

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 /

2022-RA-1084-ESGO ONCOLOGICAL OUTCOMES IN PATIENTS HAVING NEOADJUVANT CHEMOTHERAPY WHO DO NOT UNDERGO INTENDED INTERVAL DEBULKING SURGERY

¹Si Liang Yao, ¹Megan Simpkins, ²Liadin Rider, ³Jiexin Cao, ⁴Camilla Underwood, ²Monica Tryczynska, ²Anuluwa Ajakaiye, ⁴Tineke Vergeldt, ⁴Rachel Jones, ⁵Louise Hanna, ²Kenneth Lim, ²Aarti Sharma, ⁴Kerryn Lutchman-Sing, ³Rosalind Jones, ³Richard Peevor, ⁶Abigail Hayward, ²Sadie Jones, ²Adam Naskretski. ¹Cardiff University, Cardiff, UK; ²University Hospital of Wales, Cardiff, UK; ³Ysbyty Gwynedd Hospital, Bangor, UK; ⁴Singleton Hospital, Swansea, UK; ⁵Velindre Hospital, Cardiff, UK; ⁶NHS Wales Health Collaborative, Cardiff, UK

10.1136/ijgc-2022-ESGO.629

Introduction/Background A common treatment approach for patients with FIGO stage III/IV ovarian cancer is neoadjuvant chemotherapy (NACT) with interval debulking surgery (IDS) with subsequent adjuvant chemotherapy. However, not all patients undergo the intended surgery for multiple reasons. Outcome data for these patients is limited, however, reduced survival has been reported in literature. This study aimed to assess and compare the oncological outcomes of patients who did not undergo IDS following NACT for stage III/IV ovarian cancer in Wales.

Methodology The Wales Cancer Network identified all patients with stage III/IV ovarian cancer scheduled for NACT across the three Cancer centres in Wales in 2018 and 2019. The Welsh Clinical Portal and CANISC were used to gather data on patients' demographics, disease stage, treatment plans, complications, reasons for not having surgery, and oncological outcomes.

Results 197 patients were included, of which 128 (65%) underwent surgery and 69 (35%) did not. Across Wales, the patients who had surgery were on average younger (64.2 vs 70.8 years), had fewer comorbidities (average 2.7 vs 3.0), a better performance status at diagnosis (average 0.8 vs 1.5), but had the same average BMI (28.9) compared to those who did not. The majority of patients who underwent surgery had zero complications (58.6%). Across Wales, 99.13%, 93.91%, 74.78%, and 58.26% of patients who underwent IDS survived at 6, 12, 24, and 36 months respectively, compared to 90.00%, 73.33%, 40.00%, and 20.00% who did not ($p=0.0034, 0.0001, 0.0001, 0.0001$ respectively).

Conclusion Across Wales, 35% of women with stage III/IV ovarian cancer did not undergo their intended surgery after NACT. In this retrospective cohort, the survival was lower in those who did not have surgery. Common reasons for not

proceeding with surgery included disease progression, fitness for surgery, and patient choice.

2022-RA-1088-ESGO CHITINASE RESPONSE AFTER 3 CYCLES OF CHEMOTHERAPY AS A PROMISING MARKER OF CHEMOSENSITIVITY AN ANCILLARY ANALYSIS OF THE GINECO-ENGOT EWOC-1 TRIAL

^{1,2,3}Karim Chikh, ^{4,5}Charlotte Cuercq, ⁶Marie Valero, ⁷Olivier Colombar, ⁸Aude-Marie Savoye, ⁹Dominique Berton, ¹⁰Laëtitia Stefani, ¹¹Michel Fabbro, ¹²Cyriac Blonz, ¹³Olivier Tredan, ¹⁴Margot Noblecourt, ¹⁵Oana Cojocarasu, ¹⁶Delphine Mollon-Grange, ¹⁷Fabrice Barlesi, ¹⁸Eric Pujade-Lauraine, ¹⁹Gilles Freyer, ²⁰Benoit You, ²¹Hubert Vidal, ²²Claire Falandry. ¹Laboratoire de Biochimie et Biologie Moléculaire – Centre Hospitalier Lyon Sud, Lyon, France; ²ISPB, Faculté de Pharmacie de Lyon- UCBL1, Lyon, France; ³Laboratoire CARMEN INSERM U1060, INRA U1397, Université Lyon 1, INSA Lyon, Oullins, France; ⁴Biochemistry Department, Hospices Civils de Lyon, Pierre-Benite, France; ⁵INSERM U1060, INRA UMR 1397, INSA-Lyon, CarMeN Laboratory, Université Lyon 1, Pierre-Benite, France; ⁶Hôpital Lyon-Sud -Hospices Civils de Lyon, Lyon, France; ⁷Université Lyon, Université Claude Bernard Lyon 1, Faculté de Médecine Lyon-Sud, EA UCBL/HCL 3738 CICYL, Lyon, France; ⁸Institut Jean Godinot, Reims, France; ⁹Institut de Cancérologie de l'Ouest (ICO), Saint-Herblain, France; ¹⁰GINECO and Centre Hospitalier Annecy Genevois, Pringy, France; ¹¹GINECO and Institut du Cancer de Montpellier, Montpellier, France; ¹²Hôpital Privé du Confluent S.A.S., Nantes, France; ¹³GINECO and Centre Léon Bérard, Lyon, France; ¹⁴GINECO and Centre Hospitalier de Cholet, Cholet, France; ¹⁵Centre Hospitalier du Mans, Le Mans, France; ¹⁶CH CORNOUAILLE, Quimper, France; ¹⁷Gustave ROUSSY, Villejuif, France; ¹⁸ARCAGY-GINECO, Paris, France; ¹⁹GINECO and Centre Hospitalier Lyon-Sud, Lyon, France; ²⁰Medical Oncology, Institut de Cancérologie des Hospices Civils de Lyon (IC-HCL), CITOHL, Université Lyon, CICYL and GINECO, Lyon, France; ²¹Laboratoire CarMeN INSERM U.1060/Université Lyon1/INRAE U. 1397/Hospices Civils Lyon Bâtiment CENS-ELI 2D Hôpital Lyon Sud Secteur 2, Pierre-Benite, France; ²²Geriatrics, Hospices Civils de Lyon – Centre Hospitalier Lyon Sud, Saint-Genis-Laval, France

10.1136/ijgc-2022-ESGO.630

Introduction/Background Older patients with ovarian cancer have poor outcomes; the geriatric vulnerability score (GVS) was validated as a prognostic factor for survival. During aging the circulating Chitinase 3-like-1 (CHI3L1), and its related chitinase enzymatic activity increase, leading to propose them as 'aging biomarkers'. However, recent data supported the implication of chitinase-like proteins in the proliferation of several cancers. The EWOC-1 trial (NCT02001272) showed a lower efficacy of the carboplatin monotherapy (Cmono) arm compared to carboplatin-paclitaxel (CP) in vulnerable patients; a serum sampling was provided on inclusion, after 3 and 6 courses of chemotherapy for the measurement of chitinase activity in each arm (A: standard CP; B: Cmono; C: 3weeks/4 CP), to identify whether its association with patients' outcomes and inversely, the differential impact of the distinct treatment regimens on it.

Methodology Chitinase activity was assessed as previously published. Were analyzed both its absolute value on inclusion ('chitinase baseline') and its kinetics after 3 chemotherapy courses ('chitinase response').

Results Serum samples could be retrieved for 46/120 patients on inclusion and 33 after 3 chemotherapy courses. Chitinase baseline median activity (in U/L, IQR) was 1727.9 (1459.3; 1878.3) at inclusion, similar in the 3 arms; no association was shown with any of the geriatric vulnerability parameters, nor the GVS, nor overall survival. Chitinase response was significantly different in the 3 arms, with a median (in U/L,

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.

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

¹Joanna Lopacinska-Joergensen, ¹Patrick HD Petersen, ¹Douglas VNP Oliveira, ²Claus K Hoegdall, ¹Estrid Hoegdall. ¹Herlev and Gentofte Hospital, Department of Pathology, Herlev, Denmark; ²Department of Gynaecology, Juliane Marie Centre, Rigshospitalet, University of Copenhagen, Copenhagen, Denmark

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 candidates based on own, 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, Best-Keeper, NormFinder, the comparative ΔCt method and RefFinder) 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.

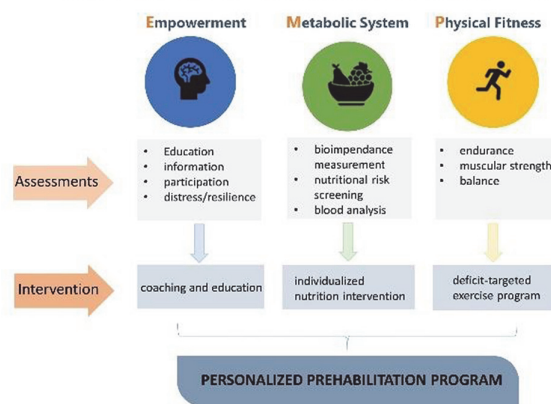
2022-RA-1094-ESGO IMPLEMENTATION OF A TRI-MODAL PREHABILITATION INTERVENTION – KORE-INNOVATION: THE FIRST PROSPECTIVE CLINICAL TRIAL TO ASSESS A PERIOPERATIVE PATHWAY TO REDUCE POSTOPERATIVE COMPLICATIONS IN OVARIAN CANCER PATIENTS

¹Melisa Guelhan Inci-Turan, ¹Marlene Lee, ¹Magdalena Rattunde, ²Stephanie Schneider, ²Eva Schnura, ¹Julia Klews, ³Manuela Bergjan, ⁴Engi Algharably, ⁵Adak Pirmorady Sheouli, ⁶Anett Reißbauer, ¹Barbora Knappe-Drzikova, ⁷Lena Zwanzleitner, ⁸Stephanie Roll, ⁸Thomas Reinhold, ²Philipp Harter, ¹Jalid Sheouli. ¹Department of Gynecology with Center for Oncological Surgery, Charité Universitätsmedizin Berlin, Berlin, Germany; ²Department of Gynecology and Gynecological Oncology, Evangelische Kliniken Essen Mitte, Essen, Germany; ³Department of Nursing Directorate, Charité Universitätsmedizin Berlin, Berlin, Germany; ⁴Institute for Clinical Pharmacology and Toxicology, Charité Universitätsmedizin Berlin, Berlin, Germany; ⁵Department of Psychosomatic Medicine, Charité Universitätsmedizin Berlin, Berlin, Germany; ⁶Department of Physical Medicine and Rehabilitation, Charité Universitätsmedizin Berlin, Berlin, Germany; ⁷Techniker Krankenkasse, Hamburg, Germany; ⁸Institute for Social Medicine, Epidemiology and Health Economics, Charité Universitätsmedizin Berlin, Berlin, Germany

10.1136/ijgc-2022-ESGO.632

Introduction/Background The effectiveness of prehabilitation in improving physical capacity for patients undergoing surgery has been shown for patients in orthopedic, abdominal, or cardiological surgeries. 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.

Tri-modal Prehabilitation - EMP



Abstract 2022-RA-1094-ESGO Figure 1

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