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

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10.1136/ijgc-2022-ESGO.649

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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10.1136/ijgc-2022-ESGO.650

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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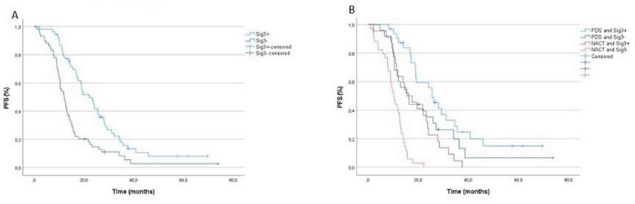
10.1136/ijgc-2022-ESGO.651

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).



A. PFS in the whole cohort.
B. PFS stratified by treatment strategy (PDS and NACT).

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

Abstract 2022-RA-1148-ESGO Table 1 Responses to 1st line treatment

	Sig3+		Sig3-		p-value
	N	%	N	%	
All patients	56		60		
Primary therapy outcome					0.025
Complete response	38	69.1	28	47.5	
Partial response	15	27.3	19	32.2	
Stable disease			3	5.1	
Progressive disease	2	3.6	9	15.3	
No data	1		1		
Platinum-free interval					<0.001
<6 months	11	20.4	30	50.8	
6–12 months	9	16.7	17	28.8	
>12 months	34	16.7	17	28.8	

Conclusion Mutational signature 3 test can identify reliable cancers with HRD. Sig3 status predicts treatment outcome and overall survival. Further studies are needed to evaluate clinical validity of Sig3-based assay for predicting PARPi benefit.

2022-RA-1149-ESGO OXALIPLATIN-BASED TREATMENTS ARE CURRENTLY A VALID THERAPEUTIC OPTION IN HEAVILY PRETREATED OVARIAN CANCER PATIENTSWITH HYPERSENSITIVITY REACTIONS (HRS) TO CARBOPLATIN IN THE ANTIANGIOGENICS AND PARPI ERA

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10.1136/ijgc-2022-ESGO.652

Introduction/Background Oxaliplatin, in the era prior to anti-angiogenics and PARPi therapies, demonstrated activity in patients (pts) with ovarian cancer (OC) in phase I, II and III studies. Oxaliplatin may play a role in pts with hypersensitivity reactions (HRs) to carboplatin.

Methodology Single-institution retrospective experience (2004–2022) in terms of efficacy and safety with oxaliplatin in recurrent OC, especially in pts with HRs to carboplatin.SPSS version 22.0 was used for statistical analyses

Results 68 pts were treated with oxaliplatin (monotherapy, 25%, in combination 75%, mostly with gemcitabine (56.4%) or paclitaxel (15,1%). Pts and disease characteristics are shown in Table 1. Median progression free survival (mPFS) and overall survival (mOS) were 3 and 13 months (m), respectively. There was no difference between platinum-resistant and platinum-sensitive in terms of PFS, but there was a benefit in mOS in platinum-sensitive disease (13 vs 6 m). Pts who attained controlled disease with oxaliplatin showed a mPFS of 6 months and mOS of 15 months. 45.9% of patients had experienced prior HRs to carboplatin; 67% of them did not require desensitization to oxaliplatin. However, 17.8% of the patients suffered HRs to oxaliplatin. PARPi before oxaliplatin was used in 5 pts. Of them, two stable diseases were achieved with no objective responses. Pts with clinical benefit to oxaliplatin and who had received prior bevacizumab had a 64% lower risk of progression (HR 0.36 IC 95% 0.169–0.800,p 0.012), and patients with no benefit from oxaliplatin had a better outcome with the previous use of bevacizumab (HR 0.20, IC 95% 0.064 – 0.679,p=0.009). Grade 3/4 toxicity was observed in 36.8%, mainly hematological and gastrointestinal toxicity.

Abstract 2022-RA-1149-ESGO Table 1

Table 1. Patients' (n=68) and disease's characteristics	
Median age (years and range)	59 34-80)
Histology:	
- Serous, papillary, serous-papillary	45 (66.2%)
- Others (Undifferentiated, Endometroid, mucinous, unknown...)	23 (33.8%)
Grade:	
- Low grade	4 (5.9%)
- High grade	57 (83.8%)
- Unknown	7 (10.3%)
BRCA status	
- Wildtype	30 (44.1%)
- BRCA 1 mutated	3 (3%)
- BRCA2 mutated	1 (1.5%)
- Unknown/not performed	34 (50%)
Hypersensitivity reactions to carboplatin	28 (45.9%)
Disease status (before oxaliplatin)	
- Platinum sensitive	30 (44.1%)
- Partially sensitive	12 (17.6%)
- Platinum resistant	26 (38.2%)
Median prior chemotherapy lines	5 (1-12)
Median prior platinum regimens	3 (1-7)
Prior Bevacizumab	36 (52.9%)
Prior PARPi	5 (7.4%)
Median cycles of oxaliplatin	4 (1-9)
Disease response to oxaliplatin	
- Complete response	1 (1.5%)
- Partial response	16 (23.5%
- Stable disease	20 (29.4%)
- Progression	24 (35.3%)
- Unknown	7 (10.3%)
Disease response in platinum-sensitive disease	
- Complete response	1 (2.4%
- Partial response	12 (28.6%)
- Stable disease	12 (28.6%)
- Progression	12 (28-6%)
- Unknown	5 (11.9)
Disease response in platinum-resistant disease	
- Partial response	4 (15.4%)
- Stable disease	8 (30.8%)
- Progression	12 (46.2%)
- Unknown	2 (7.7%)

Conclusion Oxaliplatin improves PFS and OS in pts with OC recurrent setting, in particular in those pts not candidates to receive carboplatin-based regimens mainly due to HRs. Oxaliplatin is currently a valid treatment.

2022-RA-1156-ESGO VALIDATION OF PERITONEAL CANCER INDEX (PCI) SCORE AS A NON-INVASIVE TOOL FOR SURGICAL RESECTABILITY IN ADVANCED OVARIAN CANCER PATIENTS IN A TERTIARY CARE CENTER OF PAKISTAN

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10.1136/ijgc-2022-ESGO.653