Abstract 298 Table 1 Post-operative complications according to The Clavien-Dindo classification

Post-operative complications according to The Clavien-Dindo classification	
Grade	**% (n)**
No Complications	21% (n=8)
Grade I	29% (n=11)
Grade II	44% (n=17)
Grade III	2% (n=1)
Grade IV	2% (n=1)
Grade V	2% (n=1)

Median blood loss was 800mls. Median length of hospital stay was 9 days. One patient died in the first 28 days post-surgery. The postoperative complications are presented in table 1 using the Clavien-Dindo classification.

Conclusions Our data favours a multidisciplinary structured MES service for advanced ovarian cancer and this could be a more effective approach than a unidisciplinary approach. It minimises the morbidity, enables the development interdisciplinary surgical skills and improves the quality of surgery.

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299 **PRECISION ONCOLOGY IN SURGERY: PATIENT SELECTION FOR OPERABLE RECURRENT HEPATIC OVARIAN CANCER**

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Objectives To describe accurately the oncological outcomes after hepatic resection (HR) in recurrent ovarian carcinoma (ROC) evaluating clinic-pathological variables and mutational status of BRCA1/2. Although HR is considered a challenging situation in ROC patients, assessment of BRCA1/2 mutational status seems to have a relevant clinical value to guide surgical therapy.

Methods Patients who underwent HR for ROC at the Catholic University of Rome, between June 2012 and October 2017 were included. Exclusion criteria were represented by extra-abdominal disease and presence of diffuse peritoneal carcinomatosis requiring more than 2 bowel resections. Details relative to HR were collected and BRCA analysis was performed. Predictive factors for of post-relapse progression free survival (PHR-PFS)were assessed by univariate analyses using Cox-proportional hazard regression models.

Results Thirty-four patients undewent HR within secondary cytoreductive surgery (SCS). Six patients (17.6%) presented with hepatic relapse only, while the remaining 28 patients (82.4%) had concomitant extra-hepatic disease. In the whole series, the 3-yr PHR-PFS was 49.1% and the 3-yr progression free survival overall survivalwas 72.9%. Univariate analysis of variables conditioning PHR-PFS showed that only BRCA mutational status played a statistically significant favourable role: the 3-yr PHR-PFS rate was 81.0% in BRCA mutated patient compared to15.2% in wild type ones (p value: 0.001).

Conclusions Our clinical analyses suggest that in ROC patients with liver disease the assessment of BRCA mutational status can help to select patients elegible for SCS.

IGCS19-0281

300 **CORRELATION OF SURGEON RADIOLOGY ASSESSMENT WITH LAPAROSCOPIC DISEASE SITE SCORING IN PATIENTS WITH ADVANCED OVARIAN CANCER**

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Objectives To determine the correlation between surgeon radiology assessment with laparoscopic scoring in patients with newly diagnosed advanced ovarian cancer.

Methods Following IRB approval, 14 gynecologic oncology surgeons from a single institution performed a blinded review of radiology imaging from 20 patients with advanced ovarian cancer. All patients previously underwent laparoscopic scoring using a validated scoring method from April 2013 to December 2017. Surgeons viewed contrasted CT imaging reports and images in a blinded fashion and recorded PIV scores using the validated scoring method. Linear mixed models (LMM) were conducted to calculate the correlation between radiology and laparoscopic score for each surgeon and the group, and the inter-class correlation (ICC) was calculated.

Results The kappa inter-rater agreement was −0.017 (95% CI 0.023 to −0.005), indicating low inter-rater agreement between radiology and actual laparoscopic score. The ICC was 0.06 (0.02–0.21), indicating that surgeons do not score the same across all images. When using a PIV cutoff of 8, the probability of agreement between radiology and actual laparoscopic score was 0.56 (95% CI 0.49–0.73). When looking at disease site subscales, the probability of agreement was (95% CI): peritoneum 0.57 (0.51–0.62), diaphragm 0.54 (0.48–0.60), mesentery 0.51 (0.45–0.57), omentum 0.61 (0.55–0.67), bowel 0.54 (0.44–0.64), stomach 0.71 (CI 0.65–0.76), and liver 0.36 (CI 0.31–0.42).
Conclusions Surgeon radiology review did not highly correlate with actual laparoscopy findings. By subscale, the best agreement is seen when evaluating for stomach involvement, and the worst with liver involvement. Our study highlights the benefits of laparoscopic assessment to determine resectability over radiology alone.

IGCS19-0367

301 A NOVEL BIOMARKER FOR EARLY STAGE OVARIAN CANCER, AND A NEW TARGET FOR IMMUNOTHERAPY?

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Objectives Ovarian cancer (OC) is the eighth most commonly occurring cancer worldwide. One of the most effective ways to improve patient survival would be an earlier diagnosis when survival rates are highest. However, diagnosis tends to be in the later stages of disease when patients present with pelvic or abdominal pain, urinary frequency or urgency, increased abdominal size or bloating. A diagnosis of OC is usually confirmed by a pelvic examination, transvaginal ultrasonography and detection of carbohydrate antigen 125 (CA125). However, the value of CA125 in early stage disease is limited due to a lack of sensitivity.
Methods Using immunohistochemistry we examined the expression of a panel of tumour antigens including ovarian cancer protein (OCP), as well as the standard biomarkers for OC, CA125, HE4 and WT1, in paraffin-embedded OC microarrays containing 208 samples. Scoring was performed in a single blinded fashion.
Results We found OC to be expressed at an intensity and frequency that exceeded that of CA125, HE4, WT1 or PASD1 in stage I and II OC. To confirm this expression we used two additional commercially-available antibodies that recognised OCP and demonstrated that this expression was reproducible and restricted to OC with little or no expression in adjacent, healthy ovarian or endometrial tissues, or indeed disease or inflamed endometrial tissue.
Conclusions We have identified a cancer-testis antigen that is more frequently expressed in presentation OC Stage I and II OC than CA125, HE4 and WT1. We are now examining the impact of siRNA treatment targetting OCP on OC cell survival in vitro.

IGCS19-0649

302 A PHASE IB STUDY OF INDIRECT IMMUNIZATION WITH OREGOVOMAB AND TLR3 STIMULATION WITH HILTONOL® (H) IN PATIENTS WITH RECURRENT PLATINUM RESISTANT OVARIAN CANCER (PROC)

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Objectives This phase IB study assessed safety of Oregovomab (O) indirect immunization (monoclonal antibody for CA125) and TLR3 stimulation with H (polyICLC) in PROC. Secondary endpoints were RECIST response, immune response, response to subsequent therapies, and overall survival.
Methods Patients with PROC (median 5 prior Rx) received 4 IV infusions with 2 mg O followed by 2 mg H IM 30 min & 48 hours post-O at weeks 0, 3, 6 and 9. Week 12, imaging was performed, and elective chemotherapy was allowed post-progression. A final O infusion was given at week-16 and patients were followed.
Results 17 patients were enrolled at 2 centers; 15 were dosed and 13 completed the minimum 3 infusions. Treatment phase safety analysis is complete & post IT follow-up is ongoing. Local site reactions to H and mild fatigue/flulike symptoms were reported in 13(87%) patients. Serious adverse events were reported in 5 (33%) patients, attributed to underlying disease. No new safety signals were observed. Six (40%) had stable disease through the 12-week immunization period. Four patients with persistent/progressive disease stopped IT prior to infusion 4. Early humoral response by week-6 was observed in 7 of 9 (77%) patients with the available time points. 14 patients took additional cancer Rx, 5 died of disease and 5 with persistent/progressive disease are stable on Rx.
Conclusions Safety, compatibility of combining O with H, and early humoral responsiveness to indirect immunization by week-6 have been established. The potential to enhance activity of chemotherapy using O indirect immunization is proposed.

IGCS19-0464

303 RECENT ADVANCES ABOUT LIQUID BIOPSY IN EARLY DIAGNOSIS OF OVARIAN CANCER PROGNOSTIC ESTIMATION OF OVARIAN CANCER

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Objectives Among gynecological tumors, ovarian cancer ranks the first lethallty rate during the last decades. Clinical data had suggested that effective therapy can achieve 90% in ovarian cancer patients when the tumor is still confined to the ovary. However, Almost 75% of patients are diagnosed at