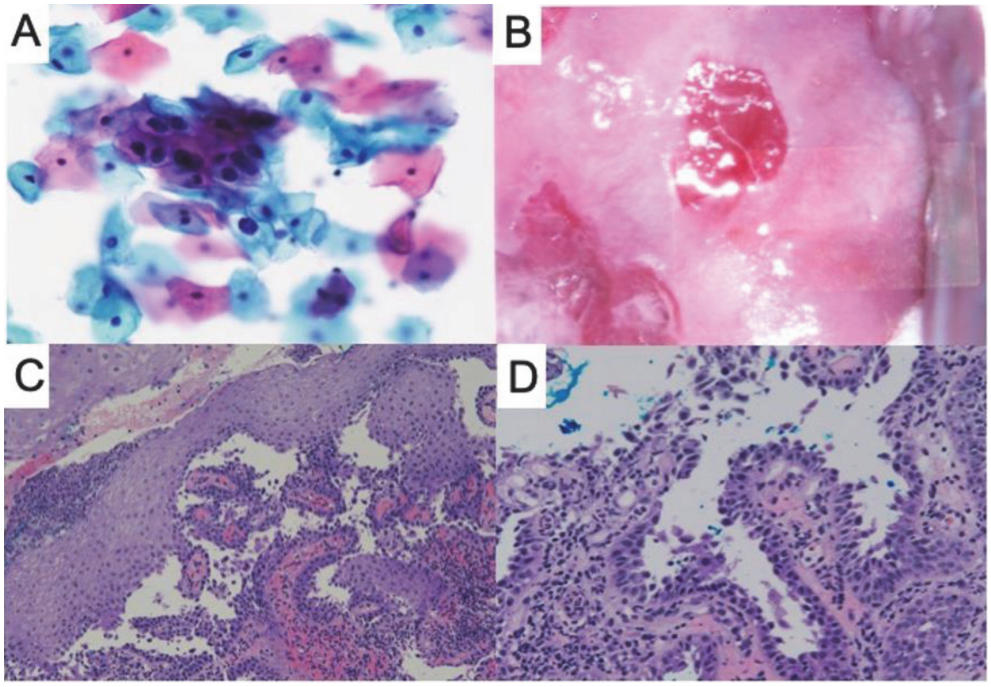

Abstract 68 Figure 1 (A) Cervical smear containing scattered groups of abnormal keratinocytes with enlarged hyperchromatic nuclei, irregular nuclear membranes and bi-nucleation with perinuclear halo in keeping with koilocytosis; (B) Colposcopic appearance (high magnification); (C) Cervical tissue showing intraepidermal and suprabasal blister formation; (D) Well vascularised dermal papillae with residual basal layer giving rise to tombstone appearance

unnecessary hysterectomy due to such misdiagnoses. Review by an experienced cyto-pathologist is required in the event of diagnostic uncertainty.

IGCS20_1031

69 DETECTION OF ITGBL1 MRNA ISOFORMS IN OVARIAN CANCER CELLS

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Previously, we identified a multigene signature related with survival of patients with high-grade serous ovarian cancer (OC).[1 2] Among differentially expressed genes was Integrin beta-like 1 (ITGBL1). Our functional studies revealed that ITGBL1 overexpression in ovarian cancer cells resulted in increased invasiveness,[3] migration rate, and chemoresistance, while decreased adhesiveness[4] and no change in proliferation rate.[5] Later it appeared, that 4 mRNA variants of ITGBL1 may exist. The aim of our this study was to evaluate the presence of these variants in several wild-type OC cell lines, including OVPA8 established by our group.[6] Next, we analyzed cells with ITGBL1 construct (OAW42-ITGBL1 and SKOV3-ITGBL1) and with an empty PLNCX2 vector.

Variant-1 (containing all exons) was prevalent in these cell lines which expressed ITGBL1 (ES2, OVPA8, SKOV3-ITGBL1, and OAW42-ITGBL1). Variant-2 was very low or absent in all cell lines. Variant-3 was present in significant amounts only in OAW42-ITGBL1 and ES2 cells, while variant-4 exclusively in ES2. ES2 cell line was the only expressing all 4 variants.

In summary: variant-1 is prevalent and variant-3 is second detectable, both in wild-type OC cells with natural ITGBL1 expression and in OAW42 and SKOV3 cells with ITGBL1 construct. These results confirm the validity of our experimental model and our previous conclusions concerning the influence of ITGBL1 on OC cells phenotype.

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IGCS20_1032

70 THE RELATIONSHIP BETWEEN PRE-OPERATIVE LYMPHOCYTE MONOCYTE RATIO AND SERUM CANCER ANTIGEN-125 AMONG WOMEN WITH EPITHELIAL OVARIAN CANCER IN LAGOS UNIVERSITY TEACHING HOSPITAL, LAGOS, NIGERIA

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Background Ovarian cancer is the second most common genital cancer worldwide, with poor prognosis and high mortality rates. The role of inflammation in cancer biology and markers of systemic inflammation such as neutrophils, lymphocytes and monocytes have been investigated. Cancer antigen 125 (CA-125) is currently in use as an adjunct to diagnosis, prognostication and monitoring of epithelial ovarian cancer (EOC). However, CA-125 test is not readily available in our sub-

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region, creating a need to search for alternative markers that are available and affordable. This study aims to determine the relationship between preoperative serum lymphocyte-monocyte ratio (LMR) and CA-125 in EOC.

Materials and Methods This was a retrospective cross-sectional study among 70 women, diagnosed with EOC. Data was extracted from the case notes. LMR was calculated as the absolute lymphocyte count divided by the absolute monocyte count. Data was analysed using SPSS version 25.0. The correlation between LMR and CA-125 was determined using the Spearman's correlation coefficient.

Results The mean age of the patients was 48.57 ± 13.97 years. Serous adenocarcinoma was the most common subtype of ovarian cancer 66 (94.3%). The median serum CA-125 was 393.5 (215.00 – 765.67) U/mL. The median LMR was 6.77 (1.28–43.0) x109/L. There was a statistically significant negative correlation between CA-125 and LMR, r = - 0.28, p = 0.22.

Conclusion LMR was negatively associated with CA-125 in women with EOC. LMR may be considered as a simple, affordable alternative marker to CA-125 in the management of EOC.

IGCS20_1033

71 NEOADJUVANT CHEMOTHERAPY IN EPITHELIAL OVARIAN CANCER: A CASE-CONTROL STUDY IN A LEBANESE TERTIARY CARE CENTER

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Objectives We aim to compare the outcomes of patients with epithelial ovarian carcinoma treated with neoadjuvant chemotherapy to those with primary debulking surgery.

Methods A retrospective case-control study was conducted at a Hôtel-Dieu de France University Hospital. We reviewed the clinipathological data of 184 patients who were operated on for an epithelial ovarian cancer and we compared the outcomes of patients who received a neoadjuvant chemotherapy (n=94) with those treated with primary surgery(n=90).

Results Patients in both groups had comparable age, menopausal status and comorbidities (p>0.05). Patients receiving neoadjuvant chemotherapy had more serous histology and high-grade lesions (58,1% vs. 41,9% (p=0.003), 58,8% vs. 41,2% (p=0.005), respectively). Bilateral adnexal involvement was more seen in the neoadjuvant group (57,4% vs. 42,6%, p=0.19). Patients receiving neoadjuvant chemotherapy were more likely to present lymph node involvement (61,1% vs. 38,9%, p=0.006). More bowel resection was done in the neoadjuvant group (62,4% vs. 37,6%, p=0.005). Postoperative complications were comparable between the two groups (p=0.441). Interval surgery group received more blood transfusion as primary surgery group (55,7% vs. 44,3%, p=0.004). Survival rate was 41,8% in the interval surgery group vs. 58,2% in the primary surgery group (p=0.000). Recurrence rate 60% in the interval surgery group vs. 40% in the primary surgery group (p=0.025). No difference in the recurrence interval was seen in both groups (p=0.272).

Conclusion Patients with ovarian cancer receiving neoadjuvant chemotherapy seem to have more aggressive disease and do not have better outcomes in terms of survival and recurrence in comparison to primary surgery group.

IGCS20_1034

72 CAN INTRAOPERATIVE VISUAL EXAMINATION OF DIAPHRAGMATIC PERITONEUM BE A RELIABLE TOOL TO MODULATE THE EXTENT OF INTERVAL DEBULKING SURGERY IN ADVANCED OVARIAN CANCER?

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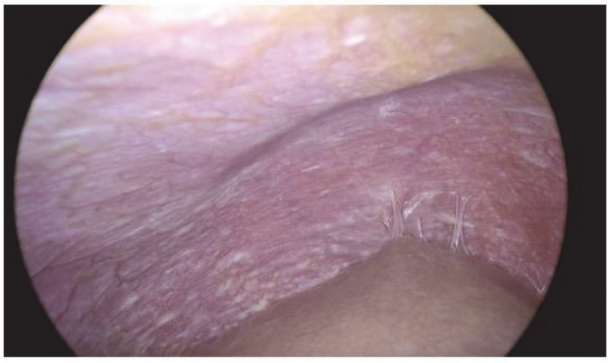
10.1136/ijgc-2020-IGCS.68

Introduction [2]Department of Woman, Child and Public Health, Fondazione Policlinico Universitario A. Gemelli IRCCS, Italy

Complete disease removal during cytoreductive surgery for AEOC is the main prognostic factor for both PDS and IDS. While a unanimous consensus exists on the RT=0 during PDS, the same is not true for IDS. Many surgeons do not consider necessary the removal of macroscopically normal or with apparent scarring areas peritoneum.

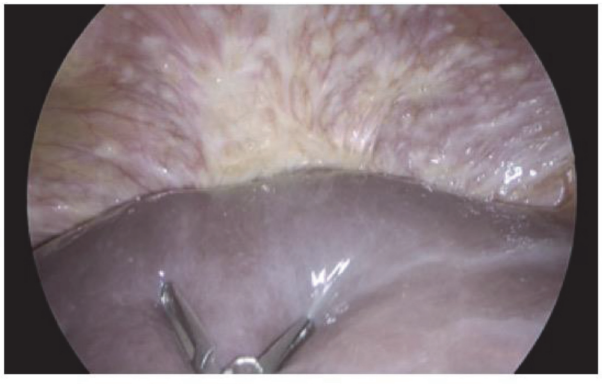
This study aims to establish whether the intraoperative visual assessment can be a sufficiently sensitive tool to identify the presence or absence of residual disease.

Methods Observational retrospective study. Pre-operative, surgical and histopathological features of patients subjected to IDS with visually-suspected (figure 1) or certain (figure 2) residual disease at the level of the right diaphragmatic peritoneum, have been collected.



Visually-Suspected diaphragmatic peritoneum"

Abstract 72 Figure 1



Visually-Pathologic diaphragmatic peritoneum

Abstract 72 Figure 2

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