

at caesarean section sterilisation, vaginal hysterectomy and for sterilisation respectively. Those against state fertility concerns, lack of evidence and increased complications.

Conclusions There are still significant gaps in knowledge regarding STIC among consultants in Northern Ireland, which affects their willingness to consider opportunistic salpingectomy at the time of other operations. If these gaps and their concerns are addressed, there may be an impact on the potential benefit of performing this procedure in reducing the incidence of HGSC.

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A PROSPECTIVE STUDY OF FACTORS PREDICTING MORBIDITY AND MORTALITY IN CYTOREDUCTIVE SURGERY AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY FOR ADVANCED EPITHELIAL OVARIAN MALIGNANCY

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Objectives The risk of morbidity and mortality associated with CRS & HIPEC is substantial enough to make any surgeon think twice before adopting it. Knowing the factors that will predict morbidity would help us optimize outcomes & improve care. This study is an attempt to find such factors that predict morbidity.

Methods Patients diagnosed of peritoneal carcinomatosis from epithelial ovarian malignancy underwent CRS+ HIPEC from March 2012 to December 2017. All data prospectively entered in the HIPEC registry was analysed with main focus on morbidity and factors predicting morbidity.

Results Out of 110 patients, 20, 55, 35 underwent upfront, interval & secondary CRS+HIPEC respectively. Mean duration of surgery was 9.5 hours, blood loss 1250 mL & PCI 17. Total, upper & pelvic peritonectomy with glissons capsulectomy & mesenteric stripping was done in 42.5%, 68.1%, 69.3%, 14.7% & 4.3% respectively. Multivisceral, diaphragmatic & bowel resections were done in 20.9%, 40.5% & 57.5% respectively. G3-G5 morbidity was noted in 40%, major being surgical 30%, hematological 20%, electrolyte imbalances 19%. Performance status, mean PCI >14, duration of surgery >10 hours, multivisceral resections, upper quadrant peritonectomy & more than one anastomosis were found to be significant factors predicting morbidity on univariate analysis. On multivariate analysis performance status & upper quadrantectomy were significant factors.

Conclusions CRS + HIPEC for advanced epithelial ovarian malignancy can be done with acceptable morbidity & mortality. A dedicated team is an absolute necessity. We should be more cautious & give extra attention to patients with above mentioned risk factors to improve the quality of care & optimize outcomes with CRS+ HIPEC.

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LARGE SINGLE-SITE INSTITUTION EXPERIENCE OF TESTING FOR SOMATIC AND GERMLINE CONCORDANCE BRCA1/2 PATHOGENIC MUTATIONS IN OVARIAN CANCER PATIENTS ELIGIBLE FOR PARP INHIBITORS THERAPY

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Objectives The aim of the study was to investigate the rate of concordance of germline BRCA1/2 (gBRCA1/2) with somatic BRCA1/2 (sBRCA1/2) pathogenic mutations to increase screening uptake for prescription of the newly NICE approved PARP inhibitor tablets available for gBRCA and sBRCA mutation carriers.

Methods 70 patients diagnosed with ovarian cancer were screened: 50 with High Grade Serous Carcinoma (HGSC), 2 Low Grade Serous Carcinoma (LGSC), 4 Clear Cell Carcinoma (CCC), 2 Carcinosarcoma, 11 Endometrioid Adenocarcinoma (EdAd) and 1 mucinous carcinoma. Patients were tested for BRCA1/2 germline mutations upfront, followed by testing of tumour specimens for somatic mutations using NGS.

Results 9 cases had gBRCA1/2 pathogenic mutations: 5 HGSC had gBRCA1, 3 HGSC and 1 EdAd had gBRCA2. 7 cases had sBRCA1/2 mutations: 4 gBRCA1 and 3 gBRCA2 HGSC had sBRCA1 and sBRCA2 respectively. EdAd gBRCA had no somatic mutations; 1 HGSC patient with gBRCA had no sBRCA mutations. 1 HGSC wild-type gBRCA showed pathogenic sBRCA1 frameshift mutation. 2 EdAd and 1 CCC wild-type gBRCA showed sBRCA1/2 mutations of unknown clinical significance. LGSC, carcinosarcomas and mucinous carcinoma were wild-type gBRCA with no somatic mutations detected.

Conclusions Detection of both germline and somatic BRCA1/2 mutations is required for effective PARP inhibitors treatment. Somatic tests should be offered to increase the number of patients suitable for targeted therapy. The consistency of gBRCA uptake (13%) was in keeping with published data, whereas the sBRCA uptake was 11.4%, which is less than the expected 15%. More research into cases with sBRCA1/2 mutations of unknown clinical significance is warranted.

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DIFFERENTIAL EXPRESSION OF SOCS3 GENE AND ITS PUTATIVE ROLE IN THE PATHOGENESIS OF EPITHELIAL OVARIAN CANCER

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Objectives The SOCS3 gene is a key regulator for JAK/STAT pathway, responsible for inflammation and proliferation response, was found to be regulated by *E2F5* and its down