

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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10.1136/ijgc-2019-IGCS.301

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 targeting 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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10.1136/ijgc-2019-IGCS.302

Objectives This phase IB study assessed safety of Oregovomab (O) indirect immunization (monoclonal antibody for CA125) and TLR3 stimulation with H (polyI:CLC) 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/flu-like 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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10.1136/ijgc-2019-IGCS.303

Objectives Among gynecological tumors, ovarian cancer ranks the first lethality 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