region, creating a need to search for alternative markers that are available and affordable. This study aims to determine the relationship between preoperative serum lymphocyte-monocyte ratio (LMR) and CA-125 in EOC.

Materials and Methods This was a retrospective cross-sectional study among 70 women, diagnosed with EOC. Data was extracted from the case notes. LMR was calculated as the absolute lymphocyte count divided by the absolute monocyte count. Data was analysed using SPSS version 25.0. The correlation between LMR and CA-125 was determined using the Spearman's correlation coefficient.

Results The mean age of the patients was 48.57 ± 13.97 years. Serous adenocarcinoma was the most common subtype of ovarian cancer 66 (94.3%). The median serum CA-125 was 393.5 (215.00 – 765.67) U/mL. The median LMR was 6.77 (1.28–43.0) $\times 10^9/L$. There was a statistically significant negative correlation between CA-125 and LMR, $r = -0.28$, $p = 0.22$.

Conclusion LMR was negatively associated with CA-125 in women with EOC. LMR may be considered as a simple, affordable alternative marker to CA-125 in the management of EOC.

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NEOADJUVANT CHEMOTHERAPY IN EPITHELIAL OVARIAN CANCER: A CASE-CONTROL STUDY IN A LEBANESE TERTIARY CARE CENTER

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Objectives We aim to compare the outcomes of patients with epithelial ovarian carcinoma treated with neoadjuvant chemotherapy to those with primary debulking surgery.

Methods A retrospective case-control study was conducted at a Hôtel-Dieu de France University Hospital. We reviewed the clinipathological data of 184 patients who were operated on for an epithelial ovarian cancer and we compared the outcomes of patients who received a neoadjuvant chemotherapy ($n=94$) with those treated with primary surgery ($n=90$).

Results Patients in both groups had comparable age, menopausal status and comorbidities ($p>0.05$). Patients receiving neoadjuvant chemotherapy had more serous histology and high-grade lesions (58,1% vs. 41,9% ($p=0.003$), 58,8% vs. 41,2% ($p=0.005$), respectively). Bilateral adnexal involvement was more seen in the neoadjuvant group (57,4% vs. 42,6%, $p=0.19$). Patients receiving neoadjuvant chemotherapy were more likely to present lymph node involvement (61,1% vs. 38,9%, $p=0.006$). More bowel resection was done in the neoadjuvant group (62,4% vs. 37,6%, $p=0.005$). Postoperative complications were comparable between the two groups ($p=0.441$). Interval surgery group received more blood transfusion as primary surgery group (55,7% vs. 44,3%, $p=0.004$). Survival rate was 41,8% in the interval surgery group vs. 58,2% in the primary surgery group ($p=0.000$). Recurrence rate 60% in the interval surgery group vs. 40% in the primary surgery group ($p=0.025$). No difference in the recurrence interval was seen in both groups ($p=0.272$).

Conclusion Patients with ovarian cancer receiving neoadjuvant chemotherapy seem to have more aggressive disease and do not have better outcomes in terms of survival and recurrence in comparison to primary surgery group.

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CAN INTRAOPERATIVE VISUAL EXAMINATION OF DIAPHRAGMATIC PERITONEUM BE A RELIABLE TOOL TO MODULATE THE EXTENT OF INTERVAL DEBULKING SURGERY IN ADVANCED OVARIAN CANCER?

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Complete disease removal during cytoreductive surgery for AEOC is the main prognostic factor for both PDS and IDS. While a unanimous consensus exists on the $RT=0$ during PDS, the same is not true for IDS. Many surgeons do not consider necessary the removal of macroscopically normal or with apparent scarring areas peritoneum.

This study aims to establish whether the intraoperative visual assessment can be a sufficiently sensitive tool to identify the presence or absence of residual disease.

Methods Observational retrospective study. Pre-operative, surgical and histopathological features of patients subjected to IDS with visually-suspected (figure 1) or certain (figure 2) residual disease at the level of the right diaphragmatic peritoneum, have been collected.

Visually-Suspected diaphragmatic peritoneum"

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Visually-Pathologic diaphragmatic peritoneum

Abstract 72 Figure 2