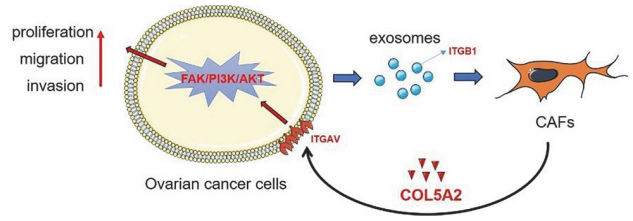
and secretion of COL5A2.(4) COL5A2 can activate FAK/PI3K/AKT signaling pathway of ovarian cancer cells by combining with ITGAV on the surface of ovarian cancer cells, thus promoting the proliferation, migration and invasion of ovarian cancer.



Abstract 2022-RA-830-ESGO Figure 1

Conclusion Ovarian cancer cells activate CAFs and promote their expression and secretion of COL5A2 by secreting exosomes carrying ITGB1. COL5A2, which is widely expressed and secreted, can act as the signal molecule feedback on ovarian cancer cells to promote the proliferation, migration and invasion of ovarian cancer.

2022-RA-835-ESGO AGO-OVAR 2.34/MIROVA: A RANDOMIZED PHASE II TRIAL OF MIRVETUXIMAB SORAVTANSINE (IMGN853), IN FOLATE RECEPTOR ALPHA (FRα) HIGH RECURRENT OVARIAN CANCER ELIGIBLE FOR PLATINUM-BASED CHEMOTHERAPY

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Introduction/Background Following implementation of targeted therapies to first-line treatment, repeated use of bevacizumab and/or PARPi is often not approved nor has been conclusively proven efficacious for all patients with recurrent ovarian cancer. Accordingly, new combination partners for platinum-based chemotherapy become crucial to improve outcome. For the antibody-drug conjugate, Mirvetuximab soravtansine (MIRV), containing a folate receptor alpha(FRα)-binding antibody, patients with high FRα expression according to PS2+ Scoring (cut-off: ≥75% of tumor cells with FRα membrane staining and ≥2+ intensity) had significant progression-free survival (PFS) improvements (hazard ratio: 0.55) compared to mono-chemotherapy (median PFS 5.6 vs 3.2 months,P=0.015) in the phase III FORWARD I trial. Preliminary data for combination of MIRV with carboplatin from the Phase Ib FORWARD II trial, an ORR of 71% in 17 patients with a median PFS of 15 months, and ORR of 80% in the FRα medium/high (>50% PS2+) subset of 10 patients was noted. MIRV is well-tolerated with a manageable safety profile.

Methodology Eligible patients for this multicenter, randomized, two-arm, open-label, comparative phase II trial have recurrent, FRα high epithelial cancer of the ovary, fallopian tube or peritoneum and measurable disease. Patients are eligible for platinum-based chemotherapy, had at least one prior chemotherapy, but are not candidates to receive bevacizumab. Patients with wildtype BRCA1/2 mutation status and patients with a deleterious mutation and prior PARPi therapy can be included. Following pre-screening for high FRα expression, 136 patients are randomized (1:1) to a) experimental arm: Carboplatin + MIRV 6 mg/kg IV d1 (6 cycles q21d) followed by MIRV monotherapy until disease progression or b) control arm: Platinum-based chemotherapy (6 cycles) followed by PARPi or standard of care. The primary endpoint PFS will be assessed by modified RECIST 1.1. Key secondary endpoints include overall survival, ORR, and quality of life. NCT04274426

Results Enrolment started.

Conclusion Trial in Progress.

2022-VA-836-ESGO ROBOT ASSISTED LAPAROSCOPIC STAGING SURGERY IN EARLY STAGE OF OVARIAN CANCER

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Introduction/Background Minimally invasive staging surgery is considered as a new standard surgical modality in early stage ovarian cancer. Especially, Robot-assisted surgery is an advanced form to overcome the limitations of conventional laparoscopic surgery, providing steady three-dimensional vision and articulated instruments without tremor and a shorter learning curve. This video aims to demonstrate the robot assisted laparoscopic staging surgery in early stage of ovarian cancer.

Methodology A 54 years old woman presented with an ovarian cyst suspected to fibroma or granulosa cell tumor on CT scan and elevated CA 125 level. And she was diagnosed with ovarian malignancy, serous carcinoma, after diagnostic laparoscopic bilateral salpingo-oophorectomy. PET-CT scan showed no enlarged lymph node nor abnormal finding in peritoneal cavity. To determine FIGO stage of ovarian cancer, we performed Robot assisted staging surgery including total laparoscopic hysterectomy, omentectomy, bilateral pelvic lymph node dissection and para-aortic lymph node dissection (level 4). We used the da Vinci Xi multi-port surgical platform (Intuitive Surgical, Inc., CA, USA) and three robotic instruments: fenestrated bipolar forceps, monopolar curved scissors and prograsp forceps (Intuitive Surgical).

Results The final diagnosis was FIGO stage IA of high grade ovarian serous carcinoma (grade 3). The total operation took 375 minutes and the patient was discharged in five days after surgery without postoperative complications.