2022-RA-1140-ESGO RARE OVARIAN TUMORS NOT A RARITY ANYMORE

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Introduction/Background Angiosarcoma of ovary is extremely rare tumour, contributes to approximately 1% of ovarian malignancy. It is highly aggressive tumour associated with poor prognosis. Very few cases of this malignancy are reported in literature till now.

Methodology

Results A 34 yr old P2L2 lady presented to gynaecologic OPD with complaints of pain & distension of abdomen since 1 month. After examination, investigations (tumour markers, USG and CECT abdomen & pelvis) and detailed work up provisional diagnosis of malignant ovarian tumour was made. She underwent staging laparotomy with cytoreductive surgery. Intraoperatively left solid cystic ovarian mass of around 9x8 cm with hemorrhagic fluid was noted. On combined, HPE and IHC (CD 31) final diagnosis of angiosarcoma stage 1c1 was made. Patient is planned for radiotherapy and chemotherapy

Conclusion Diagnosis of angiosarcoma of ovary is still challenging due to non-specific clinical presentation, highly malignant and rapid progression of tumour. Imaging modalities like USG, CT scan and MRI are diagnostic tools but for definite diagnosis, HPE and IHC are required. Surgical resection, radiotherapy and chemotherapy are mainstay of treatment but the main concern is poor prognosis.

2022-VA-1146-ESGO CONSERVATIVE ENDOSCOPIC MANAGEMENT OF A COLORECTAL LEAKAGE IN ADVANCED OVARIAN CANCER

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Introduction/Background Anastomotic leakage in advanced ovarian cancer is a major concern. Relaparotomy, washings and a protective stoma may be the solution in most cases. However, in some selected patients, with leaks collected to the pelvis, a conservative management can be done. In this case we performed a conservative endoscopic management in two times. First, we drained the collection, and then we sutured the defect endoscopically

Methodology Video edited

Results

Conclusion

2022-RA-1148-ESGO MUTATIONAL SIGNATURE 3 IDENTIFIES HRD AND PREDICTS CLINICAL OUTCOME IN ADVANCED HIGH GRADE SEROUS OVARIAN CANCER

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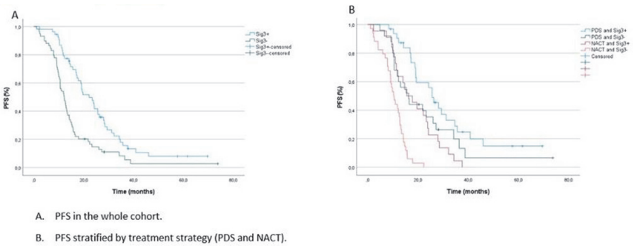
Introduction/Background Approximately 50% of high grade serous ovarian cancers (HGSC) are considered to have homologous recombination deficiency (HRD). Tumors with HRD are markedly sensitive to platinum-based chemotherapy and Poly-ADP Ribose Polymerase inhibitors (PARPi). Signature 3 (Sig3) is a mutational signature that is strongly associated with BRCA 1/2 mutations and considered as HRD signature. In the current analysis, we aim to evaluate whether whole genome sequencing (WGS) -based Sig3-test can reliably predict clinical outcome.

Methodology This prospective trial was conducted in Turku University Hospital, Finland. Patients (n=116) with HGSC and stages III-IV were included. DNA was extracted from fresh tissue samples (n=279). Signature analyses were performed by fitting COSMIC v3.2 reference signature 3 to the WGS data of samples with matched normals, and cosine similarity was used to compare mutational profiles to the reference signature. Patients were divided into two subgroups: positive Sig3 status (Sig3+) or negative Sig3 status (Sig3-). Sig3+ was defined as HRD.

Results In all, 56 patients were Sig3+, and 60 patients were Sig3-. Sig3- patients were older (the median age was 72 vs. 65 years, p=0.001). Progression-free survival (PFS) and overall survival (OS) were significantly better in patients with Sig3+ (figure 1). The median PFS was 22.1 months for Sig3+ patients and 12.2 months for Sig3- patients. The median OS was 49.8 months and 31.4 months, respectively. Sig3- patients had worse primary therapy outcome (table 1). Sig3- predicted worse PFS (HR 2.20, CI 1.39–3.46, p<0.001) in multivariate Cox regression analysis. Additionally, NACT patients had worse PFS compared to PDS patients (HR 2.97, CI 1.86–34.74, p<0.001).



Abstract 2022-RA-1148-ESGO Figure 1 Progression-free survival