

Methods we are aiming here to present a case with a metastatic mass on the lateral pelvic wall and illustrate the differentiation of nodal one versus peritoneal ones.

Results Most cases of granulosa cell tumors are stage I but Unfortunately, they are not benign and can metastasize, recur, and cause death. the detection of extra-ovarian metastasis at initial diagnosis depends on the completeness of surgical exploration/staging. Surgery remains the mainstay of initial management.

If Metastasis occur on the Peritoneum or nodes at the lateral pelvic wall, it can be differentiated by compressibility of the iliac vessels, fat plane in between, vasculature of the mass in relation to iliac vessels and connecting vessels in between.

Conclusions Ultrasound can be effective in detecting recurrence on follow up and differentiating between nodal or peritoneal metastasis on lateral pelvic wall.

2022-LBA-1231-ESGO **USE OF MASS CYTOMETRY ANALYSIS OF HUMAN PERIPHERAL BLOOD MONONUCLEAR CELLS TO IDENTIFY CELL SUBSETS FOR MONITORING COMBINED IMMUNOTHERAPY WITH CD73 AND PD-L1 BLOCKADE IN HGSOC PATIENTS**

¹Luka Tandarić, ²Jon Røikjaer Henriksen, ³Liv Cecilie Vestrheim Thomsen, ⁴René Depont Christensen, ⁵Marianne Waldstrøm, ⁶Johanna Mäenpää, ⁷Henrik Roed, ⁸Kristina Lindemann, ¹Katrin Kleinmanns, ⁶Annika Auranen, ¹Emmet McCormack, ⁹Sanne Lindberg, ⁹Kristine Madsen, ³Line Bjørge, ⁷Mansoor Raza Mirza. ¹Dept. of Clinical Science, Centre for Cancer Biomarkers, University of Bergen, Bergen, Norway; ²Department of Oncology, Vejle Hospital, University Hospital of Southern Denmark, Vejle, Denmark; ³Department of Obstetrics and Gynecology, Haukeland University Hospital, Bergen, Norway; ⁴Research Unit of General Practice, University of Southern Denmark, Institute of Public Health, Odense, Denmark; ⁵Department of Pathology, Hvidovre Hospital, Hvidovre, Denmark; ⁶Department of Obstetrics and Gynecology, Tampere University Hospital and University of Tampere, Tampere, Finland; ⁷Department of Oncology, Rigshospitalet, Copenhagen University Hospital, Copenhagen, Denmark; ⁸Department of Gynecological Oncology, Oslo University Hospital, Division of Cancer Medicine, Oslo, Norway; ⁹Nordic Society of Gynaecological Oncology Clinical Trial Unit (NSGO-CTU), Rigshospitalet, Copenhagen University Hospital, Copenhagen, Denmark

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Introduction NSGO-OV-UMB1/ENGOT-OV-30 – cohort A is a single-arm, open-label phase II study of the combination of immune checkpoint inhibitors: durvalumab (anti-PD-L1) and oleclumab (anti-CD73), in relapsed high-grade serous ovarian cancer (HGSOC). The clinical efficacy data, presented at ESGO2021, showed the combination had effect, but the disease-control rate was not correlated with intratumoral CD8 and PD-L1 expression. Identification of responding patients by use of single cell-profiling through biomarker enrichment is needed to better select patients for immunotherapeutic strategies.

Methods Whole blood samples from the patients (n=25) were taken at regular intervals (pre-treatment, every 56 days, and at progression). Total leukocytes were isolated and fixed. Immunophenotyping with a 40 metal-tagged antibody panel with the ability to define multiple T-cell populations was done on cell suspensions on a CyTOF[®] XT mass cytometer. After data acquisition, the data was analyzed with a combination of R, Cytobank and MATLAB to identify predictive and response biomarkers.

Results Preliminary analysis identified 34 immune cell subsets present in all samples (n=37). Compared to the baseline samples, samples taken on day 56 of the treatment period contained higher proportions of classical monocytes (p=0.007), and lower proportions of central memory CD8⁺ T-cells (p=0.04) and effector memory CD4⁺ T-cells (p=0.0498). At baseline, the long-term survivors (≥16 weeks) demonstrated higher proportions of total T-cells (p=0.0302), total CD4⁺ T-cells (p=0.0221), and naïve CD4⁺ and CD8⁺ T-cells (p=0.0011 and p=0.0312, respectively).

Conclusions The analysis reveals immunological responses to durvalumab and oleclumab immunotherapy in patients with recurrent and metastatic HGSOC and suggests potential predictive biomarkers for categorizing patients into predefined response subgroups. Further investigation of both discoveries is underway.

2022-LBA-1618-ESGO **A PILOT STUDY OF INTERVAL CYTOREDUCTIVE SURGERY AND HIPEC FOR ADVANCED EPITHELIAL OVARIAN CANCER IN THE UK**

¹Katelijin Sap, ¹Bridget Decruze, ^{1,2}Sarah O'Dwyer, ³Jurjees Hasan, ^{1,2}Omer Aziz, ¹Brett Winter-Roach. ¹Surgery, The Christie NHS Foundation Trust, Manchester, UK; ²Division of Cancer Studies, University of Manchester, Manchester, UK; ³Medical Oncology, The Christie NHS Foundation Trust, Manchester, UK

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Introduction The Christie is one of the first UK cancer centres to offer hyperthermic intraperitoneal chemotherapy (HIPEC) to patients with advanced epithelial ovarian cancer (AEOC). Though the OVHIPEC1-trial has demonstrated longer recurrence free and overall survival for patients undergoing interval cytoreductive surgery (CRS) with the addition of cisplatin based HIPEC compared to CRS alone, this treatment is not yet offered as NHS-funded treatment. We report early follow up data on safety and feasibility of CRS+HIPEC in ovarian cancer patients at the Christie, with an analysis of comparative perioperative costs.

Methods Patients with high grade AEOC who achieved partial response to 3 or 4 cycles of neoadjuvant carboplatin-paclitaxel chemotherapy were selected for interval CRS+HIPEC. The procedure was performed by Gynaecological Surgical Oncologists in collaboration with Peritoneal Surgeons with extensive experience of CRS+HIPEC in colorectal and appendiceal malignancies. Closed HIPEC delivery technique was used. Cisplatin was perfused at 42°C for 90 minutes at 100 mg/m².

Results 9 patients have undergone CRS+HIPEC for AEOC at The Christie since October 2021. By the LBA submission deadline, this will be 10. We will report on median time to surgery from chemotherapy, pre- and postsurgical PCI score, mean length of stay and CCU stay, intra- and postoperative complications and 30 and 90 day mortality. Overall costs of the perioperative care of CRS+HIPEC will be compared to CRS alone in our setting.

Conclusions Interval CRS+HIPEC is feasible, safe and cost effective for AEOC when performed collaboratively in a tertiary centre with a collocated peritoneal tumour service.