23.7 months; $P=0.014$). In multivariate analysis adjusting for confounders, a duration of ≥ 30 min of MAP under 65 mmHg was identified as an independent poor prognostic factor for PFS (adjusted HR, 1.376; 95% CI, 1.035–1.830; $P=0.028$). Shorter PFS was observed in the group with a MDPE $<4.0\%$ (adjusted HR, 1.351; 95% CI, 1.024–1.783; $P=0.033$) and a wobble $\geq 7.5\%$ (adjusted HR, 1.445; 95% CI, 1.100–1.899; $P=0.008$). However, no differences were observed in overall survival.

Conclusions The three intraoperative variables for hemodynamic instability, cumulative duration of MAP <65 mmHg, MDPE, and wobble, might be novel prognostic biomarkers for disease recurrence in patients with HGSO.

EPV211/#493 INCOMPLETE CYCLES OF CHEMOTHERAPY USING WEEKLY GEMCITABINE AFFECTING PROGNOSIS OF PLATINUM-RESISTANT OVARIAN CANCER

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Objectives To evaluate the risk of incomplete cycles of weekly gemcitabine on survival for patients with platinum-resistant ovarian cancer (PROC).

Methods We collected patients with PROC who received weekly gemcitabine (1000mg/m²; D1, D8 every 3 weeks or D1, D8, D15 every 4 weeks) between 2006–2018. We investigated rates of completed cycles, skipped cycles, dose reduction (DR) and prophylactic granulocyte colony-stimulating factor (G-CSF) usage, tumor response and factors affecting progression-free survival (PFS) and overall survival (OS).

Results A total of 101 patients with PROC received weekly gemcitabine. 58(57.4%) completed scheduled cycles without skip and 86 (85.1%) completed more than 80% of scheduled cycles. DR and the use of G-CSF were observed in 34(33.7%) and 25 patients (24.8%), respectively. Weekly gemcitabine was skipped because of grade 3 or more hematologic toxicity (31.7%). Complete response, partial response, stable disease and progressive disease were identified in 1(1%), 12 (11.9%), 26 (25.7%) and 61 (60.4%). In terms of survival, the completion rate of scheduled cycles $\geq 80\%$ was a factor for better OS (median OS, the completion rate of scheduled cycles $\geq 80\%$ vs. $<80\%$, 39.23 months vs. 8.97months, $p=0.011$), but not for better PFS (median PFS, the completion rate of scheduled cycles $\geq 80\%$ vs. $<80\%$, 2.89months vs. 2.43months, $p=0.238$). Use of G-CSF was factor for better PFS and OS (median PFS, G-CSF group vs. non-G-CSF group, 2.53month vs. 2.07month, $p=0.023$; median OS, 39.23months vs. 14.72months, $p=0.011$).

Conclusions Incompletion of scheduled cycles of weekly gemcitabine may be associated with prognosis, and especially, the completion rate of scheduled cycles $<80\%$ may not improve survival in patients with PROC.

EPV212/#496 SURVIVAL IMPACT OF INTERNAL MAMMARY OR SUPRACLAVICULAR LYMPHADENECTOMY ON STAGE IVB OVARIAN CANCER WITH SUPRADIAPHRAGMATIC LYMPH NODE METASTASIS

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Objectives To evaluate the survival impact of extensive lymphadenectomy as part of debulking surgery in stage IVB ovarian cancer with supradiaphragmatic lymph node metastasis.

Methods We retrospectively enrolled patients with stage IVB ovarian cancer who had 5 mm or larger lymph nodes in the supradiaphragmatic area including cardiophrenic, internal mammary and supraclavicular lymph nodes on computed tomography (CT) between January 2010 and January 2020, which were resectable evaluated by thoracic surgeon. Optimal debulking surgery (ODS) was defined as residual disease less than 5mm in both abdominal and thoracic cavities, and sub-optimal debulking surgery (SDS) was defined as residual disease more than 5mm in abdominal or thoracic cavities.

Results A total of 121 patients underwent primary debulking surgery (PDS, $n=68$) and interval debulking surgery after neoadjuvant chemotherapy (IDS, $n=53$). Patients who underwent ODS showed better progression-free survival (PFS) than those who underwent SDS during PDS (median, 23.7 vs. 14.1 mons; $p=0.035$) despite no difference of PFS between ODS and SDS in those treated with IDS. Moreover, internal mammary or supraclavicular lymphadenectomy, bevacizumab administration and abdominal optimal cytoreduction were favorable factors for PFS in patients who underwent PDS (adjusted hazard ratios, 0.169, 0.185, 0.154; 95% confidence intervals, 0.059–0.484, 0.061–0.557, 0.043–0.550; $p=0.001$, 0.003, 0.004) despite no factors affecting PFS in those treated with IDS.

Conclusions Internal mammary or supraclavicular lymphadenectomy for ODS during PDS may have the potential to improve PFS in patients with stage IVB ovarian cancer with supradiaphragmatic lymph node metastasis.

EPV213/#503 PLATINUM-SENSITIVE OR RESISTANT RELAPSED OVARIAN CANCER: WHICH PREDICTIVE FACTORS?

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Objectives The platinum-free interval (PFI) in epithelial ovarian cancer is a major factor that guides the management and predicts prognosis of the disease. We aimed to study predictive

factors which impact PFI in epithelial ovarian cancer in Tunisia.

Methods We conducted a retrospective monocentric study including 60 Tunisian patients with relapsed epithelial ovarian cancer between October 2012 and December 2018. Clinico-pathological data, treatment and survival data were collected from medical records. Predictive factors were identified by logistic regression following the Cox regression model.

Results The median age at first diagnosis was 59 years [28–85 years]. Relapsed ovarian cancers were platinum-sensitive in 65% (n=39) and resistant in 35% (n=21) of cases. Overall 2-year survival was 87% in the sensitive relapse group versus 11% in the resistant group ($p<0.001$). Age, Body mass index, histologic type, grade and timing of initial surgery didn't impact significantly the interval of relapse. However, short platinum-free interval (< 6 months) was correlated with : advanced stage at diagnosis (IIA to IV) (Odds ratio, OR:1.67, 95% Confidence interval, CI [1.34–2.09]) and incomplete staging at the initial surgery (OR: 3.4, 95% CI [1.07–10.84]).

Conclusions The interval of relapse is correlated with the extension of the disease and/or with the quality of surgery. Patients should be referred to expert centers.

EPV214/#506

OVERALL SURVIVAL PROGNOSTIC FACTORS IN RECURRENT EPITHELIAL OVARIAN CANCER IN TUNISIA

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Objectives Epithelial ovarian cancers relapse in the majority of cases. We aimed to analyze overall survival prognostic factors in recurrent epithelial ovarian cancer in Tunisia.

Methods We conducted a retrospective monocentric study including 60 Tunisian patients with relapsed epithelial ovarian cancer between October 2012 and December 2018. Clinico-pathological Data, treatment and survival data were collected from medical records. The Kaplan-Meier method was used to calculate overall survival (OS) and Cox regression analysis was performed to define the effects of risk factors on survival.

Results The median age at diagnosis was 59 years [28–85 years]. Recurrent ovarian cancer were platinum sensitive in 35% (n=21), partially sensitive in 30% (n=18) and platinum-resistant in 35% (n=21) of cases. Surgery of the first recurrence was performed for 9 patients (15%). Fifty-three (88%) patients received at least one line of chemotherapy in the recurrence setting. The median number of received cycles was one [0–6]. Overall survivals at 1 year, 2 years and 5 years were respectively 83,3%, 62,1%, and 37,3%. Median overall survival was 32 months. Prognostic factors which were associated with better OS were early initial stage (I-IIA) ($p=0.012$), complete initial staging ($p=0.001$), platinum-sensitive relapse ($p=0.001$) and R0 resection of the relapse ($p=0.001$). Age, grade, relapse's site didn't impact significantly overall survival.

Conclusions Overall survival of recurrent ovarian cancer remains poor. Further studies in order to promote early

detection are needed. Quality of surgery constitutes a major impact factor.

EPV215/#519

SOX4 DRIVES OVARIAN CANCER STEMNESS VIA TRANSCRIPTIONALLY ACTIVATING HDAC1

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Objectives The objective of this study is to explore the role of SOX4 in ovarian cancer stem cells (OCSCs) and elucidate the underlying mechanisms.

Methods Ovarian cancer cell lines and primary cells were used in this study. Lentivirus system was used for genetic manipulation. Sphere-forming activity was examined by sphere formation assay. limiting dilution assay was employed to determine the frequency of sphere-forming cell. The mRNA and protein levels were determined by qRT-PCR and western blot, respectively. The effect of SOX4 on the transcriptional activity of HDAC1 promoter was tested by luciferase assay and their direct binding was determined by Chromatin immunoprecipitation (ChIP) assay. The protein levels of surface markers were examined by flowcytometry.

Results SOX4 overexpression significantly increased the sphere-forming activities, the frequency of sphere-forming cells and the expression levels of OCSCs markers in OCSCs; SOX4 depletion led to opposite results. SOX4 directly bound to the HDAC1 promoter and increased the transcriptional activities of HDAC1 promoter and there are four SOX4-binding sites in HDAC1 promotor. HDAC1 predicts poor prognosis of ovarian cancer and positively regulates OCSCs stemness. HDAC1 ablation abolished the effect of SOX4 on OCSCs stemness.

Conclusions The results in this study demonstrated a novel mechanism that SOX4 promotes ovarian cancer stemness by transcriptionally activating HDAC1. This finding suggests that HDAC1 inhibitor could be an effective therapeutic agent for eradicating human OCSCs driven by aberrant SOX4 upregulation.

EPV216/#520

PARP1 SUPPORTS OVARIAN CANCER STEMNESS BY UBIQUITINATION OF NUCLEAR YAP

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Objectives The objective of this study is to improve our understanding about PARP1 in ovarian cancer stem cells (OCSCs), which would be helpful for extension of the potential of PARP inhibitors as anti-cancer drugs.

Methods SK-OV3, primary ovarian cancer cells and xenograft mice were used in the study. Genetic manipulation was performed by lentivirus systems. The stemness of OCSCs was