Objective: To describe healthcare system costs and utilization between symptomatic presentation and ovarian cancer diagnosis in the United States.

Methods: A population-based study of the Surveillance, Epidemiology, and End Results (SEER)-Medicare database was conducted on patients ≥66 years old with stage II-IV epithelial ovarian cancer between 1992–2015 with at least one of the following diagnosis codes in the year before diagnosis: abdominal pain, bloating, difficulty eating, and/or urinary symptoms. The outcomes were cost and type of healthcare system utilization between first symptomatic claim and cancer diagnosis date for any reason. Jonckheere-Terpstra and Cochran-Armitage tests evaluated trends over time.

Results: Among 13,872 women, the most common imaging was CT (67.6%), followed by pelvic ultrasound (49.5%), MRI (4.2%), and PET (1.2%). Between 1992–2015, frequency of ultrasound decreased (p<.001) while CT, MRI, PET, and CA-125 increased (p<.001). In the overall cohort, median cost per month was $13,941 for hospitalizations, $2041 for outpatient visits, and $218 for emergency room (ER) visits. Median monthly total, inpatient, and outpatient costs decreased (p<.001) while ER costs increased over time (p<.001). The number of outpatient visits (p<.001) and frequency of ER visits (p<.001) increased while frequency of hospitalizations (p<.001) decreased over time. Median hospital length of stay decreased from 10 days in 1992 to 5 days in 2015 (p<.001).

Conclusions: Healthcare utilization costs between symptomatic presentation and ovarian cancer diagnosis have decreased over time and reflect the trends in fewer and shorter hospitalizations and increased use of ER and outpatient management during the evaluation of symptoms of women with ovarian cancer.
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.

**Methods** 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.

**Results** 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). No correlation was found between PD-L1 status and TP53 type (wild vs. mutated) (p = 0.154).

**Conclusions** PD-L1 status has no impact on the prognosis of patients with high-grade serous ovarian cancer. Also, patients with TP53-mutation do not present increased expression of PD-L1 in comparison to patients with TP53 wild-type.

**Abstract EPV191/#327** DRUG SCREENING OF PATIENT-DERIVED ORGANOIDS FROM OVARIAN CANCER CULTURE TO PERSONALIZED THERAPY, AN EXPLORATORY RESEARCH

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**Objectives** Organoids are a 3D culture model that can provide the precise genetic information and phenotype, as well as the heterogeneity of the tumor, thus provide powerful tools to model human diseases. The study (CQGOG0201) is an exploratory research to access whether organoids could guide precision treatment for OC patients.

**Methods** The CQGOG0201 study is a single-center, prospective, observational clinical trial. The trial design is shown in figure 1. The inclusion criteria and exclusion criteria are shown in table 1. Primary endpoint is the similarity between organoids and their corresponding tumor tissue. Secondary endpoint is the reliability of organoids obtained from IDS cases as a model for the patient’s response to platinum-based adjuvant chemotherapy.

**Results** We completed the collection of tumor tissues from 30 different patients, including 22 HGCS patients, 3 LGCS patients, 2MC, 1 EC patients, 2 CC patients, and established 9 organoid lines, derived from 15 different patients with primary tumor tissues. Organoids were derived with a success rate of 60%, in particular from the HGSC, LGSC and MC...