**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.

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

1Mihaela Asp, 2Susanne Malander, 3Johan Bengtsson, 4Hanna Sartor, 5Päivi Kannisto.

1Obstetrics and Gynecology, Department of Clinical Science, Skåne University Hospital/Lund University, Lund, Sweden; 2Division of Oncology, Department of Clinical Science Lund, Skåne University Hospital, Lund University, Lund, Sweden; 3Division of Medical Imaging and Physiology, Department of Clinical Science Lund, Skåne University Hospital, Lund University, Lund, Sweden; 4Diagnostic Radiology, Department of Translational Medicine, Skåne University Hospital, Lund University, Lund, Sweden, Lund, Sweden; 5Division of Pathology, Department of Clinical Science Lund, Skåne University Hospital, Lund University, Lund, Sweden, Lund, Sweden

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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.

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**Abstract 2022-RA-244-ESGO Table 1**

<table>
<thead>
<tr>
<th>PCI-variable</th>
<th>A: unadjusted analysis</th>
<th>B: adjusted for age and ECOG</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCS</td>
<td>2.698 (1.567–4.644)</td>
<td>2.177 (1.235–3.838)</td>
</tr>
<tr>
<td>CT-PCI</td>
<td>1.037 (1.005–1.071)</td>
<td>1.020 (0.987–1.054)</td>
</tr>
<tr>
<td>S-PCI</td>
<td>1.078 (1.038–1.119)</td>
<td>1.067 (1.018–1.119)</td>
</tr>
<tr>
<td>CT-PCI&gt;24.5</td>
<td>2.081 (1.124–1.972)</td>
<td>1.517 (1.061–2.198)</td>
</tr>
<tr>
<td>S-PCI&gt;18.5</td>
<td>3.066 (1.767–5.320)</td>
<td>2.070 (1.061–4.038)</td>
</tr>
</tbody>
</table>

**Abstract 2022-RA-244-ESGO Figure 1**

Kaplan-Meier S-PCI <18.5 vs S-PCI ≥18.5 regarding OS

**Abstract 2022-RA-244-ESGO Figure 2**

Kaplan-Meier S-PCI <18.5 S-PCI ≥18.5 regarding OS
Results S-PCI correlated with both OS (1.067, (1.018–1.119); p=0.007) and PFS. Patients exhibiting S-PCI of 18.5 or higher, adjusted to age, performance status and RD, had a two-fold risk of dying (HR 2.070, 95%CI 1.061–4.038; p=0.033). CT-PCI correlated significantly with OS in crude data (1.037, (1.005–1.071); p=0.025), but this was not sustained in multivariate analyses. Patients with RD at any size had more than two times higher risk of dying compared to those without RD (2.177, (1.235–3.838); p=0.007).

Conclusion The tumor extent at the beginning of surgery seemed to affect OS in patients with AOC, regardless RD at the end of the surgery. PCI above 18.5 doubled the risk of dying of the disease. No difference in major complications were noted in the two groups of patients. CT-PCI seemed to play a prognostic role for PFS, however as a prognostic factor for OS, it is still to be investigated.

Introduction/Background Ovarian Cancer (OC) constitute the eighth most common cancers among women worldwide. Surgery remains the cornerstone in the management of OC. Intraoperative frozen section (FS) diagnosis is widely used to decide the surgery course. We aimed to assess the reliability of intraoperative FS diagnosis for treatment planning of patients with suspected OC from a multidisciplinary perspective. The clinical consequences of reclassification and the multidisciplinary management of the therapy plan, is the secondary aim of this study. To our knowledge, this information is sparsely investigated.

Methodology A single-center, retrospective population-based study of patients who underwent surgery for suspected OC between 2018–2020. Histopathological outcomes were classified as benign, borderline, or malignant. The FS diagnosis was the diagnostic test, and the final histopathology report was the gold standard. Diagnostic capability for treatment planning was assessed, and modifications made possible by overall clinical knowledge were discussed.

Results A total of 358 patients were identified, of whom 187 were included in the FS group. Overall accuracy was 89.8%, and 19 patients were reclassified; the malignancy grade of 15 tumors was underestimated. Prevalence, sensitivity, specificity, positive predictive value, and negative predictive value for invasive malignancies on FS were 54.0% (CI 46.6–61.3%), 88.1% (CI 80.2–93.7%), 98.8% (CI 93.7–99.9%), 98.9% (CI 92.7–99.8%), and 87.6% (CI 80.6–92.4%), respectively. Tumors incorrectly graded by FS tended to be of borderline-related.