Introduction/Background

More than 80% of patients with advanced ovarian cancer present with recurrence within five years. During the last decades, Cytoreductive Surgery plus Hyperthermic Intraperitoneal Chemotherapy has been introduced as a new protocol for treatment of advanced and or recurrent ovarian cancer. However, there is no consensus on its long-term efficiency, and is still under debate. This study aims to evaluate the effectiveness of Cytoreductive Surgery Plus Hyperthermic Intraperitoneal Chemotherapy in patients with Advanced Ovarian Cancer in Iran.

Methodology

Thirty patients with Stage IIIc and IV advanced Ovarian Cancer underwent cytoreductive surgery plus Hyperthermic Intraperitoneal Chemotherapy at Jam hospital with a fixed surgical team in Tehran, Iran, from 2019 to 2021. Fourteen patients were new cases, and sixteen of them were recurrent cases. At the end of cytoreductive surgery, by using a Hyperthermic Intraperitoneal Chemotherapy device, Cisplatin was circulated in the peritoneal cavity for 90 minutes at a dose of 80–100 mg/m2 at 43 °C.

Results

Among thirty patients with 54.97±10.74 years of mean age, the mean overall survival was 564.967 days, and 2-year survival rates were 66.7%. According to Fisher’s exact test, there was a statistically significant relationship between disease-free after surgery and mortality rate (p=0.00). However, there was no statistically significant relationship between recurrence after surgery and mortality rate (p=0.093).

Conclusion

Cytoreductive surgery plus Hyperthermic Intraperitoneal Chemotherapy might increase the survival of Advanced Ovarian Cancer patients.

Introduction/Background

Immature teratoma is also known as malignant teratoma or teratoblastoma or Embryonal teratoma and includes less than 1% of all teratomas and one third of malignant teratomas. The tumor is uncommon during pregnancy. The aim of this report is to introduce a case of immature teratoma of the ovary diagnosed after normal delivery.

Methodology

The patient was a 26 years old woman who had undergone surgery two years ago due to bilateral ovarian cyst and abdominal pain, and the pathology reported the mature cystic teratoma. The patient again referred due to enlarged abdomen following normal delivery. Laparotomy was performed due to large ovarian mass, and salpingo-oophorectomy was performed with report of immature teratoma in frozen section. After the surgery, the patient received four courses of BEP-regimen chemotherapy. Now, the patient is followed-up and tumor markers, sonography and examination of the patient are normal.

Results

Given the rare nature of the disease and the importance of early diagnosis of malignant ovarian masses in order to increase the patients’ survival rate, it is necessary to pay more attention to the adnexa in ultrasonography and clinical examinations of pregnant women.

Conclusion

Given the rare nature of the disease and the importance of early diagnosis of malignant ovarian masses in order to increase the patients’ survival rate, it is necessary to pay more attention to the adnexa in ultrasonography and clinical examinations of pregnant women.
systemic involvement. Primary and localized ovarian involvement is uncommon and occurs in less than 10% of cases. In this study, a rare case of primary ovarian non-Hodgkin’s lymphoma is presented.

Methodology The patient was a 64-year-old woman with a history of hysterectomy and postmenopausal bleeding that referred to the academic hospital of Mashhad University of Medical Sciences. On ultrasound and CT scans, solid cystic foci were found between the bladder and rectum, consistent with the location of the cervix and uterus. Subsequent evaluations confirmed histological and immunohistochemical diagnosis of ovarian non-Hodgkin’s lymphoma.

Results Ovarian lymphoma is one of the differential diagnoses that should be considered in the pelvic masses.

Conclusion Ovarian lymphoma is one of the differential diagnoses that should be considered in the pelvic masses.

2022-RA-402-ESGO PROTEOMIC ANALYSIS OF EXOSOMES SECRETED DURING MESENCHYMAL-METAPLASIA TRANSITION FOR POTENTIAL DIAGNOSIS OF MESENCHYMAL SUBTYPE OF HIGH GRADE OVARIAN SEROUS CARCINOMA

1Germano Aguier Ferreira, 1Carolina Hassibe Thomé, 2Clarice Izumi, 3Mariana Lopes Grassi, 3Guilherme Paupério Lanfredi, 4Marcus Smolka, 3Vitor Marcel Faça, 1Francisco José Candido dos Reis, 1Gynecology and Obstetrics, Ribeirao Preto Medical School, Ribeirao Preto, Brazil; 2Department of Cellular and Molecular Biology and Pathogenic Biotics, Ribeirao Preto Medical School, Ribeirao Preto, Brazil; 3Department of Biochemistry and Immunology, Ribeirao Preto Medical School, Ribeirao Preto, Brazil; 4Weil Institute for Cell and Molecular Biology, Cornell University, Ithaca, NY

10.1136/ijgc-2022-ESGO.498

Introduction/Background The epithelial-mesenchymal transition (EMT) promotes alterations in cell signaling and morphology, favoring metastatic progression. Exosomes are extracellular vesicles, produced by cells under variable conditions, containing proteins involved in cell-cell communication. Our aim was to evaluate the proteome of exosomes secreted after EMT induction to identify potential biomarkers for ovarian cancer classification.

Methodology EMT was induced in the ovarian cancer cell line CAOV3 using 10 ng/mL EGF for 96 h after 24 h of serum deprivation. Exosomes were isolated from the supernatant using the exoEasyMaxi kit (Qiagen) after decellularization and then characterized. The exosome proteins were extracted, identified, and quantified by Label-Free-Quantification (LFQ) using LC-MS/MS. The proteomic data and mRNA expression TCGA database were integrated to identify potential biomarkers using principal component analysis (PCA) and classification and regression tree (CART).

Results The CAOV3-exosomes obtained during EMT had ~150 nm in diameter and morphology similar to exosomes from nonstimulated CAOV3. The proteomic analysis highlighted 157 proteins differentially detected between EMT induced and nonstimulated CAOV3, 100 up and 57 down accumulated. Integrative analysis of up accumulated proteins with TCGA transcriptomic signature identified PLAU, LAMB1, COL6A1, and TGFBI as potential biomarkers of mesenchymal HGSO subtype.

Conclusion The combination of EMT induction, exosome isolation, and large-scale proteomic analysis identified potential biomarkers of ovarian cancer aggressiveness. Our data warrant further investigation of the role of PLAU, LAMB1, COL6A1, and TGFBI in ovarian cancer outcomes.

2022-RA-420-ESGO TREATMENT AND OUTCOME OF PATIENTS WITH HIGH GRADE ADVANCED OVARIAN CANCER (AOC) – REAL WORLD DATA OF THE GERMAN QUALITY ASSURANCE PROJECT (QS OVAR OF THE AGO STUDY GROUP)

1Sven Mahner, 2Andreas du Bois, 3Jacobs Plisterer, 4Felix Hiltrop, 5Markus Kerkmann, 6Jalid Sehouli, 7Nikolaus de Gregorio, 8Lars Ch Hanker, 9Florian Heitz, 10Frederik Marmé, 10Linn Lena Wölber, 11Laura Holtmann, 12Gabriele Elser, 13Philipp Hafer, AGO Study Group; 1Department of Obstetrics and Gynecology, University Hospital, LMU Munich, Munich, Germany; 2Klinik für Gynäkologie und Gyn. Onkologie, Ev. Kliniken Essen-Mitte, Essen, Germany; 3Zentrum für Gynäkologische Onkologie, Kiel, Germany; 4Onkologisches Therapeutenzentrum Krankenhaus Jerusalem, Hamburg, Germany; 5MMF Research GmbH, Mainster, Germany; 6Klinik für Gynäkologie mit Zentrum für onkologische Chirurgie, Universitätsmedizin Berlin, Charité, Berlin, Germany; 7Frauenklinik, Klinikum am Gasunbrunnen, SLK-Kliniken Heilbronn GmbH, Heilbronn, Germany; 8Universitätsklinikum Schleswig-Holstein, Klinik für Gynäkologie und Geburtshilfe, Campus Lübeck, Lübeck, Germany; 9Universitätsfrauenklinik, Mannheim, Medical Faculty Mannheim of Heidelberg University, Mannheim, Germany; 10Department of Gynecology; University Medical Center Hamburg-Eppendorf, Hamburg, Germany; 11AGO Study Group, Wiesbaden, Germany

10.1136/ijgc-2022-ESGO.499

Introduction/Background Outcome of patients with AOC depends largely on treatment quality and expertise of treating physicians and centers. To assess treatment reality and quality in Germany, we initiated a nationwide quality assurance program.

Methodology All German hospitals treating patients with AOC were asked to document their patients with primary diagnosis in the third quarters of 2012 and 2016 in a central database. The current analysis focuses on patients with high-grade AOC stage III/IV.

Results In total, 1010 patients with high-grade AOC were documented. This represents 63% of all patients diagnosed in Germany. Median age was 65 years. The majority (774/1010 – 76.6%) were diagnosed with stage III disease and 947/1010 (93.8%) had serous, 34 (3.4%) endometrioid and 29 (2.9%) clear cell histology. 915/1010 (90.6%) had primary debulking surgery (PDS). Complete resection was achieved in 434/915 (47.4%) at PDS and in 54/95 (56.8%) at interval debulking surgery (IDS). Median PFS and OS in patients with PDS and complete resection was achieved in 29.7 and 63.1 months compared to 16.8 and 30.7 months in patients with residual disease (PFS: HR 0.46, 95% CI 0.37–0.54 and OS: HR 0.37, 95% CI 0.31–0.45). First-line chemotherapy was carboplatin/paclitaxel (TC) in 919/1010 (91%) of the patients, 627 (62%) also received bevacizumab (TCB) and 544 of these (87%) also received bevacizumab maintenance therapy. Median PFS and OS with TCB was 23.3 and 46.2 months and 18.5 and 39.0 months with TC (PFS: HR 0.86, 95% CI 0.73–1.01 and OS: HR 0.79, 95% CI 0.66–0.95).

The rate of complete tumor resection at surgery as well as the use of bevacizumab increased between the two periods.

Conclusion The majority of patients were treated with primary surgery followed by TCB. Outcome was best when complete tumor resection was achieved at primary surgery and patients received combination chemotherapy with maintenance treatment.