

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-EPITHELIAL TRANSITION FOR POTENTIAL DIAGNOSIS OF MESENCHYMAL SUBTYPE OF HIGH GRADE OVARIAN SEROUS CARCINOMA

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**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)

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**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 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.