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

N Taumberger*, R Laky, AM Schuetz, E Petru, A Bader, T Aigmüller, G Trutnovsky, K Tamussino. *Medical University of Graz, Department of Gynecology, Graz, Austria*

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

[1]D Georgiou, [2]A Kwong, [2]A Lakhiani, [2]R Gujar, [2]A Tranoulis*. *[1]Chelsea and Westminster Hospital, UK; [2]Birmingham City Hospital, UK*

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

N Rinne*, C Fotopoulou, P Cunnea. *Imperial College London, Division of Cancer, Department of Surgery and Cancer, Hammersmith Hospital, Imperial College London, London, UK*

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

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, OVCAR8, 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.

Result(s)* 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 synergistic 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 synergistic 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.

400 IMPLEMENTATION AND FEASIBILITY OF PROPHYLACTIC BILATERAL SALPINGECTOMY AT BENIGN, MINIMALLY INVASIVE HYSTERECTOMY IN STYRIA (AUSTRIA)

[1]C Hütter, [1]K Tamussino*, [2]K Simon, [3]M Kratky, [4]C Mutz-Eckhart, [5]M Blatt-Gunegger, [5]S Klammer, [6,7]C Bermann, [8]A Huber, [9]V Lessiak. *[1]Medical University Graz, Gynecology, Graz, Austria; [2]Landeskrankenhaus Hochsteiermark, Standort Leoben, Leoben, Austria; [3]Landeskrankenhaus Weststeiermark, Standort Deutschlandsberg, Deutschlandsberg, Austria; [4]Landeskrankenhaus Murtal, location Judenburg, Judenburg, Austria; [5]LKH Rottenmann – Bad Aussee, Bad Aussee, Austria; [6]Lkh Hartberg, Hartberg, Austria; [7]Medical University Graz; [8]Lkh Feldbach, Feldbach, Austria; [9]Krankenhaus der Barmherzigen Brüder Graz, Standort Marschallgasse, Graz, Austria*

10.1136/ijgc-2021-ESGO.397

Introduction/Background* Numerous societies, including the Austrian Society of Obstetrics & Gynecology (OEGGG) in 2015, have recommended prophylactic bilateral salpingectomy (PBS) at the time of benign gynecologic surgery with the intent of ovarian cancer risk reduction. We evaluated implementation and feasibility of PBS at benign, minimally invasive 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.

Result(s)* 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.

403 ANALYSIS OF THE CLINICAL EXPERIENCE WITHIN RUCAPARIB'S EARLY ACCESS PROGRAM IN SPAIN – A GEICO STUDY

[1]A Yubero-Esteban*, [2]A Barquin, [3]P Estévez, [4]B Pajares Hachero, [5]L Sánchez, [6]P Reche, [7]JD Alarcón, [8]J Calzas, [9]L Gaba, [10]J Fuentes-Pradera, [11]A Santaballa, [12]C Salvador, [13]L Manso, [14]A Herrero-Ibáñez, [15]Á Taus, [16]R Márquez, [17]J Madani, [18]M Merino, [19]G Marquina, [5]A González-Martín. *[1]Hospital Clínico Universitario Lozano Blesa, Medical Oncology, Zaragoza, Spain; [2]Centro Integral Oncológico Clara Campal, Medical Oncology, Madrid, Spain; [3]Hospital Universitario Virgen del Rocío, Medical Oncology, Sevilla, Spain; [4]Hospital Universitario Virgen de la Victoria, Medical Oncology, Málaga, Spain; [5]Clínica Universidad de Navarra, Medical Oncology, Madrid, Spain; [6]Hospital Universitario Torrecárdenas, Medical Oncology, Almería, Spain; [7]Hospital Universitari Son Espases, Medical Oncology, Palma, Spain; [8]Hospital Universitario de Fuenlabrada, Medical Oncology, Fuenlabrada, Spain; [9]Hospital Clínic de Barcelona, Medical Oncology, Barcelona, Spain; [10]Hospital Universitario Virgen de Valme, Medical Oncology, Sevilla, Spain; [11]Hospital Universitari i Politècnic la Fe, Medical Oncology, Valencia, Spain; [12]Hospital Lluís Alcanyís de Xàtiva, Medical Oncology, Xàtiva, Spain; [13]Hospital Universitario 12 de Octubre, Medical Oncology, Madrid, Spain; [14]Hospital Universitario Miguel Servet, Medical Oncology, Zaragoza, Spain; [15]Hospital del Mar, Medical Oncology, Barcelona, Spain; [16]MD Anderson Cancer Center Madrid, Medical Oncology, Madrid, Spain; [17]Hospital General San Jorge, Medical Oncology, Huesca, Spain; [18]Hospital Universitario Infanta Sofía, Medical Oncology, Madrid, Spain; [19]Hospital Clínico San Carlos, Medical Oncology, Madrid, Spain*

10.1136/ijgc-2021-ESGO.398

Introduction/Background* Rucaparib is a PARP-1/2/3 inhibitor approved for the treatment of high-grade ovarian cancer (HGOC). In ARIEL3, rucaparib improved PFS as maintenance therapy for platinum (Pt)-sensitive recurrent OC. Study 10, ARIEL2, and ARIEL4 showed rucaparib's benefit as treatment. An observational study was performed in HGOC pts treated within the rucaparib access program (RAP) in Spain. The aim was to better understand rucaparib's management in real-life setting, to optimize future use, considering Pt-sensitive and Pt-resistant BRCAmut treatment and maintenance patients.

Methodology A retrospective study was performed at 22 GEICO hospitals in Spain that treated pts within RAP (600 mg BID) since September 2018. Adult women with high-grade epithelian ovarian, fallopian tube, or primary peritoneal cancer, with medical record available, were included. Patient characteristics, medical history, safety, efficacy, and dosing data were collected.

Result(s)* Between July 2020 and February 2021, 51 pts were recruited with median age 63 years (36-86). At diagnosis, 45.1% of patients harbored gBRCA mutations, 19.6% sBRCA mutations, and 31.4% were BRCAwt. Before rucaparib, pts had ECOG PS 0, 1, or 2 (37.3%, 49.0%, and 5.9%) and 72.5% had measurable disease. The median number of previous lines was 4 (1-9), 51.0% of pts received prior bevacizumab, and notably 25.5% of pts had received a prior PARPi. Rucaparib was given as maintenance, Pt-resistant, and Pt-sensitive treatment in 35.3%, 51.0%, and 13.7% of pts respectively (median dose 557.7 mg [300-600]). 82.4% of pts received rucaparib for ≤12 mo and 17.6% >12 mo. 50.0%