

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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**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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**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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**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