



**Abstract 2022-RA-1607-ESGO Figure 2**

**Conclusion** We have demonstrated that performing IDS within four weeks after NACT may be associated with better survival outcomes.

#### 2022-RA-1611-ESGO

#### CHECKPOINT INHIBITION IN OVARIAN CANCER WORKS – A CASE REPORT OF COMPLETE RESPONSE TO IMMUNE CHECKPOINT INHIBITION IN A PLATINUM RESISTANT PRIMARY OVARIAN CANCER PATIENT WITH LYNCH SYNDROME

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**Introduction/Background** Lynch syndrome is a secondary cause for hereditary ovarian cancer after BRCA mutation. Germline mutations in the DNA-mismatch repair genes cause tumorigenesis and a high immunogenicity. Recent studies showed a promising use of immunotherapy in MMR deficient (MMRd) tumors. We present a case of a patient with LS associated OC and a complete response to pembrolizumab.

#### Methodology x

**Results** A 44-year old patient was admitted to the hospital with lower abdominal pain. The patient's history showed LS with a germline mutation in the MSH2-gene. Initial diagnostics showed a pelvic tumor mass and a highly elevated cancer antigen 125. After debulking surgery, histopathological findings showed a high grade serous OC with a mutation in the MSH2 and MSH6-genes. Only 5 weeks after operation with no residual tumor mass a quick and significant intraabdominal progression of the disease was diagnosed. Adjuvant therapy with carboplatin and paclitaxel in a weekly course did not lead to sustainable response. An anti-PD-L1 antibody therapy with pembrolizumab was initiated. After only 2 courses of therapy the laboratory results and clinical status of the patient improved tremendously. Shortly after a complete response was detected and until today for 28 cycles immune checkpoint inhibition therapy is ongoing. The patient remains tumor free for 21 months now.

**Conclusion** Recent studies suggest a promising effect of checkpoint inhibition within MMRd tumors. OC on the other hand does not seem to show an overall good response to

immunotherapy. The significance of germline compared to somatic mutations has not yet been investigated in prior studies sufficiently. To our knowledge, this is the first case with complete response to checkpoint inhibition in OC associated with LS. Comprehensive testing for germline mutations should be established. Regarding Lynch syndrome associated ovarian cancer, immune checkpoint inhibition is an efficient therapy in tumors nonresponsive to standard therapy.

#### 2022-RA-1621-ESGO

#### ROLE OF PET-CT AND CECT IN CALCULATING PREOPERATIVE PCI IN PATIENTS WITH EPITHELIAL OVARIAN CANCER

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**Introduction/Background** The objectives are to compare the efficacy between preoperative PET/CT and CeCT findings according with the surgical findings in patients that underwent surgery for epithelial ovarian cancer treatment and to evaluate the correlation between preoperative PCI calculated in both PET/CT and CeCT with surgery.

**Methodology** Retrospective unicentric observational study reviewing data of 30 patients diagnosed with epithelial ovarian cancer (primary or recurrence) and operated between July 2018-February 2021 in Clinica Universidad de Navarra. Every patient underwent PET/CT and CeCT. PET/CT was independently evaluated by a nuclear medicine doctor (PET-CT) and CeCT by an expert radiologist in gynecologic malignancies. PCI in surgery was calculated by two different gynecologic oncologists. If there was any discordance between them, a media between both scores was applied. Medical history and demographic data, preoperative FIGO stage, PET/CT findings, CT findings final pathology diagnosis, type of surgery and perioperative details were reviewed. Intraclass correlation coefficient was calculated to compare the PCI obtained preoperatively in PET/CT and CeCT to the PCI obtained in the final surgery.

**Results** The interclass correlation coefficient in the global cohort of patients compared to the PCI calculated intraoperatively was 0.867 for CeCT and 0.807 for PET-CT. Regarding the prediction of complete cytoreduction, the area under the curve in the CeCT was 0.659 and 0.690 in the PET-CT.

**Conclusion** Despite the small sample size, this initial study highlights that CeCT is more effective in calculating PCI preoperatively, however, PET-CT is better at predicting complete cytoreduction. Further validation in larger series is needed.

#### 2022-RA-1622-ESGO

#### MALIGNANT BRENNER TUMOR OF THE OVARY: CASE SERIES OF ONE SINGLE INSTITUTE

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**Introduction/Background** Malignant Brenner tumors (MBT) of the ovary are rare disease; representing 1. 5% of all ovarian cancers and 3. 5% of Brenner tumors. They carry a poor prognosis. They generally affect women during the perimenopausal and postmenopausal periods. The aim of this study is to report our experience in the treatment of MBT of the ovary, to better characterize this disease.

**Methodology** A retrospective case series involving 5 patients diagnosed with MBT of the ovary and treated between 2006 and 2020.

**Results** The mean age of our patients was 54. 1 years. Four patients were in the menopause period. The tumor was staged as IC in one case, IIC in one case and IIIC in three cases of FIGO classification. All women conducted surgery followed by adjuvant chemotherapy. Four patients underwent a loco-regional recurrence that occurred respectively after 9, 11 and 13 months in three patients. The treatment was based on chemotherapy, combined with surgery in one case. Two patients presented distant metastasis. The treatment consisted of chemotherapy and surgery. One patient of them died after surgery from massive pulmonary embolism. The mean follow up period was 39. 5 months.

**Conclusion** The treatment approach of MBT of the ovary is not well established since its scarcity and poor prognosis. Thus, more case series and meta-analysis should be conducted.

2022-RA-1623-ESGO

#### EFFECT OF BEVACIZUMAB AND COMPLETE CYTOREDUCTIVE SURGERY IN ADVANCED LOW GRADE SEROUS OVARIAN CANCER: A SECONDARY ANALYSIS OF MITO 22

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**Introduction/Background** The aim of the present analysis was to explore the efficacy of Bevacizumab (Bev) on survival outcome in advanced low grade serous ovarian cancer (LGSOC) both in first line and in recurrent setting.

**Methodology** In this multicenter retrospective case control study, we compared LGSOC patients treated with chemotherapy (CT) with or without Bev, enrolled in MITO22 study. Patients receiving Bev in first-line or recurrence were considered and matched with patients receiving only CT (stage III and IV in first line; platinum based-CT in second line). Descriptive and survival analyses were performed for each group. Furthermore, the effect of upfront complete cytoreduction on progression free survival (PFS) was assessed.

**Results** Out of 128 patients included in MITO 22, 46 LGSOC patients receiving Bev in first-line setting or at the time of first recurrence were identified. In first line, 30 patients received Bev+CT and 65 CT alone. Median PFS were 47.86 months (95% CI: 31.48 -NR) and 22.63 months (95% CI 15 -39.24), respectively. This data was statistically significant at univariate analysis while it wasn't at the multivariate analyses where RT was considered. Median PFS was not reached (95% CI 31.5-not reached) in patients achieving complete cytoreduction and receiving Bev, while it was 32.4 months (95% CI: 7.9–37.4) in patients with RT. In the recurrent setting, 16 patients received Bev +CT and 33 women platinum-based CT alone at the time of relapse. PFS were 37.1 months (95 CI: 13.42–40.56) and 11.22 months (95% CI: 8.26–15.63), respectively, being statistically significant (p value 0.013); no multivariate analysis were performed due to the low number of patients receiving secondary cytoreduction.

**Conclusion** Our study suggests that Bev might be effective in LGSOC both at diagnosis and at the time of relapse. The role of optimal cytoreduction is also confirmed. This data warrants further studies.

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#### CAN A MORPHOLOGICAL DESCRIPTION OF THE PERITONEAL CARCINOMATOSIS IN ADVANCED OVARIAN CANCER ADD PROGNOSTIC INFORMATION? SYSTEMATIC ANALYSIS IN 1686 PATIENTS

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**Introduction/Background** Peritoneal carcinomatosis in ovarian cancer is frequent and generally associated with higher stage and poorer outcome. The clinical features of peritoneal carcinomatosis are diverse and their relevance for surgical and long-term outcome remains unclear. We conducted this prospective study to describe intraoperatively the different features of peritoneal carcinomatosis (PC) and to correlate them with clinicopathological features and survival outcomes.

**Methodology** We performed systematic analysis of all patients with documented intraoperative PC and a primary diagnosis of epithelial ovarian, tubal, or peritoneal cancer from January 2001 to September 2018. All data were evaluated by using the systematic tumour bank tool. Specific PC features included texture (soft-hard), consistency (coarse-fine or both), wet vs dry, and localization (diffuse-local). The PC characteristics were then evaluated for correlation with age, FIGO-stage, tumour histology, lymph-node involvement, tumour grade, and presence of residual tumour. Moreover, the influence of PC characteristics on overall survival (OS) and progression-free survival (PFS) was analysed.

**Results** 1686 patients with PC and primary epithelial ovarian cancer were included. Majority of the patients had diffuse PC (73.9%). The majority of PC were fine in texture (55.3%) and hard in consistency (87.4%). 27.6% of patients had dry PC. Diffuse localization of PC was significantly associated with