Abstract 2022-RA-435-ESGO Table 1 Summary of patient data

No	Age	FIGO stage	Initial surgery/ residual	PFI (month)	Prior chemo	PS	Acsites	SDS/ residual	Washing cytology	Intraperitoneal relapse after SDS	Outcome	Follow up (month)
1	74	IVB	IDS/0 mm	32	no	0	no	0 mm	negative	no	NED	82
2	72	IIIC	IDS/<10 mm	6	yes	1	no	<10 mm	positive	yes	DFD	16
3	82	IIIC	PDS/0 mm	17	no	1	no	0 mm	positive	yes	DFD	40
4	65	IIIC	PDS/0 mm	81	yes	0	no	0 mm	negative	no	NED	20**
5	66	IC	PDS/0 mm	60	no	0	no	0 mm	negative	no	LN meta/ NED*	89
6	69	IIIC	PDS/<10 mm	37	yes	0	no	0 mm	negative	no	NED*	84
7	70	IIIB	PDS/0 mm	44	no	1	no	0 mm	positive	yes	DFD	36
8	53	IC	PDS/0 mm	42	yes	0	no	0 mm	negative	no	NED	108
9	73	IIIC	IDS/0 mm	27	yes	0	no	0 mm	negative	no	DFOD	78
10	72	IIIC	PDS/0 mm	36	yes	0	no	0 mm	negative	no	Brain meta/ DFD	43
11	77	IIC	PDS/0 mm	63	no	0	no	0 mm	negative	no	DFOD	58
12	57	IIIC	IDS/0 mm	27	yes	0	no	0 mm	positive	yes	DFD	17
13	48	IIIC	PDS/0 mm	23	yes	0	no	0 mm	negative	no	NED	44**

and recurrence after SDS was significant (p = 0.0014, Fisher's exact test).

Conclusion PWC, in addition to complete resection, seems a notable predictor of the long-term benefit of SDS for patients who experience ovarian cancer recurrence.

2022-RA-437-ESGO META-ANALYSES REVEAL SERUM OR PLASMA INTERLEUKIN-6 AS A BIOMARKER FOR MALIGNANT OVARIAN NEOPLASIA

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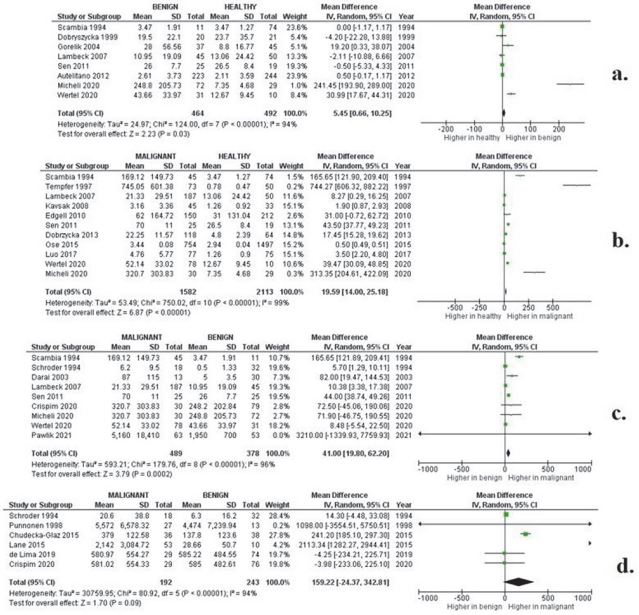
Introduction/Background Interleukin-6 (IL-6) has been implicated in various malignancies, including ovarian cancer. However, mixed results have been observed regarding IL-6 levels in different ovarian conditions. This meta-analysis was performed to determine IL-6 levels in the peritoneal fluid and peripheral blood among patients with various adnexal masses.

Methodology Most popular English databases were searched using a predefined search formula. All studies comparing IL-6 levels in plasma, serum or peritoneal fluid of patients with benign tumors, ovarian neoplasms, and healthy controls were included based on inclusion and exclusion criteria.

Results 5953 patients from 22 primary publications raging from 1994 to 2021 were included in the meta-analyses. A pooled IL-6 Mean Difference (MD) of 41 pg/mL for malignant tumors compared to benign ones, with a Confidence Interval (CI) between 19.8 and 62.2, a Z-score of 3.79, and statistical significance with a p=0.0002 was observed. Pooled results for healthy versus benign ovarian conditions showed an MD of 5.45 pg/mL for serum or plasma IL-6 measurements in favor of benign tumors (CI:.66 – 10.25, Z = 2.23 and p = 0.03). The analysis showed an MD for IL-6 levels of 19.59 pg/mL for healthy controls versus malignant ovarian tumors. Peritoneal fluid measurements regarding IL-6's levels showed no significant difference between benign or malignant masses.



Abstract 2022-RA-437-ESGO Figure 1 PRISMA flow diagram of included primary publications

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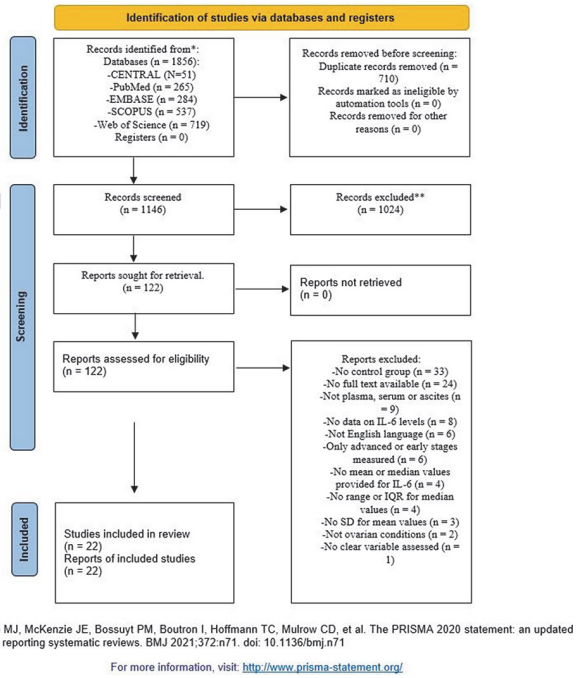

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

For more information, visit: http://www.prisma-statement.org/

Abstract 2022-RA-437-ESGO Figure 2 Forrest plot included studies for the (A) serum healthy versus benign comparison of IL-6 levels; (B) serum healthy versus malignant comparison of IL-6 levels; © serum benign versus malignant ovarian conditions coparison of IL-6 levels; (D) ascites benign versus malignant ovarian conditions comparison of IL-6 levels

Conclusion Higher levels of plasma or serum IL-6 in ovarian neoplasia patients compared to benign conditions or healthy controls identify IL-6 as a discerning factor between benign or malignant ovarian tumors and a potential biomarker for ovarian malignancy.

2022-RA-439-ESGO UP-NEXT (ENGOT-OV71-NSGO-CTU/GOG-3049): A STUDY OF UPITIFAMAB RILSODOTIN (UPRI), A NAPI2B-DIRECTED ANTIBODY DRUG CONJUGATE (ADC) IN PLATINUM-SENSITIVE RECURRENT OVARIAN CANCER

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Introduction/Background UpRi is a first-in-class NaPi2b-targeting ADC with a novel scaffold-linker-payload that enables high drug-to-antibody ratio and controlled bystander effect. NaPi2b is a sodium-dependent phosphate transporter protein broadly expressed in high-grade serous ovarian cancer (HGSOC) with limited expression in healthy tissues. It's estimated that about two-thirds of HGSOC patients are NaPi2b-high. Studies are being conducted to evaluate UpRi safety and efficacy in platinum-resistant ovarian cancer (PROC), but there remains an unmet need in the maintenance setting for patients with platinum-sensitive, recurrent ovarian cancer (PSOC), particularly in patients who received standard of care treatment (platinum-based chemotherapy) and are at high-risk of early relapse.

Methodology UP-NEXT is a Ph3 study evaluating UpRi monotherapy as post-platinum maintenance therapy in recurrent PSOC, enrolling patients with NaPi2b-high tumors (defined as TPS $\geq$75). Patients must have received 2–4 prior lines of platinum containing chemotherapy, achieved a partial or complete response in their penultimate platinum regimen, and progressed >6 mo after completion of the last dose of platinum. Patients may be enrolled if their best response to the last line of treatment is no evidence of disease, complete or partial response, or stable disease. If patients have a known BRCA mutation, prior PARPi treatment is required. Patients who received bevacizumab in combination with their last platinum containing regimen are excluded. Patients are randomized 2:1 to UpRi or placebo, given IV Q4W. The primary endpoint is PFS assessed by BICR, with key secondary endpoint of OS. UP-NEXT is conducted in collaboration with ENGOT(Ov71-NSGO-CTU) and GOG(3049). ~350 patients will be enrolled globally. NCT05329545

Results N/A – trial in progress

Conclusion N/A – trial in progress

2022-RA-448-ESGO VENOUS THROMBOEMBOLIC DISEASE IN OVARIAN CANCER: INCIDENCE, IMPACT ON OVERALL SURVIVAL AND DEVELOPMENT OF A PREDICTIVE SCORE

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Introduction/Background Venous thromboembolism disease (VTE) is a major cause of morbidity and mortality in patients managed for ovarian cancer. The first objective of this study is to assess the incidence of thromboembolic events and the impact of VTE occurrence in ovarian cancer patients on overall survival (OS). The secondary objective is to identify predictive factors for VTE to establish a predictive nomogram at the time of ovarian cancer diagnosis.

Methodology A retrospective study from a prospective cohort of patients managed for ovarian cancer in the gynecologic oncologic surgery department of the Georges Pompidou European Hospital between January 2003 and December 2020 was performed. A survival analysis by Kaplan Meyer and Cox model and a multivariate logistic regression analysis were used. A nomogram to predict the risk of VTE at the time of ovarian cancer diagnosis was created.

Results Among the 615 patients included, the incidence of VTE was 17.7%. Of 109 VTEs identified, 77 (70.9%) were observed at the time of ovarian cancer diagnosis and 49.5% of patients were asymptomatic. Patients with VTE had a significantly shorter OS compared to patients without thromboembolic events (HR = 1.62, 95% CI 1.06 – 2.49, p =

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