

2022-RA-216-ESGO

IDENTIFICATION AND CHARACTERIZATION OF CA-125, IL-2, IL-13 AND HE4 IN VAGINAL FLUID IN OVARIAN CANCER

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Introduction/Background The need for a sensitive and specific biomarker to detect early disease is essential to revolutionize ovarian cancer treatment. In this study we compared between the levels of CA125 in the serum and in the vaginal secretions of women with and without ovarian cancer. We also compared between the levels of CA125, IL2, IL13, and HE4 in the vaginal fluid in 3 groups: healthy women, patients after chemotherapy before surgery (neoadjuvant) and patients before treatment or surgery.

Methodology In this study we analyzed sixty-five women in our Gynecological Oncology Unit. CA-125 levels in the serum were measured using Human CA125/MUC16 ELISA and Luminex. IL-2, IL-13 and HE4 were analyzed using Luminex.

Results CA-125 levels were significantly higher in vaginal secretions than in the serum of all groups. There was no statistical difference between the neoadjuvant subgroup compared to the healthy group. We therefore, investigated three additional biomarkers; IL-2, IL-13 and HE4, using only vaginal secretions. Of these, IL-2 and IL-13 showed promising results with statistical significance in differentiating between healthy and ovarian cancer patients. HE4 showed decreased levels in patients that received neoadjuvant treatment that were not significant when compared to the healthy group.

Conclusion This study demonstrates the promise of using vaginal secretions for detection of ovarian cancer. Further research is required.

2022-RA-244-ESGO

PROGNOSTIC VALUE OF PERITONEAL CANCER INDEX AFTER COMPLETE CYTOREDUCTIVE SURGERY IN ADVANCED OVARIAN CANCER

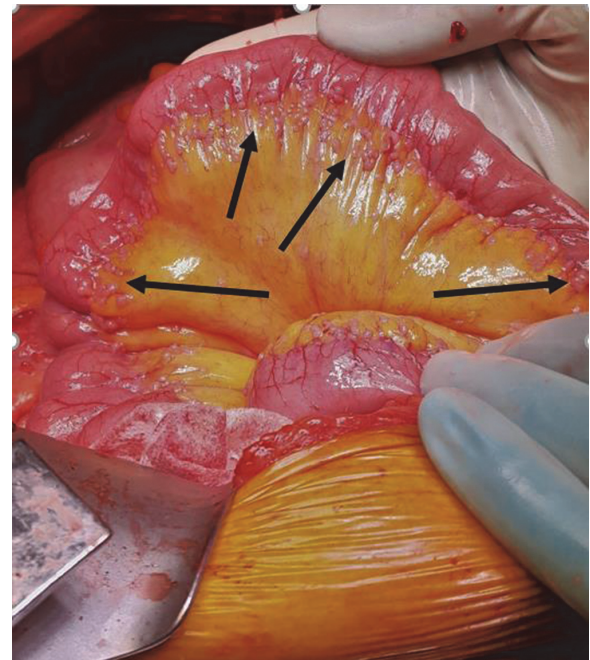
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Introduction/Background Residual disease (RD) after primary debulking surgery (IDS) is a prognostic factor for survival in AOC. This study aims to examine if the tumor extent, affects overall survival (OS) and progression free survival (PFS) in AOC patients treated with PDS. Tumor extent was quantified by peritoneal cancer index (PCI), for preoperative imaging (CT-PCI) and for macroscopic visualisation at the surgery start (S-PCI).

Methodology 118 patients treated with PDS 2016–2018, were included in the cohort. Age, ECOG score, FIGO stage, CA-125, RD, CT-PCI, and S-PCI were analyzed. Cox-regression,

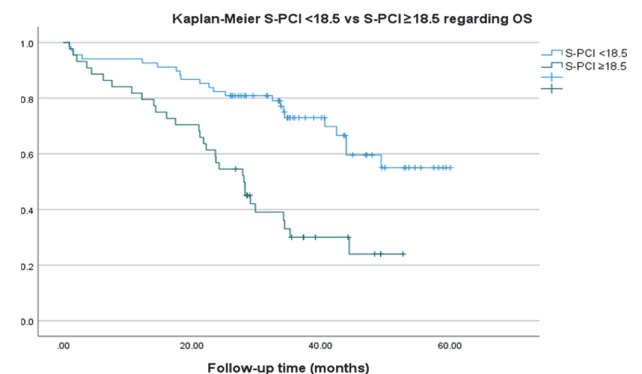
Kaplan-Meier and Receiver Operating Curves (ROC) were performed for survival analyses.



Abstract 2022-RA-244-ESGO Figure 1

Abstract 2022-RA-244-ESGO Table 1 A: unadjusted analysis evaluated each variable at a time. B: adjusted for age and ECOG, PCI-variable

	A		B	
	HR (95% CI)	p	HR (95% CI)	p
CCS	2.698 (1.567 – 4.644)	<0.001	2.177 (1.235 – 3.838)	0.007
CT-PCI	1.037 (1.005 – 1.071)	0.025	1.020 (0.987 – 1.054)	0.248
S-PCI	1.078 (1.038 – 1.119)	<0.001	1.067 (1.018 – 1.119)	0.007
CT-PCI > 24.5	2.081 (1.124 – 3.852)	<0.020	1.517 (0.758 – 3.035)	0.239
S-PCI > 18.5	3.066 (1.767 – 5.320)	<0.001	2.070 (1.061 – 4.038)	0.033



Abstract 2022-RA-244-ESGO Figure 2 Kaplan-Meier S-PCI <18.5 S-PCI ≥ 18.5 regarding OS