impact of scientific-based geriatric, psychological and functional assessments based on mental, emotional, disease-related and patient-reported outcome measures (PROM), as well as to assess clinicopathological and disease-related variables. Based on this evidence, a predictive score will be developed. In a second stage of the study, we also plan to evaluate its predictive power to identify those fragile patients who will interrupt or discontinue recurrent chemotherapy within the first 12 weeks of therapy.

Results / Conclusion /
IQR) of -160 (-297; 35.2) in the total cohort, -272 (-376; -122) in arm A, 105 (-109; 221) in arm B and -160 (-663; -109) in arm C, p=0.008. High chitinase response was associated with high CA-125 ELIMination rate constant K (KELIM), a marker of chemosensitivity (Fisher exact test, p=0.042).

Conclusion Chitinase activity should not be considered, in the context of ovarian cancer as an aging biomarker, but chitinase response appears as a promising marker of chemosensitivity.

**Abstract 2022-RA-1094-ESGO IMPLEMENTATION OF A TRI-MODAL PREHABILITATION INTERVENTION – KORE-INNOVATION: THE FIRST PROSPECTIVE CLINICAL TRIAL TO ASSESS A PERIOPERATIVE PATHWAY TO REDUCE POSTOPERATIVE COMPLICATIONS IN OVARIAN CANCER PATIENTS**

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10.1136/ijgc-2022-ESGO.630

Introduction/Background The effectiveness of prehabilitation in improving physical capacity for patients undergoing surgery has been shown for patients in orthopedic, abdominal, or cardio-surgical operations. Ovarian cancer patients have an exceptionally high risk for severe postoperative complications due to the extent of the surgical treatment, often including multi-visceral resection. We report our first experiences of implementing a tri-modal prehabilitation intervention as part of the KORE-INNOVATION trial.

Methodology KORE-INNOVATION is an ongoing clinical trial to implement and assess an innovative perioperative care pathway to reduce complications (primary endpoint) for patients undergoing surgery for ovarian cancer through the implementation of a prehabilitation strategy combined with the ‘enhanced recovery after surgery’ (ERAS)-pathway. The prehabilitation intervention consists of three modules: a personalized empowerment intervention, a personalized physical exercise program-, and a personalized metabolic screening and

**Abstract 2022-RA-1094-ESGO Figure 1**

**2022-RA-1092-ESGO IDENTIFICATION AND VALIDATION OF MICRONAS AS ENDOGENOUS CONTROLS IN EPITHELIAL OVARIAN CANCER**

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10.1136/ijgc-2022-ESGO.631

Introduction/Background MicroRNAs (miRNAs) are small non-coding RNA molecules regulating gene expression that may have diagnostic potential by being associated with different diseases, including epithelial ovarian carcinomas (EOC). However, there is a lack of consensus how to accurately quantify miRNA levels, which hinders their implementation in diagnostics. Real-time qRT-PCR is often considered as the golden method; however, the results might be biased by various handling of missing data and normalization approaches. Only a few studies have been published to date on the identification of endogenous miRNA controls in EOC. Therefore, our aim was to identify stable endogenous controls based on, previously published- and three public miRNA-microarray datasets and verify their stability in a new cohort of EOC patients. Moreover, our goal was to compare different missing data and normalization approaches to investigate their impact on the results.

Methodology Following RNA extraction from formalin-fixed paraffin embedded tissues from 80 high-grade EOC patients, a custom designed panel of 48 miRNAs was investigated by RT-qPCR and analyzed by applying various strategies regarding missing data (a listwise/pairwise deletion, mean substitution, replacing non-detects with a Cp value of 40, multiple imputation), choosing stable endogenous controls (GeNorm, BestKeeper, NormFinder, the comparative ΔCt method and ReFinder) and normalization based on endogenous controls, spike-ins or global mean.

Results We identified 20 endogenous control candidates by combining miRNA microarray data analyses of four datasets and literature screening. Among these candidates, hsa-miR-101-3p, hsa-miR-191-5p, and hsa-miR-193a-5p were subsequently validated as most stable in 80 EOC patients. Moreover, we present how different approaches of data handling affect results, e.g. common practice of setting missing Cp values to 40 might lead to large (likely false) differences in miRNA expression between patients.

Conclusion Our data demonstrated the challenge of miRNA qRT-PCR data analysis and the need for standardization if comparison/conclusions across datasets are performed.