recurrent disease after 9 months and 8 years of completion of therapy, respectively. The sites of these metastasis were face and scalp respectively. Both the cases were managed using second line chemotherapy (gemcitabine, cisplatin, bevacuzimab) and are currently doing well.

Conclusion Detailed history and meticulous systemic examination including skin examination can be crucial for early detection of metastasis from carcinoma ovary. while SJN is a well known entity, rare sites such as face and scalp should be kept in high index of suspicion.

2022-RA-1603-ESGO | **CONTRIBUTION OF ADDING ROUTINE ENDOSCOPY AND COLONOSCOPY TO PREOPERATIVE SCREENING OF PATIENTS WITH SUSPECTED OVARIAN CANCER ON SURGICAL AND ONCOLOGICAL OUTCOMES**

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Introduction/Background There is no routine screening protocol in ovarian cancer. In many clinics, screening endoscopy and colonoscopy are performed for patients who are thought to have ovarian cancer and gastrointestinal system metastasis. In this study we aimed to examine the contribution of preoperative endoscopy and colonoscopy screening to surgical and oncological outcomes in patients followed up with suspected ovarian cancer.

Methodology The files of 1446 patients who were operated on with the suspicion of ovarian cancer or treated with the diagnosis of ovarian cancer in our hospital between August 17, 1992 and November 27, 2018 were retrospectively analyzed. Of these patients, 676 patients between Stage 2 and Stage 4 were included. Such following parameters were evaluated; age range, body mass index, parity status, comorbidity, tumor marker, preoperative ascites, preoperative tumor diameter, cytoreduction adequacy, adjuvant chemotherapy, peri- and postoperative complications, tumor histology, grade, and stage. These comprehensive features were compared between the bowel metastasis and bowel resection groups using appropriate statistical analysis.

Results The mean age at diagnosis of the patients was 54.7 ±12.4; The median age at diagnosis was 55 years. There was no significant difference between the presence of bowel resection according to the laboratory findings (p>0.05). While postoperative CA125 values were detected to be higher in patients with intestinal metastasis comparing to those without bowel metastasis (p<0.05). Preoperative tumor diameter value was found to be higher in patients with intestinal metastasis (p<0.05). It was determined that mean survival time of the patients who had bowel metastasis was low (p>0,05).

Conclusion Since seromuscular involvement is usually seen in intestinal metastases of ovarian cancer, the sensitivity of the endoscopy and colonoscopy in screening is low. Risk-adjusted endoscopy and colonoscopy screening may be a reasonable strategy.

2022-RA-1607-ESGO | **OPTIMAL TIME INTERVAL BETWEEN NEOADJUVANT PLATINUM-BASED CHEMOTHERAPY AND INTERVAL DEBULKING SURGERY**

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Introduction/Background There is limited data on the optimal time interval between the last dose of neoadjuvant chemotherapy (NACT) and interval debulking surgery (IDS) in high-grade serous ovarian carcinoma (HGSC).

Methodology We retrospectively identified patients with stage IIIC/IV HGSC who had received NACT followed by IDS during a 15-year period (January 2003-December 2018) in the Oncology Department of Alexandra University Hospital that were further divided in two groups: the short (<4 weeks) and long (>4 weeks) interval groups.

Results Overall, 115 patients with HGSC stage IIIC/IV that underwent NACT and IDS were included in our analysis. Median age of diagnosis was 62.7 years (SD: 10.7; 39–86). Median PFS was 15.7 months (SD: 1.4; 95% CI: 12.9 – 18.4) and median OS was 44.65 (SD: 2.9; 95% CI: 38.8 – 50.5). Patients were categorized in groups according to interval from NACT to IDS (< 4 weeks (group A); 4 -5 weeks (group B); 5- 6 weeks (group C); >6 weeks (group D). Long time interval from IDS to NACT (> 4 weeks) correlated to poorer PFS (*p*= 0.006) and OS (*p*= 0.006). Median PFS was 26.6 months (95% CI: 24 – 29.2) for patients undergoing IDS < 4 weeks after NACT versus 14.4 months (95% CI: 12.6 – 16.2) for the > 4 weeks group (*p*= 0.006). Median OS was 69.5 months (95% CI: 46.9 – 92.1) versus 38.7 months (95% CI: 31.1 – 46.2) respectively (*p*= 0.006). On multivariate analysis, interval from NACT to IDS (< 4 weeks vs > 4 weeks) retained its statistical significance in terms of PFS (*p*= 0.004) and OS (*p*= 0.002) along with optimal debulking, performance status and administration of bevacizumab (all *p*< 0.05).
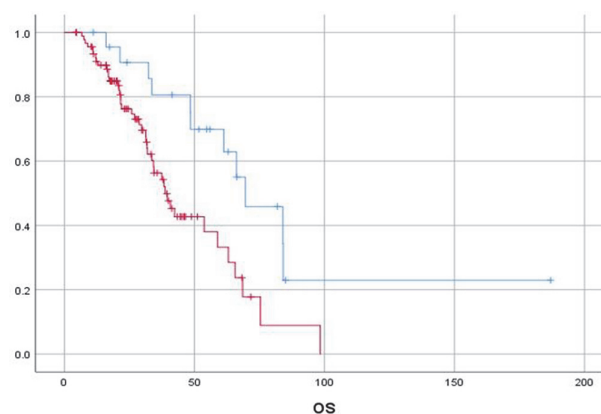
Abstract 2022-RA-1607-ESGO Figure 1
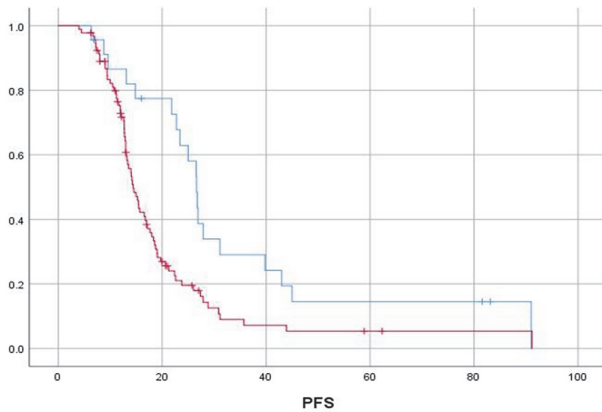
Abstract 2022-RA-1607-ESGO Figure 2

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 suffiently. 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 an 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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