

Results High mRNA and protein levels of PDE1A were observed in EOCs compared to borderline, benign and normal nonadjacent ovarian epithelial tissues ($p < 0.001$). Also, high expression of PDE1A was significantly associated with serous ($p = 0.023$), high grade ($p = 0.012$), advanced stage FIGO stage ($p < 0.001$), and resistance to platinum based chemotherapy ($p < 0.001$) EOCs. Importantly, high expression level of PDE1A was indicated as a prognosis predictive biomarker by Cox multivariate analysis. Specifically, we observed that PDE1A promoted G2/M transition by regulating cyclin B1 transcription.

Conclusion Taken together, our findings suggested that PDE1A is a promising biomarker for prediction of prognosis and resistance to platinum based chemotherapy in EOC patients.

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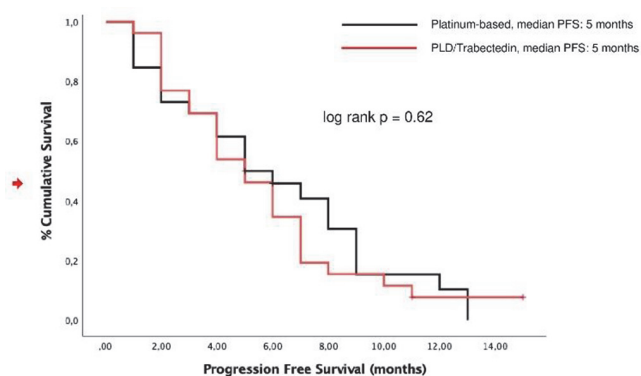
TRABECTEDIN PLUS PEGYLATED LIPOSOMAL DOXORUBICIN IN PATIENTS WHO EXPERIENCED DISEASE PROGRESSION AFTER PARP MAINTENANCE: A REAL LIFE CASE-CONTROL STUDY

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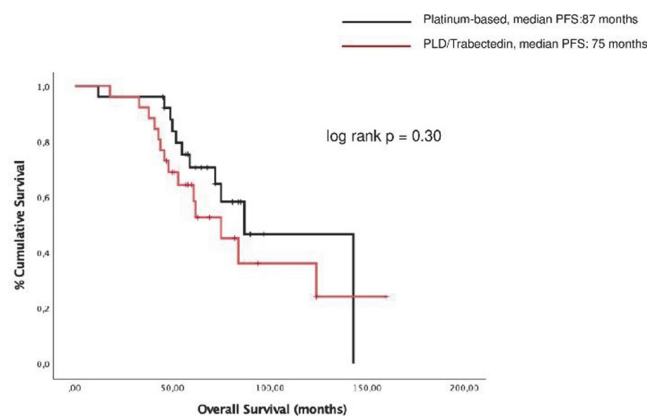
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Introduction/Background PARP inhibitors resistance is a problematic step in epithelial ovarian cancer (EOC) management and sequencing strategies should be carried out to overcome it. In this context, to lack of data, our study evaluated the role of a non-platinum doublet pegylated liposomal doxorubicin (PLD)/trabectedin in ovarian cancer platinum-sensitive patients who experienced disease progression under PARP inhibitors maintenance.

Methodology This is a case-control study including patients with recurrent EOC treated between 2016–2021 who progressed under PARP inhibitors maintenance. Data of patients, treated with PLD/trabectedin were matched 1:1 with a series of patients who received platinum-based treatment. The study outcomes were: overall clinical benefit (including complete, partial and stable response), progression-free survival (PFS) and overall survival (OS). The safety of both treatments was also evaluated.



Abstract 2022-RA-634-ESGO Figure 1 Progression free survival



Abstract 2022-RA-634-ESGO Figure 2 Overall survival

Results 26 patients in both groups were analyzed. Clinical benefit was achieved in 15 (57%) patients in study group and 17 (65%) in control one ($p = 0.38$). Patients receiving PLD/trabectedin had 5 months of PFS, compared with 5 months of patients treated with platinum-based treatment ($p = 0.62$). OS of the entire population was 84 months (95% CI = 68–99), with no significant difference between the experimental and control group (75 vs. 87 months, $p = 0.30$). No clinically relevant differences were found in terms of safety.

Conclusion PLD/trabectedin might be as effective as a platinum-based treatment in patients experiencing disease progression while on PARP inhibitors maintenance, with acceptable toxicity profile. Therefore, it could be a good therapeutic option in this setting, sparing platinum compounds for subsequent relapse.

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DOES HEART-RATE VARIABILITY PREDICT PROGNOSIS IN WOMEN WITH OVARIAN CANCER?

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Introduction/Background The vagal nerve may have protective roles cancer. Its activity is indexed by heart-rate variability (HRV). This study aimed to examine the prognostic role of HRV in women with ovarian cancer.

Methodology This was a retrospective comparative cross-sectional study. Information obtained from medical records of patients with histologically confirmed ovarian cancer treated at a single institute, between the years 2014–2021. Background variables that were obtained included age, stage, white blood cells count (WBC) date of death or date of last contact, which ever came first. HRV, the index of vagal nerve activity, was derived from patients' 10 sec ECG near diagnosis.

Results 104 women were included in our final cohort. Mean age was 64.7. 11.4%, 4.9%, 54.5%, 29.3% of the women were stage I, II, III and IV respectively. After controlling for known prognostic factors log-HRV tended to significantly predict a lower risk of death (R.R = 0.20, 95% CI: 0.04 – 1.06) as well as the ratio of HRV/WBC