Conclusion* Ovarian cancer in premenopausal women is a threatening condition, diagnosed in most cases in advanced stages, with a high probability of bad prognosis despite appropriate surgical and oncologic management.

366 PROGNOSTIC IMPACT OF PD-L1 EXPRESSION IN EPITHELIAL OVARIAN CANCER: A COHORT OF 49 PATIENTS

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10.1136/ijgc-2021-ESGO.391

Introduction/Background* Role of checkpoint inhibitors in ovarian cancer is still unknown and results from ongoing clinical trials are still awaited. We aim in this study to assess the expression of PD-L1 using the Combined Positive Score (CPS) and to evaluate its impact on the overall survival in a cohort of 49 patients diagnosed with high-grade serous ovarian cancer.

Methodology Medical charts were reviewed of 49 patients with high-grade serous ovarian cancer operated on at the gynecologic oncology department in Hôtel-Dieu de France hospital, Lebanon, between 2015 and January 2020. Immunohistochemical staining was performed for PD-L1 (Agilent Dako, PDL-1 IHC 22C3) and for TP53 (Agilent Biogenex, clone D07, 1:100 dilution) on whole tissue sections from a representative block of formalin-fixed, paraffin-embedded tumor tissue. We looked for correlation between PD-L1 status and overall survival/recurrence. We also looked for correlation between PD-L1 status and TP-53 mutation.

Result(s)* 55% of patients presented a positive PD-L1 status. No correlation was found between the PD-L1 status and the stage of the disease. Lymph node status was similar between the two cohorts, positive vs. negative CPS score ($p = 0.927$). Median follow-up was 36 months (range, 12 – 72 months). Survival rate was similar between the two cohorts, positive vs. negative PD-L1 status (88.9% vs. 72.7% respectively, $p = 0.14$). No correlation was found between recurrence rate and PD-L1 status ($p = 0.184$). Also, no correlation was found between PD-L1 status and TP-53 type (wild vs. mutated) ($p = 0.154$)

Conclusion* PD-L1 status does not seem to have a prognostic impact in our series of patients with high-grade serous epithelial ovarian cancer. Also, patients with TP53 mutation do not present increased expression of PD-L1 in comparison to patients with TP53 wild-type.

369 CLINICAL BENEFIT OF ORAL METRONOMIC CYCLOPHOSPHAMIDE ADMINISTRATION IN HEAVILY PRETREATED RECURRENT EPITHELIAL OVARIAN CANCER

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10.1136/ijgc-2021-ESGO.392

Introduction/Background* Oral metronomic cyclophosphamide (OMC) consists in the chronic administration of low, usually daily, doses of chemotherapy. The effective reduction of tumor growth, oral administration, low toxicity profile and low cost make this therapeutic choice attractive for women with relapsed ovarian cancer, especially heavily pretreated patients. We retrospectively evaluated the clinical benefit and the objective response in patients treated with OMC for recurrent ovarian cancer.

Methodology We included patients treated with OMC (50 mg daily) from 2016 to 2021 at the Academic Department Gynaecology, Mauriziano Hospital, Torino, Italy. Clinical benefit was classified as CA125 response, radiological response and symptomatic improvement as reported by the treating physician. Toxicity profile was assessed using Common Terminology Criteria for Adverse Events version 5.0.

Result(s)* Thirty-eight patients were analyzed. Average age was 72 years (range 49-88). 34 (90%) had FIGO stage III and IV disease at diagnosis and 64% had received ≥ 3 previous lines. Before starting OMC, 21% had ECOG 0, 58% ECOG 1 and 21% ECOG 2. 8.6% of patients obtained partial response (PR) and 37% stable disease (SD). Median duration of the response was 7.4 months. After 3 months from starting OMC, 51% of patients experienced symptoms improvement and 69.5% Ca125 reduction or stabilization. Only one patient discontinued for side effects and no G3-4 hematological toxicities were observed, reflecting a low toxicity profile. Only nausea and fatigue G1-G2 were reported in 5 (13%) and 13 (34%) cases, respectively.

Conclusion* OMC could be a feasible therapy for recurrent ovarian cancer leading to an acceptable clinical response with a low toxicity profile, even if patients are heavily pretreated and with a suboptimal performance status. We are now prospectively assessing the Patient Reported Outcomes (PROs) in order to objectify the tolerability and the symptoms improvement.

All authors have no conflict of interest.

381 PLATELET COUNT AS A PROGNOSTIC INDICATOR IN OVARIAN CANCER

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10.1136/ijgc-2021-ESGO.393

Introduction/Background* Thrombocytosis is a poor prognostic indicator in malignancies especially in gynecological one such as carcinoma ovary, cervix, and endometrium. Recent evidence indicates that platelets are present in the tumor microenvironment and could play important roles in stimulating tumor growth. The aim of this study is to analyze the impact of platelet count on the prognosis of ovarian cancer

Methodology Baseline platelet count (prior to surgery or chemotherapy) was analyzed in 151 cases of ovarian cancer confirmed by histopathological examination. Thrombocytopenia & thrombocytosis were defined as platelet count (PC) <1.0 lakh & >4.0 lakh/cumm respectively.

Result(s)* Out of 151 cases, thrombocytopenia was seen in 3.3% (5/151), whereas thrombocytosis in 20.5% (31/151) and 76.2% (115/151) of cases were within normal range of platelet count.

Data for thrombocytopenia cases are very few so we can't make any opinion over this except that most of the cases of OC have normal or above normal platelet count.

Recurrence In TP cases, recurrence was seen in 20% cases, but it is the result of very small data(5/151), so it may not have any significance.

If we analyze base line Platelet count (PC), it is noticed that higher count cases have shown more percentage of recurrence. With PC 1–2 Lakh/cumm, recurrence is seen in 11.1%, PC 2-3 Lakh/cumm, it is 33.3%; thrice the value of previous one. It grossly appears to be statistically significant. PC between 2-3 lakh/cumm & between 3-4 lakh/cumm, no significant difference is being seen. It is 33.3% and 30.00% respectively.

Now if we analyze recurrence rate with PC >4 lakh/cumm cases, it is around 60%, which is statistically significant.

Mortality 13/151 cases expired within 4 years of treatment. 60% of these expired cases had platelet count >3lakh/cumm.

Conclusion* Study shows that platelet count is directly proportional to the prognosis of cases of ovarian cancer.

383 "QUICK" LAPAROSCOPY FOR SUSPECTED ADVANCED OVARIAN CANCER

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10.1136/ijgc-2021-ESGO.394

Introduction/Background* Primary therapy planning, meaning primary surgery vs. neoadjuvant chemotherapy (NACT), in suspected advanced ovarian cancer is a professional and logistical challenge. Prompt diagnostic laparoscopy in such patients should confirm the diagnosis by frozen section, assess operability and thus, avoid unnecessary laparotomies.

Methodology Retrospective evaluation of 130 patients who presented in 2016-2020 with suspected advanced ovarian cancer (peritoneal carcinomatosis, ascites on average 1,5L).

Result(s)* In 2016-20, 82/130 patients (63%) underwent diagnostic laparoscopy; the others received either primary laparotomy, NACT, palliative chemotherapy, or best supportive care. 47% of the 82 patients were triaged to NACT, and 53% to primary surgery. The median time between initial presentation and laparoscopy was almost 8 days, the time from laparoscopy to first cycle of NACT was 14 days, and the time from laparoscopy to laparotomy was 15 days. The rate of R0 resections in patients with primary surgery after laparoscopy was 84%.

Conclusion* Diagnostic laparoscopy seems to be an efficient measure in the workup and treatment planning of patients with suspected advanced ovarian cancer. The times between first presentation and laparoscopy as well as between laparoscopy and NACT or primary laparotomy need improvement.

384 AN OLD DOG WITH NEW TRICKS? APPRAISING THE PROGNOSTIC ROLE OF ENDOMETRIOSIS AMONGST WOMEN WITH CLEAR CELL OVARIAN CARCINOMA

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10.1136/ijgc-2021-ESGO.395

Introduction/Background* The prognostic value of endometriosis in ovarian clear cell carcinoma (OCCC) remains to date a field of contention. The aim of this study was to ascertain whether endometriosis is associated with improved survival outcomes in OCCC.

Methodology MEDLINE, Scopus and Cochrane Database were searched for relevant references from inception until May 2021 in line with PRISMA guidelines. Observational studies (OSs) assessing the prevalence and prognostic impact of endometriosis in OCCC were included. The methodologic index for non-randomised studies was used to evaluate the quality of the included studies. We pooled proportions to calculate the prevalence of endometriosis, whilst dichotomous variables were assessed using hazard ratio (HR). Confidence intervals were set at 95%. Heterogeneity was assessed using Cochran's Q test, with an I^2 > 50% and p-value <0.1 denoting significant inter-study heterogeneity. Statistical analysis was performed using the RevMan software version 5.3 and MedCalc. The level of statistical significance was set at p-value < 0.05.

Result(s)*

Twenty-one OSs were included The studies were of moderate quality and characterised by significant clinical heterogeneity. Pooled analysis rendered a summary proportion of 43.56% [(95% CI 37.53% - 49.68%); I^2=90.21%] for the outcome of endometriosis prevalence. Pooled results from 11 studies demonstrated no significant impact of endometriosis on progression-free survival (PFS) [HR=0.95, (95% CI 0.73 - 1.23), p-value=0.69; I^2=56%]. Conversely, pooled results from 19 studies showed that endometriosis was significantly associated with improved overall survival (OS) [HR=0.82 (95% CI 0.73 - 0.92), p-value=0.001; I^2=45%].

Conclusion* Approximately 50% of OCCC cases were developed on the background of endometriosis. Our results demonstrated that endometriosis conferred an improved OS in women with OCCC. Larger future studies are warranted to further elucidate the intrinsic relationship between endometriosis and OCCC.

395 TARGETING AKT AND DNA-PK AS A THERAPEUTIC STRATEGY IN PLATINUM RESISTANT HIGH-GRADE SEROUS OVARIAN CANCER

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10.1136/ijgc-2021-ESGO.396

Introduction/Background* High-grade serous ovarian cancer (HGSOC) is the most lethal form of gynaecological malignancy. Despite initial chemosensitivity the majority of patients develop resistance to platinum chemotherapy and eventually die. Current treatment options for platinum resistant disease remain limited, therefore interest has turned towards the development of targeted therapeutics. The role of the PI3K/AKT/mTOR pathway, found activated in 70% of HGSOC cases, is well described in chemoresistant disease, in particular through activation of AKT in response to platinum treatment by the DNA damage response protein DNA-PK. Increasing numbers of PI3K/AKT/mTOR inhibitors are in development/clinical use for other cancer types. Our laboratory previously demonstrated that inhibition of AKT or DNA-PK re-sensitises clinically-acquired platinum resistant HGSOC cell lines to cisplatin. Here we aim to assess synergy between a panel of