

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

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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 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 NAPI2B-DIRECTED ANTIBODY DRUG CONJUGATE (ADC) IN PLATINUM-SENSITIVE RECURRENT OVARIAN CANCER

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

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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 ≥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

^{1,2}Alexandre Bailleul, ¹Louise Benoit, ¹Henri Azaï, ¹Enrica Bentivegna, ¹Huyen-Thu Nguyen-Xuan, ¹Anne-Sophie Bats, ¹Meriem Koual. ¹Gynecologic and Breast Oncologic Surgery Department, Georges Pompidou European Hospital, APHP, HEGP, Paris, France; ²CHI Poissy, Poissy, France

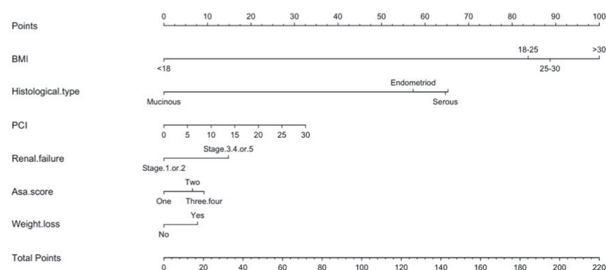
10.1136/ijgc-2022-ESGO.506

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 =

0.03). 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).



Nomogram predicting the likelihood of a thrombo-embolic event in patients with an ovarian cancer at the time of the diagnosis

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.

2022-RA-453-ESGO

IS OMENTAL CAKE ASSOCIATED WITH HIGHER RISKS OF INCOMPLETE DEBULKING SURGERY IN ADVANCED STAGE OVARIAN CANCER?

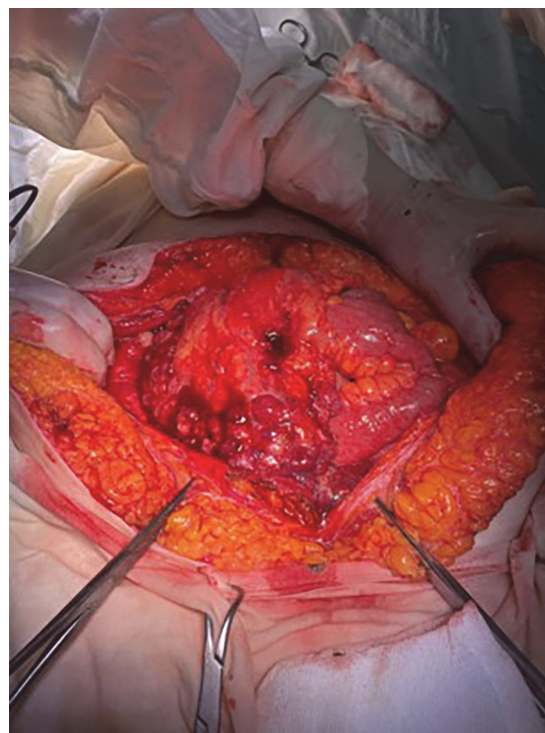
Nicolae Bacalbasa, Irina Balescu. *Carol Davila University, Bucuresti, Romania*

10.1136/ijgc-2022-ESGO.507

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, peritonectomy 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.



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.

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OVARIAN METASTASES FROM PULMONARY CANCER – REPORT OF TWO CASES

Nicolae Bacalbasa, Irina Balescu. *Carol Davila University, Bucuresti, Romania*

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

Methodology The aim of the current paper is to report two such cases.

Results The first case was the one of a 73 year old female who has been previously investigated for severe weight loss and dysphagia and who was diagnosed with a tumoral mass at the level of the mediastinum in association with a pulmonary nodule measuring 1,5 cm at the level of the left lung and with an ovarian tumor measuring 4/5 cm. the patient was submitted to a laparoscopic adnexectomy, the final diagnostic being of an ovarian pulmonary metastasis. The patient was further submitted to systemic chemotherapy in association with chest radiotherapy; at two year follow up she presented a significant decrease of the adenopathic mass, the disparition of the pulmonary nodule. The second case was the one of a 39 year old patient with previous history of