

IGCS20\_1063

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

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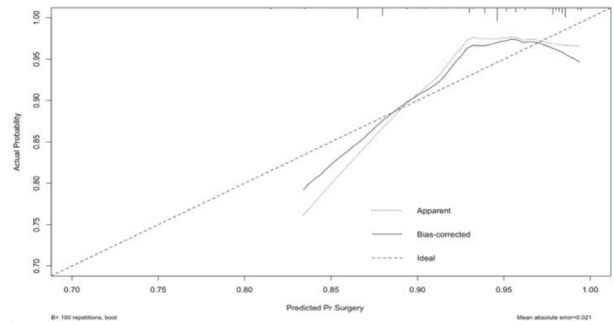
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**Introduction** Neoadjuvant chemotherapy (NACT) and subsequent interval debulking surgery (IDS) has been proposed as an alternative to primary debulking surgery in advanced epithelial ovarian carcinoma. However, no biomarkers of NACT efficacy are 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.

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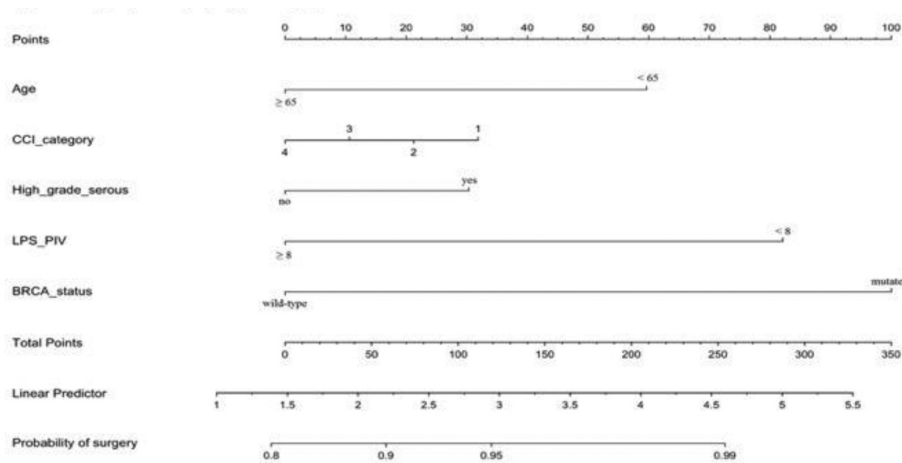
40 INTEGRATED MODEL OF PATIENT FACTORS, RESECTABILITY SCORE AND SURGICAL COMPLEXITY INDEX TO PREDICT SURGICAL OUTCOME IN DEBULKING SURGERY FOR ADVANCED OVARIAN CANCER

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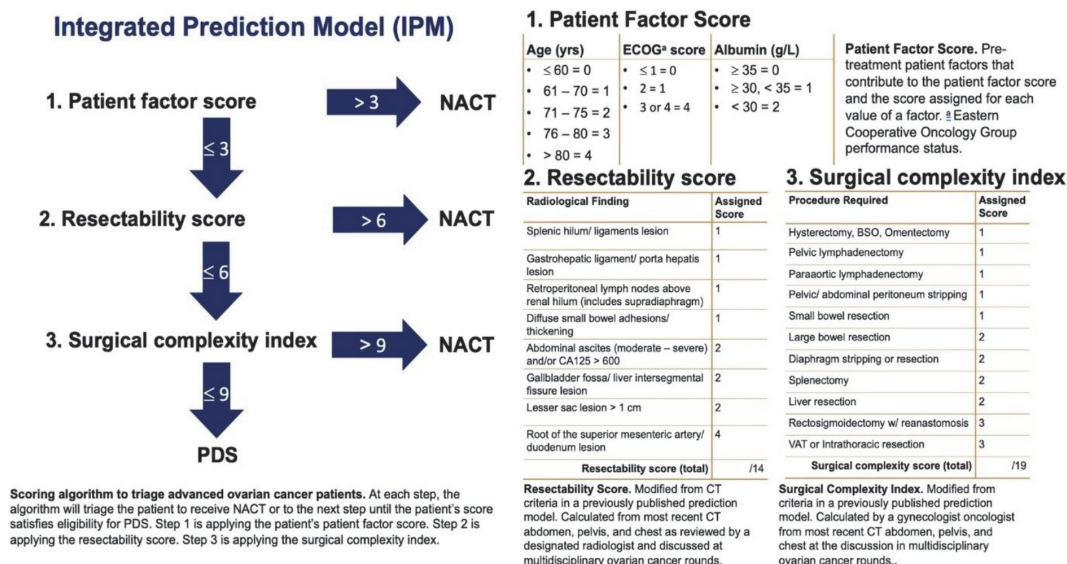
**Objectives** To assess integrated prediction model (IPM) including patient factors, radiological and surgical complexity scores, as a tool to predict optimal debulking (OD) in patients with newly diagnosed advanced ovarian cancer (AOC).

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



Age indicates age  $\geq 65$  or  $< 65$  at diagnosis. CCI\_category indicates CCI category 0-1 (1) or CCI category 2 (2) or CCI category 3 (3) or CCI category  $\geq 4$  (4). High\_grade\_serous indicates high grade serous histology (yes) or others histologies (no). LPS-PIV indicates a LPS-PIV  $< 8$  or  $\geq 8$  (2). BRCA status indicates BRCA wild-type (wild-type) or BRCA 1/2 mutation (mutated). To use, find patient's age on Age axis, then draw straight line upward to points axis to determine how many points patient receives for age. Do this again for other axes, each time drawing straight line upward toward points axis. Sum points received for each variable, and find sum on total points axis. Draw straight line down to surgery probability axis to find patient's probability of received surgical treatment.

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



Abstract 40 Figure 1

rounds. Decision for primary debulking (PDS) or neoadjuvant chemotherapy was made based on radiologic and clinical factors. For the IPM we used: 1. Patient factors score (Age, ECOG, albumin) 2. Resectability score: designated radiologists scored specific radiologic criteria (previously identified as associated with suboptimal debulking). 3. Surgical complexity index: surgeons scoring of anticipated procedures required to achieve OD.

Surgical outcome, complications and time to chemotherapy were recorded.

**Results** Ninety-five patients met inclusion criteria (October-2018 to August-2019). Forty-four (47%) underwent PDS: 39 (89%) had optimal debulking: 12 to <1 cm and 27 to no visible residual disease. 5/44(11%) had ‘open-and-close’ procedure due to non-resectable disease at the time of surgery.

Median Length of stay was 6 days, (1–14d), time from surgery to chemo was 25 days, (7–42d), and grade 3 complications were recorded in 9 patients (20%).

Patients triaged to PDS were significantly younger (median 57 vs. 67,  $p < 0.0001$ ), had lower patient factors scores (median 0.5 vs 2  $p < 0.0001$ ), lower resectability score (median 2 vs. 4,  $p < 0.0001$ ) and lower surgical complexity index (median 5 vs. 9  $p < 0.0001$ ).

**Conclusion** IPM is an effective clinical tool in managing patients with newly diagnosed AOC, and can be utilized to select patients who will benefit from PDS.

## IGCS20\_1214

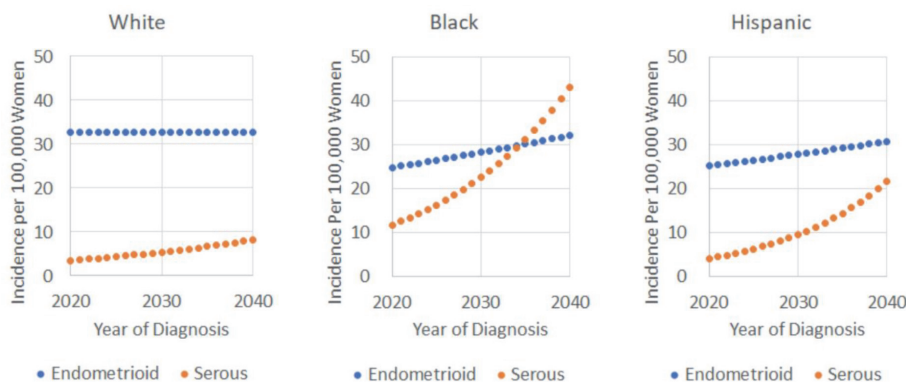
### 41 INCREASE IN UTERINE SEROUS CARCINOMA: WILL IT SURPASS UTERINE ENDOMETRIOID CANCER? A POPULATION ANALYSIS OF 720,984 UTERINE CANCER PATIENTS

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**Objective** To evaluate the trends of uterine serous carcinoma compared to endometrioid uterine cancer.

**Methods** From 2001–2016, incidence rates were estimated from United States Cancer Statistics after correcting for



Abstract 41 Figure 1