and secretion of COL5A2. COL5A2 can activate FAK/PI3K/AKT signaling pathway of ovarian cancer cells by combining with ITGAV on the surface of ovarian cancer cells, thus promoting the proliferation, migration and invasion of ovarian cancer.

Abstract 2022-RA-830-ESGO Figure 1

Conclusion Ovarian cancer cells activate CAFs and promote their expression and secretion of COL5A2 by secreting exosomes carrying ITGB1. COL5A2, which is widely expressed and secreted, can act as the signal molecule feedback on ovarian cancer cells to promote the proliferation, migration and invasion of ovarian cancer.

2022-RA-835-ESGO AGO-OVAR 2.34/MIROVA: A RANDOMIZED PHASE II TRIAL OF MIRVETUXIMAB SORAVTANSINE (IMGN853), IN FOLATE RECEPTOR ALPHA (FRα) HIGH RECURRENT OVARIAN CANCER ELIGIBLE FOR PLATINUM-BASED CHEMOTHERAPY

1Fabian Trillsch, 2Fabienné Schochter, 3Jong-Won Park-Simon, 4Alexander Reuß, 5Tanja Fehm, 6Pauline Wimberger, 7Holger Bronger, 8Barbara Schmalfeldt, 9Jalid Sehouli, 10Frederik Marmé, 11Florian Heitz, 12Michaela Fredrich, 12Stefanie Barth, 1360% in the FRα medium/high (>50% PS2+) subset of 10 patients was noted. MIRV is well-tolerated with a manageable safety profile.

Methodology Eligible patients for this multicenter, randomized, two-arm, open-label, comparative phase II trial have recurrent, FRα high epithelial cancer of the ovary, fallopian tube or peritoneum and measurable disease. Patients are eligible for platinum-based chemotherapy, had at least one prior chemotherapy, but are not candidates to receive bevacizumab. Patients with wildtype BRCA1/2 mutation status and patients with a deleterious mutation and prior PARPi therapy can be included. Following pre-screening for high FRα expression, 136 patients are randomized (1:1) to a) experimental arm: Carboplatin + MIRV 6 mg/kg IV d1 (6 cycles q21d) followed by MIRV monotherapy until disease progression or b) control arm: Platinum-based chemotherapy (6 cycles) followed by PARPi or standard of care. The primary endpoint PFS will be assessed by modified RECIST 1.1. Key secondary endpoints include overall survival, ORR, and quality of life. NCT04274426

Results Enrolment started.

Conclusion Trial in Progress.

2022-VA-836-ESGO ROBOT ASSISTED LAPAROSCOPIC STAGING SURGERY IN EARLY STAGE OF OVARIAN CANCER

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Introduction/Background Minimally invasive staging surgery is considered as a new standard surgical modality in early stage ovarian cancer. Especially, Robot-assisted surgery is an advanced form to overcome the limitations of conventional laparoscopic surgery, providing steady three-dimensional vision and articulated instruments without tremor and a shorter learning curve. This video aims to demonstrate the robot assisted laparoscopic staging surgery in early stage of ovarian cancer.

Methodology A 54 years old woman presented with an ovarian cyst suspected to fibroma or granulosa cell tumor on CT scan and elevated CA 125 level. And she was diagnosed with ovarian malignancy, serous carcinoma, after diagnostic laparoscopy. And she was diagnosed with ovarian malignancy, serous carcinoma, and CT scan and elevated CA 125 level. And she was diagnosed with ovarian malignancy, serous carcinoma, after diagnostic laparoscopy. PET-CT scan showed no enlarged lymph node nor abnormal finding in peritoneal cavity. To determine FIGO stage of ovarian cancer, we performed Robot assisted staging surgery including total laparoscopic hysterectomy, omentectomy, bilateral pelvic lymph node dissection and para-aortic lymph node dissection (level 4). We used the da Vinci Xi multi-port surgical platform (Intuitive Surgical, Inc., CA, USA) and three robotic instruments: fenestrated bipolar forceps, monopolar curved scissors and prograsp forceps (Intuitive Surgical).

Results The final diagnosis was FIGO stage IA of high grade ovarian serous carcinoma (grade 3). The total operation took 375 minutes and the patient was discharged in five days after surgery without postoperative complications.