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### THE PROGNOSTIC IMPACT OF PREOPERATIVE LMR OF THE BODY FLUID IN PATIENTS WITH EPITHELIAL OVARIAN CANCER

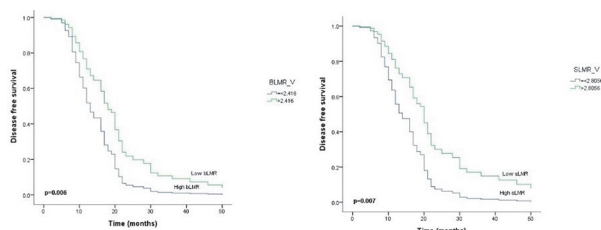
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**Introduction/Background** The cumulative results indicate that the lymphocyte to monocyte ratio of serum (sLMR) is a useful prognostic factor in patients with various cancers. In contrast to peripheral blood, the body fluid is in direct contact with the pelvic lesion. However, no study has reported on the clinical utility of the LMR of body fluid (bLMR) for patients with epithelial ovarian cancer. To investigate the clinical utility of the bLMR as a prognostic factor in patients with ovarian cancer, we conducted a retrospective review of the prospectively collected data.

**Methodology** 92 patients with ovarian cancer treated in eight multicenter institutions over the last 20 years were retrospectively analyzed.

**Results** A multivariable analysis confirmed that histologic grade ( $p < 0.001$ ), optimal debulking ( $p < 0.001$ ), serum LMR ( $p = 0.007$ ) and malignant body fluid LMR ( $p = 0.006$ ) were independent predictors of recurrence.



Abstract 2022-RA-1215-ESGO Figure 1

**Conclusion** Although further studies are required to apply our results clinically, this is the first study to show the clinical value of the bLMR in patients with epithelial ovarian cancer.

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### GERM CELL TUMOURS: RELEVANCE OF PROMPT DIAGNOSIS

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**Introduction/Background** Germ cell tumours of the ovary are a rare entity, encountered mainly in teenagers and young women of less than 35 years old. There are no big or randomized studies. These are rapidly growing tumours and highly malignant, however the prognosis is good in both early and late stages as the tumours respond well to chemotherapy. Delayed diagnosis may have a negative impact on the prognosis.

**Methodology** We report 3 cases of germ cell tumours, two of dysgerminoma, 28 and 34 years old, and one of yolk sac

tumour, 22 years old along with their clinical presentation, histopathological features, diagnosis, and individualised management depending on the stage of the disease at diagnosis.

**Results** To date all patients remained asymptomatic after their surgical and chemotherapeutical treatment, with no evidence of recurrent disease.

**Conclusion** This case series reviews key aspects for early and prompt diagnosis and rapid treatment which has a significant impact on the prognosis. Pain and discomfort caused by a pelvic mass should lead to several differential diagnoses, and a positive pregnancy test should not be assumed as a pregnancy only. Germ cell tumours can be extremely aggressive and require prompt referral and early surgical and chemotherapy treatment depending on the individual scenario, in highly specialised cancer centres.

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### CORRELATION BETWEEN THE IMMUNOCYTOCHEMISTRY OF THE FALLOPIAN TUBE CELLS AND THE PATHOLOGICAL FINDINGS OF THE IPSILATERAL OVARY

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**Introduction/Background** Ovarian cancer is the most lethal gynecological malignancy. The high mortality rate is a consequence of delayed diagnosis due to the lack of screening and early diagnostic methods. Based on the recent theory that the majority of the gynecological extrauterine high grade serous carcinomas originate from the fallopian tube, we aimed to evaluate the correlation between epithelial carcinoma of the ovary and the immunocytochemistry of the ipsilateral fallopian tube cells.

**Methodology** Our research protocol is ongoing and is designed to include at least 115 patients undergoing salpingoophorectomy or total hysterectomy and salpingoophorectomy for any ovarian pathology. Ex vivo fallopian tube cytology smears are obtained utilizing a cytology brush and are placed in both microscopic slides and ThinPrep solution. The fallopian tube cytology samples are classified as benign, atypical or malignant. The cytological samples are also evaluated with immunocytochemistry for p53 protein and PAX-8 biomarker. The pathologic evaluation of the fallopian tubes follows the SEE-Fim protocol.

**Results** We have collected 40 fallopian tube cytological samples. Among the cases enlisted so far, 42.5% (17/40) refer to malignant ovarian carcinomas (9 HGSC, 2 LGSC, 4 endometrioid, 1 clear cell and 1 non-Hodgkin lymphoma) out of which, 58.8% (10/17) is both p53 and PAX-8 positive, 29.4% (5/17) is negative in immunocytochemistry, whereas 11.7% (2/17) shows positivity in one biomarker only. The benign arm represents the 52.5% of our cases (21/40) and the vast majority 85.7% (18/21) demonstrates negative immunocytochemistry. However, 3 cases of cystadenomas were found positive in p53 protein. Our results in borderline tumors are inconclusive, as the one is positive in both markers and the other negative.