

**Methods** Thirty-six patients whose clinical data just before starting the last chemotherapy could be obtained among 49 patients who died from ovarian cancer from 2014 to 2019 were enrolled. Associations between the time from last chemotherapy to death and the following parameters were investigated: age, PS (performance status), NLR (neutrophil/lymphocyte ratio), PLR (platelet/lymphocyte ratio), mGPS (modified Glasgow prognostic score), PNI (prognostic nutritional index) score, and PPI score.

**Results** The median age was 57 (range, 19–80) years. The median time from last chemotherapy to death was 45.5 (range, 11–110) days. Eight patients (22%) died within 30 days of their last chemotherapy regimen. In univariate analysis, median survival time was significantly shorter in patients with higher NLR, mGPS 2, and higher PPI values; NLR ( $\geq$ median vs.  $<$ median): 32 (range, 11–80) days vs. 54 (range, 35–110) days,  $p=0.008$ ; mGPS (2 vs. 0–1): 42 (range, 11–80) days vs. 96 (range, 49–110) days,  $p=0.012$ ; and PPI score ( $\geq$ median vs.  $<$ median): 38 (range, 11–74) days vs. 60 (range, 18–110) days,  $p=0.005$ . However, in multivariate analysis, no factors were identified as independent prognostic factors for survival.

**Conclusion/Implication** Parameters such as NLR, mGPS, and PPI score may be indicators for discontinuation of palliative chemotherapy, and may be useful for maximizing end-of-life care for ovarian cancer patients.

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### PROGNOSTIC VALUE AND THERAPEUTIC IMPLICATIONS OF PLEURAL CARCINOSIS AND MALIGNANT PLEURAL EFFUSION IN ADVANCED EPITHELIAL OVARIAN CANCER

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**Objective** The aim of the study is to demonstrate the prognostic value of pleural carcinosis and effusion in a large cohort of advanced epithelial ovarian cancer (EOC) patients operated within a maximal-effort setting and the hereby associated therapeutic implications.

**Methods** Overall, 388 EOC patients with confirmed malignant pleural effusion (MPE) and/or carcinosis were retrospectively analysed. Exclusion criteria were non-epithelial ovarian malignancies and presence of other comorbidities associated with pleural effusions.

**Results** The incidence of the pleural involvement at the time of diagnosis in our institution was 9.4%. The majority of the patients (82.3%) were symptomatic with a poorer performance status due to the pleural effusion/carcinosis. The prognosis after the occurrence of the MPE during the EOC in relapsed cases was poor with 9,9 months. In the multivariate analysis, the time point of the manifestation of the pleural effusion (primary vs relapse) ( $p<0.001$ ), platinum sensitivity (yes vs no) ( $p=0.003$ ), performance status (0/1 vs 2/3) ( $p=0.045$ ) and presence of ascites (yes vs no) ( $p=0.004$ ) were significant prognostic factors for overall survival (OS). Patients with FIGO stage IVA and IVB who were operated tumor free had longer OS rates.

**Conclusion** Even in this less favourable patient collective, the otherwise well-established prognostic factors of EOC were associated with a significantly better OS. This suggests that the overall behavioral pattern of the disease has strong similarities in patients with and without pleural effusion/carcinosis and merits an equally high therapeutic effort approach.

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### SENTINEL LYMPH NODE DETECTION WITH INDOCYANINE GREEN AND PATENT BLUE DYE IN CERVICAL CANCER: A RETROSPECTIVE STUDY

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**Background** Sentinel lymph node biopsy (SLN) is a promising investigational surgical technique for cervical cancer.

**Aim** To explore feasibility of SLN biopsy with ICG and patent blue dye (PTB) in cervical cancer.

**Methods** All patients who underwent planned laparoscopic or open sentinel lymph node biopsy with histologically confirmed cervical cancer 2017–2019 were included. Pre-operative stage was determined radiologically. Patients were excluded from the study if; there were suspected lymph node metastases on pre-operative imaging; any contra-indications to formal staging surgery; allergy to dye or evidence of metastatic disease (non-nodal).

**Results** 47 women had planned SNL: 18 with ICG alone, 20 with both ICG and PTB and 9 with PTB alone. Mean age at sample was 42. Surgery laparoscopic in 29 (61.7%) and by laparotomy in 18 (38.2%). One woman with planned SLN had an intraoperative finding of bulky lymph nodes and full pelvic lymphadenectomy (PLND) was performed. This patient was excluded from subsequent analysis. In other cases where no SLN was detected, PLND was performed, except in one case (habitus prevented this).

No patients had significant morbidity related to the procedure in long-term follow-up. The overall bilateral detection rate was 35/46 (76.1%) and the side-specific rate was 81/92 (88.0%). The bilateral detection rate for ICG (with or without PTB) was 29/37 (78.3%) and the side-specific detection rate was 65/74 (87.8%). Where ICG was used without PTB, the bilateral detection rate was 14/18 (77.8%) and the side-specific detection rate was 32/36 (88.9%). Where ICG was used with PTB, the bilateral detection rate was 14/19 (73.6%) and the side-specific rate was 33/38 (86.8%). Where PTB was used alone, the bilateral detection rate was 8/9 (88.9%) and the side-specific detection rate was 14/16 (87.5%).

The node positive rate was 2/76 (2.6%), both micro-metastases were discovered in SLN biopsy of two patients who went on to receive adjuvant therapy. One other patient with node-negative disease received adjuvant therapy.

**Conclusion** Sentinel lymph node dissection with ICG or PTB in cervical cancer is acceptable and feasible in our cohort as an alternative to full surgical staging. We detected two micro-metastases that would not have necessarily been detected on routine pathology staining.