Abstract 2022-RA-437-ESGO Figure 2   Forest 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) benign versus malignant ovarian conditions comparison 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 NAP2b-DIRECTED ANTIBODY DRUG CONJUGATE (ADC) IN PLATINUM-SENSITIVE RECURRENT OVARIAN CANCER

1Manosor Raza Mirza, 2David M. O'Malley, 3Philip Harter, 4Thomas J Herzog, 5Antonio Gonzalez-Martin, 6Caroline Rogalski, 6Robert A Burger, 7Debra L Richardson. 1Mansoor Raza Mirza, 2David M O’Malley, 3Philip Harter, 4Thomas J Herzog, 5Antonio Gonzalez-Martin, 6Caroline Rogalski, 6Robert A Burger, 7Debra L Richardson.
1Rigshospitalet, 2022-RA-448-ESGO
Cambridge, MA
Cincinnati, OH
University, Columbus, OH
–
Ohio State
University Hospital Copenhagen, Copenhagen, Denmark
–
University of Cincinnati, Cincinnati, OH
–
Clínica Universidad de Navarra, Madrid, Spain
–
Mersana Therapeutics, Cambridge, MA
–
Stephenson Cancer Centre-University of Oklahoma, Oklahoma City, OK

10.1136/ijgc-2022-ESGO.505

Introduction/Background UP-NEXT is a Ph3 study evaluating UpRi monotherapy as post-platinum maintenance therapy in recurrent POC, enrolling patients with NaP2b-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 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

1,2Alexandre Baillieul, 1Louise Benoit, 1Henri Azaïs, 1Enrica Bentivegna, 1Huyen-Thu Nguyen-Xuan, 1Amélie Bats, 1Meriem Koulal. 1Gynecologic and Breast Oncologic Surgery Department, Georges Pompidou European Hospital, APHP, HEGP, Paris, France; 2CHI Poley, Poley, France

10.1136/ijgc-2022-ESGO.506

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 =
Peritoneal carcinosis index, body mass index, moderate to severe renal failure, weight loss, ASA score and histological type were associated with the occurrence of VTE at the diagnosis of ovarian cancer. VTE predictive nomogram created in this population had good internal agreement (AUC = 0.81, CI95% 0.73 – 0.89).

Abstract 2022-RA-448-ESGO Figure 1  Nomogram predicting the likelihood of a thrombo-embolic event in patients with an ovarian cancer at the time of the diagnosis

Conclusion  The incidence of VTE is high during ovarian cancer management, with many asymptomatic events. The impact of VTE is unfavorable on OS. The use of a nomogram could allow an earlier screening and thus improve the management and prognosis of patients. These results raise the question of systematic screening and its modalities in this population.

Abstract 2022-RA-453-ESGO Figure 1

Conclusion In conclusion, a significant number of cases presenting omental cake might not be candidates for per primam cytoreduction and might need neoadjuvant chemotherapy.

Abstract 2022-RA-454-ESGO

Conclusion Krukenberg tumors are frequently encountered in the setting of digestive or breast cancer; however, in certain cases pulmonary origin can be also encountered.

Introduction/Background Omental tumoral transformation is frequently encountered in advanced stage ovarian cancer. Depending on the progression of the disease, in certain cases adjacent organs might be invaded and therefore, the chances of decreasing the completeness of cytoreduction are higher.

Methodology In the current paper we report the cases of 18 patients diagnosed with omental cake originating from ovarian cancer.

Results In two cases total omentectomy was associated with total hysterectomy and bilateral adnexectomy, peritoneectomy and lymph node dissection, in other two cases total colectomy was also associated, in one case a large enterectomy was associated while in another case partial cystectomy was imposed (figure 1). In the other 12 cases a massive invasion of the underlying loops was encountered and therefore the intervention was limited to a omental biopsy, the patients being further deferred to the oncology services in order to be submitted to neoadjuvant chemotherapy.