surgery) is mandatory. Prognosis is generally excellent. Recurrence is a rare event (6%), but it can occur in the form of invasive disease.

## 2022-RA-195-ESGO MIRNA-125B EXPRESSION IN EPITHELIAL OVARIAN CANCER

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**Introduction/Background** Most (70%) epithelial ovarian cancers (EOCs) are diagnosed late. Non-invasive biomarkers that facilitate early disease detection are needed. The microRNAs (miRNAs) represent a new class of biomarkers whose expression is aberrant in various human cancers and miRNA-125B has been shown to be overexpressed in EOC. This study was conducted to investigate plasma miRNA 125b as a diagnostic biomarkers in EOC.

**Methodology** A pre -surgical venous blood sample of all patients with clinically diagnosed ovarian tumors and likely to undergo surgery was drawn. After histopathological confirmation of benign or malignant epithelial ovarian tumor of surgically resected specimen, patients were enrolled into the study and their blood sample were further analysed for miRNA-125b expression. Patients with epithelial ovarian cancer on histopathological examination were defined as cases and those with benign pathology report served as controls. Commercial kit were used to isolate RNA including miRNA from serum samples. The RNA were then be reverse-transcribed into cDNA using cDNA synthesis kit as per the manufacturer's protocol. The Ct values of housekeeping U6 snRNA and test mir-125b were used to calculate the delta Ct (ΔCt) values between test and reference genes in both controls and cases. Delta delta Ct (ΔΔCt) values between controls and cases were based on difference in ΔCt values between the two sets. This was used to calculate the exponential difference based on 2-ΔΔCt. The values were normalized and expressed in terms of fold expression relative to controls.

**Results** We enrolled 20 cases of Epithelial ovarian cancer and 20 cases of benign epithelial ovarian tumor. Real time relative quantification analysis showed more than 12 fold increase in serum miR-125b expression among epithelial ovarian cancer patients than the corresponding benign counterparts.

**Conclusion** Circulating miRNA-125b has the potential to become a novel biomarker for early diagnosis and prognosis prediction of epithelial ovarian cancer.

## 2022-RA-198-ESGO A VALIDATION STUDY OF TWO PRE-OPERATIVE PREDICTIVE MODELS IN THE TREATMENT PLANNING OF ADVANCED OVARIAN CANCER

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**Introduction/Background** In advanced ovarian cancer (AOC) optimal cytoreductive surgery, <1 cm visible disease (VD), is associated with improved survival. Survival rates in patients with a suboptimal cytoreduction are equivocal. Surgery can be extensive and associated with significant morbidity and mortality. Tumour resectability and patient co-morbidity affect treatment planning. Pre-operative predictive models may provide an objective measure to aid this decision-making process. This study aimed to externally validate the ability of two pre-operative predictive models (Sudan et al 2014, 2017) to determine the likelihood of suboptimal cytoreductive surgery (>1 cm VD) and any residual disease in the treatment of AOC in a London teaching hospital.

**Methodology** Between January 2018- June 2020, 236 patients were treated for AOC in a London Teaching Hospital. 145 had cytoreductive surgery. 6 had incomplete records and were excluded. Suidan et al (2014, 2017) model's resectability score 1 (RS1) (suboptimal cytoreduction) and resectability score 2 (RS2) (any residual disease) were used to score patients against clinical and radiological criteria. Receiver operating characteristic (ROC) curve analysis was used to determine the accuracy of models.

**Results** The optimal cytoreductive surgery rate was 88.28% (n=128). 80.69% (n=117) had no visible disease. Both RS1 and RS2 models predicted surgical outcomes. RS1 AUC 0.862 (95% CI: 0.8189 to 0.9067, P<0.0001), RS2 AUC 0.869 (95% CI 0.8263 to 0.9126, P<0.0001).

**Conclusion** In our centre, Suidan et al's RS1 and RS2 models were able to predict cytoreductive outcomes. Predictive models may help determine patient suitability for cytoreductive surgery in AOC treatment.

## 2022-RA-209-ESGO A RETROSPECTIVE STUDY OF OVARIAN CANCER AMONG ELDERLY – EVALUATION AND PROGNOSIS

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**Introduction/Background** Half of epithelial ovarian cancer (EOC) are diagnosed above age 65. Women over 70 have higher morbidity and mortality. Our real-life retrospective study evaluates elderly with EOC.

**Methodology** Women above 70 were classified as 'elderly' (N=233) (71–93), and bellow 70 – 'control cohort' (N=755) (24–70). Treatment schedule used (6–8 cycles) were 3-weekly regimen (PC-3W) – carboplatin AUC-6 + Paclitaxel 175 mg/m$^2$ on day 1 of a 21-day cycle, and weekly regimen (PC-1W) – carboplatin AUC-2 + paclitaxel 80 mg/m$^2$ on days 1, 8, and 15 of a 28-day cycle

**Results** When comparing elderly to control median overall survival (mOS) was 41.26 (33.05–63.87) vs. 69.78 (50.07–75.01) months respectively (p<0.0001). No statistical differences were shown when comparing toxicities except for grade 2 anemia – 36.49% vs. 19.67% respectively (p<0.0001) and grade 2 alopecia – 44.81% vs. 60.52% respectively (p<0.0001). The use of PC-1W vs. PC-3W was 44.29% vs 47.14% in the elderly compared to 39.03% vs. 60.3% in the control (p<0.0001). Among the elderly mOS