IGCS20_1063

39 DEVELOPMENT OF A NOMOGRAM TO PREDICT INTERVAL DEBULKING SURGERY FEASIBILITY WHEN PRIMARY CYTOREDUCTION IS NOT AN OPTION

¹A Rosati*, ¹C Marchetti, ²F DeFelice, ³V Tranquillo, ¹V Iacobelli, ¹L Quagliozzi, ¹V Salutari, ⁴G Scambia, ⁴A Fagotti. ¹Department of Woman, Child and Public Health, Fondazione Policlinico Universitario A. Gemelli IRCCS, Italy; ²Division of Radiotherapy and Oncology, Policlinico Umberto I, Università La Sapienza, Italy; ³Università Cattolica del Sacro Cuore, Italy; ⁴Department of Woman, Child and Public Health, Fondazione Policlinico Universitario A. Gemelli IRCCS, Università Cattolica del Sacro Cuore, Italy

10.1136/ijgc-2020-IGCS.39

Introduction Neoadjuvant chemotherapy (NACT) and subsequent interval debulking surgery (IDS) has been proposed as an alternative to primary debulking surgery in advanced epithelial ovarian carcinoma. However, no biomarkers of NACT efficacy are reliable in predicting chemo response. This study aimed to identify pre-operative factors of IDS success probability.

Methods Single institution, retrospective study. Preoperative variables were used to predict the likelihood of IDS using multivariable models. A nomogram was developed and internal validation was performed.

Results 359 women were submitted to NACT between January 2016 and June 2019.

A complete cytoreductive surgery was achieved in 255 (85%) patients, while an optimal/suboptimal cytoreduction was reached in the remaining 46 (15%) and 58 (16%) did not undergo surgery after NACT. Women with BRCA 1/2 mutation (OR 4.84, CI 95% 1.75–13.34; $p = 0.002$) and lower tumour load (OR 8.15, CI 95% 1.06–62.32; $p = 0.043$) were more likely to undergo IDS. Among patients who did not undergo IDS, only 5 (13%) presented with BRCA 1/2 mutation, compared with 34 (87%) wild type BRCA ($p < 0.001$). According to the predictive model, we constructed a nomogram to report the probability of IDS using five variables: age, Charlson-comorbidity category, histology, LPS-PIV and BRCA-status (figure 1). The calibration plot demonstrated

Abstract 39 Figure 2 Calibration plot of the nomogram

good agreement between predicted and actual probability of surgical treatment (figure 2).

Conclusions This is the first nomogram developed in this setting and it might help physicians with their decision-making algorithm.

IGCS20_1007

40 INTEGRATED MODEL OF PATIENT FACTORS, RESECTABILITY SCORE AND SURGICAL COMPLEXITY INDEX TO PREDICT SURGICAL OUTCOME IN DEBULKING SURGERY FOR ADVANCED OVARIAN CANCER

¹L Hogen*, ¹S Laframboise, ¹T May, ²A Ding, ¹M Bernardini. ¹Princess Margaret Cancer Center, Canada; ²Queen's University, Canada

10.1136/ijgc-2020-IGCS.40

Objectives To assess integrated prediction model (IPM) including patient factors, radiological and surgical complexity scores, as a tool to predict optimal debulking (OD) in patients with newly diagnosed advanced ovarian cancer (AOC).

Methods Starting October-1-2018, all patients with newly diagnosed AOC were presented in designated ovarian cancer

Abstract 39 Figure 1 Nomogram predicting surgery probability in patients with ovarian cancer