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 Lakhs/cumm, recurrence is seen in 11.1%, PC 2-3 Lakhs/cumm, it is 33.3%; thrice the value of previous one. It grossly appears to be statistically significant. PC between 2-3 lakhs/cumm & between 3-4 lakhs/cumm, no significant difference is being seen. It is 33.3% and 30.00% respectively.

Now if we analyze recurrence rate with PC >4 lakhs/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 >3 lakhs/cumm.

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

**References**

In 2016-20, 82/130 patients (63%) underwent 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).

**Results**

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.

**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 I² > 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.

**Results** 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%; I²=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; I²=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; I²=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.
commercially available AKT and DNAPK inhibitors with cisplatin, and elucidate their mechanism of action within the PI3K/AKT/mTOR pathway.

Methodology Platinum resistant immortalised HGSOC cell lines (PEO4, PEA2, OVCA8, Kuramochi) were treated with cisplatin plus/minus AKT or DNA-PK inhibitors and Isobologram assays performed to establish synergy/antagonism between drug treatments. Cells were treated with inhibitors plus/minus cisplatin at different time points, protein lysates collected, and Reverse Phase Protein Array (RPPA) proteomics performed and analysed to establish mechanisms of action of inhibitors on the PI3K/AKT/mTOR pathway.

Results* Following treatment with cisplatin in combination with AKT or DNA-PK inhibitors, different levels of synergy were observed in platinum resistant HGSOC cell lines; strong synergy was noted for AKT inhibitors Afurosertib, Uprosertib, and Triciribine. Proteomic analysis revealed a response signature for AKT or DNAPK inhibition showing activation of AKT at S473 and decrease of downstream targets pS6_235/236 and 240/44, and p70S6K_T389.

Conclusion* In the platinum resistant immortalised HGSOC cell lines tested, AKT inhibitors showed a synergetic effect when used in combination with cisplatin. Proteomic analysis confirmed targeting of the PI3K/AKT/mTOR pathway. With the aim of resensitising a resistant patient to their platinum-based chemotherapy a synergetic effect between the resensitising compound and chemotherapy agent is essential; this data suggests targeting of the PI3K/AKT/mTOR pathway in platinum-resistant HGSOC patients with AKT or DNAPK inhibition is a potentially useful therapeutic strategy.

Introduction/Background* Numerous societies, including the Austrian Society of Obstetrics & Gynecology (OEGGG) in 2015, have recommended prophylactic bilateral salpingectomy at benign, minimally invasive hysterectomy in Styria (Austria).

Methodology We reviewed surgical consent forms and operative notes of patients undergoing vaginal or laparoscopic hysterectomy in public hospitals in the Austrian province of Styria in 2014 vs. 2018 (before and after the official recommendation in 2015).

Methodology We reviewed surgical consent forms and operative notes of patients undergoing vaginal or laparoscopic hysterectomy for benign indications in Styria in 2014 and 2018. Ethics approval was obtained.

Results* 1,256 benign, minimally invasive hysterectomies were identified (580 in 2014, 676 in 2018). 68% of patients were consented for PBS in 2014 and 94% in 2018 (P < 0.05). The PBS rate in consented patients was 88% in 2014 and 83% in 2018 (n.s.). In 2018 PBS was completed more often at laparoscopic than at vaginal hysterectomy (95% vs. 74%, P < 0.05). Age and parity were the major influencing factors for success of PBS.

Conclusion* PBS at minimally invasive hysterectomy was widely performed in Styria even before the official recommendation in 2015, and increased thereafter to 83% overall in 2018. PBS was accomplished somewhat more often at laparoscopic than at vaginal hysterectomy.