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.

Abstract 2022-RA-437-ESGO

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; (C) serum benign versus malignant ovarian conditions comparison of IL-6 levels; (D) ascites benign versus malignant ovarian conditions comparison of IL-6 levels.

Introduction/Background

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Abstract 2022-RA-448-ESGO

VENOUS THROMBOEMBOLIC DISEASE IN OVARIAN CANCER: INCIDENCE, IMPACT ON OVERALL SURVIVAL AND DEVELOPMENT OF A PREDICTIVE SCORE

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 ≥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 their 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 BCR, 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

Introduction/Background

Veness 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% 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 =