

Neoadjuvant chemotherapy should be reserved for those in whom optimal primary cytoreductive surgery is not feasible.

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OUTCOMES FOLLOWING STEREOTACTIC RADIOTHERAPY FOR BRAIN METASTASIS IN OVARIAN CANCER PATIENTS

¹Shira Peleg Hasson, ²Nicola Rosenfelder, ³Martin Brewer, ¹Angela George, ²Liam Welsh, ¹Susana Banerjee. ¹Gynae Unit, The Royal Marsden Foundation Trust, London, UK; ²Neuro-Oncology Unit, The Royal Marsden Foundation Trust, London, UK; ³Radiotherapy department, The Royal Marsden Foundation Trust, London, UK

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Introduction/Background Brain metastasis (BM), rare in ovarian cancer (OC), is associated with a median overall survival (OS) typically < 1 year. Treatment options include whole brain radiotherapy, stereotactic radiosurgery (SRS) or palliative care. The literature on outcomes following SRS in OC is limited. We report our institutional experience with SRS treatment for BM in an era of targeted therapies.

Methodology OC patients treated with SRS at The Royal Marsden Foundation Trust from 2016–2022 were included. We retrospectively evaluated clinical characteristics, radiation dose and fractionation and survival.

Results 21 OC patients underwent SRS for BM [median age 64 years (range 28–81), 71% FIGO stage III and 29% stage IV at diagnosis, median systemic treatment lines 2 (0–6), 2/21 prior PARP inhibitor]. 18.7% (3/16 patients tested) harboured a BRCA1/2 mutation. Median time from diagnosis to BM was 34 months (range 0–87.9). Neurological symptoms were present in 62% (13/21) of patients, however 19% (4/21) were asymptomatic, identified during screening for clinical trials. At time of BM diagnosis, five patients had BM only (24%) with no evidence of extra-cranial disease. Solitary BM was diagnosed in 38% (8/21) whereas multiple BM (range 2–7) were evident in 62% (13/22). Median treatment dose was 16–24 Gy/1 fraction and 21–24Gy/3 fractions. In 29% (6/21), platinum-based chemotherapy to treat extra-cranial disease was administered within 8 weeks after SRS. Median PFS from BM diagnosis to brain progression was 9.2 months (2.5–50.8), and median PFS from BM to systemic disease progression was 5 months (0–25.3 months). Median OS from SRS treatment was 16 months (1.1–49.7 months). Three patients (14.3%, all BRCA-mutated) received PARPi subsequently to SRS. Among this group mOS was 27 months (9–38).

Conclusion In this retrospective series, overall survival following SRS for BM diagnosis exceeds 1 year. Post SRS, systemic treatment should be considered for selected patients.

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PREOPERATIVE NEUTROPHIL LYMPHOCYTE RATIO IN ASCITES AS A PROGNOSTIC FACTOR IN EPITHELIAL OVARIAN CANCER

¹Jung Hyun Park, ¹Min Jin Jeong, ¹Chan Joo Kim, ²Yong Seok Lee. ¹The catholic university of Korea, Seoul, Korea, Republic of; ²Obstetrics and gynecology, The catholic university of Korea, seoul, Korea, Republic of

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Introduction/Background We investigated the clinical impact of NLR as a prognostic factor in malignant ascites in advanced ovarian cancer.

Methodology We retrospectively reviewed all of the patients who were diagnosed with advanced epithelial ovarian cancer and who presented with ascites. To maintain the quality of the study, only 92 patients with malignant cells in the ascites were included. Patients with clinically active infection in the time of paracentesis is excluded. If multiple times of paracentesis was done, we used initial result. Curves of DFS and OS were calculated using the Kaplan-Meier method, and univariate and multivariate analyses of various prognostic factors were performed using a Cox proportional hazard regression model.

Results In a univariate analysis, high serum NLR, malignant ascitic NLR were associated with shorter overall survival ($p < 0.001$, $p < 0.001$, respectively); moreover, age, Eastern Cooperative Oncology Group performance status (ECOG PS), histology, stage, hemoglobin level, albumin level, and calcium level were significant prognostic factors. A multivariable analysis confirmed that ECOG PS ($p < 0.001$), histology ($p = 0.001$), serum NLR ($p = 0.007$) and malignant ascitic NLR ($p = 0.012$) were independent predictors of overall survival.

Conclusion Our findings showed that an elevated preoperative NLR in serum and malignant ascites were associated with poor clinical outcome in ovarian cancer patients. Although further studies are required to generalize our results, this information will benefit clinicians and patients in determining the most appropriate therapy for patients with malignant ascites.

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DIAGNOSIS OF FIRST RELAPSE AND ITS IMPACT ON QUALITY OF LIFE IN PATIENTS WITH ADVANCED OVARIAN CANCER (AGO-OVAR 19/II)

¹Philipp Harter, ¹Beyhan Ataseven, ²Alexander Burges, ³Alexander Reuss, ⁴Stefan Kommos, ⁵Jalid Sehoul, ⁶Björn Lampe, ⁷Barbara Schmalfeldt, ⁸Pauline Wimberger, ⁹Ralf Witteler, ¹⁰Paul Buderath, ¹¹Uwe Herwig, ¹²Holger Bronger, ¹³Günter Emons, ¹⁴Maximilian Klar, ¹⁵Annette Hasenburger, ^{16,17}Nikolaus de Gregorio, ¹⁸Felix Hilpert, ¹Andreas du Bois, ²Sven Mahner. ¹Ev. Kliniken Essen-Mitte, Essen, Germany; ²University Hospital, LMU Munich, München, Germany; ³KKS, Philipps-University, Marburg, Germany; ⁴University Hospital Tübingen, Tübingen, Germany; ⁵Campus Virchow, Charité, Berlin, Germany; ⁶Kaiserswerther Diakonie, Düsseldorf, Germany; ⁷UKE Hamburg, Hamburg, Germany; ⁸University Hospital, TU Dresden, Dresden, Germany; ⁹University Hospital Münster, Münster, Germany; ¹⁰University Hospital Essen, Essen, Germany; ¹¹Albertinen Krankenhaus Hamburg, Hamburg, Germany; ¹²Klinikum rechts der Isar, München, Germany; ¹³University Hospital Göttingen, Göttingen, Germany; ¹⁴University Hospital, Faculty of Medicine, Freiburg, Germany; ¹⁵University Hospital Mainz, Mainz, Germany; ¹⁶University Hospital Ulm, Ulm, Germany; ¹⁷SLK-Kliniken Heilbronn, Heilbronn, Germany; ¹⁸Mammazentrum HH am Krankenhaus Jerusalem, Hamburg, Germany

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Introduction/Background Maintenance or improvement of health-related quality of life (QoL) is a major goal for patients with advanced ovarian cancer (OC). QoL is influenced by symptoms on the one and effects of surgical and systemic treatment on the other side. In addition, QoL is also an important patient centered endpoint in trials to support endpoints such as progression-free survival (PFS). This analysis evaluates the impact of the diagnosis of first relapse on QoL.

Methodology Patients with primary OC were included before start of treatment. QoL was assessed by the cancer-specific questionnaires EORTC QLQ-C30 and QLQ-OV 28 and the generic EQ-5D 3L at baseline and every 3 months thereafter. QoL data within 100 days before and after the first relapse were compared (part 2 of NCT02828618). We report model-