baseline both groups showed similar results for creatinine: 0.7 mg/dl (IQR 0.7–0.8) in the free drainage versus 0.7 mg/dl (IQR 0.6–0.9) in the limited drainage group (p=0.81). Re-evaluation 24-h post paracentesis showed no differences in median values between both groups (0.7 mg/dl [IQR 0.6–0.8).

Conclusion This first randomized trial to evaluate the safety of total paracentesis in patients with malignant ascites from ovarian cancer was not able to detect a negative impact of total paracentesis on hemodynamics or kidney function. Considering the limitations of this trial as a pilot study, we conclude that total paracentesis seems to be a safe procedure in this population.

2022-RA-1441-ESGO EPITHELIAL OVARIAN CANCERS DURING PREGNANCY: THE RESULTS OF A LARGE RETROSPECTIVE STUDY FROM THE INCIP NETWORK

[1]Robert Fruscio, [2]Rita Trozzi, [3]Kristel van Calsteren, [1]Martina Delle Marchette, [2]Anna Fagotti, [2]Floriana Mascilini, [4]Elyce Cardonick, [5]Michael J Halaska, [6]Christine AR Lok, [7]Juliane Farthmann, [8]Nelleke Ottevanger, [1]Stefania Galimberti, [9]Joosje H Heimovaara, [10]Frédéric Amant. *[1]Department of Medicine and Surgery, Università Degli Studi Milano-Bicocca, San Gerardo Hospital, Monza, Italy; [2]Department of Woman, Child and Public Health, Fondazione Policlinico Universitario A. Gemelli IRCCS, Università Cattolica del Sacro Cuore, Rome, Italy; [3]Department of Obstetrics and Gynecology, University Hospitals Leuven, and Department of Development and Regeneration, KU Leuven, Leuven, Belgium; [4]Department of Obstetrics and Gynecology, Cooper University Health Care, Camden, NJ; [5]3rd Faculty of Medicine, Charles University and University Hospital Kralovske Vinohrady, Prague, Czech Republic; [6]Department of Gynecologic Oncology, Netherlands Cancer Institute – Antoni van Leeuwenhoek Hospital, Amsterdam, Netherlands; [7]Comprehensive Cancer Center Freiburg (CCCF); Department of Obstetrics and Gynecology, University Medical Center, Faculty of Medicine, Freiburg im Breisgau, Germany; [8]Department of Medical Oncology, Radboudumc, Nijmegen, Netherlands; [9]Department of Oncology, KU Leuven, Leuven, Belgium; Department of Gynecology, Antoni van Leeuwenhoek, Amsterdam, Netherlands; [10]Department of Oncology, KU Leuven, Leuven, Belgium; Department of Gynecology, Antoni van Leeuwenhoek – Netherlands Cancer Institute; Center for Gynecological Oncology Amsterdam (CGOA), Antoni van Leeuwenhoek – Netherlands Cancer Institute, Amsterdam, Netherlands*

10.1136/ijgc-2022-ESGO.715

Introduction/Background The malignancy rate of adnexal masses in pregnancy is 0.2–3.8/100.000 cases. Even though malignant ovarian cancer diagnoses in pregnancy are uncommon, awareness is crucial to obtain an adequate oncological treatment and a good obstetrical outcome.

Methodology Using the INCIP (International Network on Cancer, Infertility and Pregnancy) registry, we describe the