2022-RA-1215-ESGO THE PROGNOSTIC IMPACT OF *PREOPERATIVE LMR*OF THE BODY FLUID IN PATIENTS WITH EPITHELIAL OVARIAN CANCER

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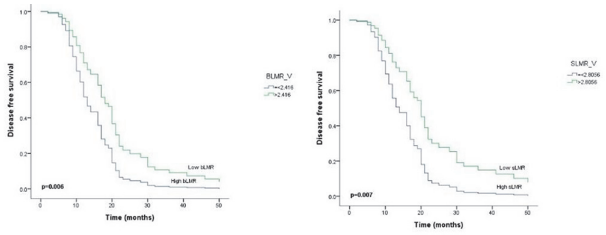
Introduction/Background The cumulative results indicate that the lymphocyte to monocyte ratio of serum (sLMR) is a useful prognostic factor in patients with various cancers. In contrast to peripheral blood, the body fluid is in direct contact with the pelvic lesion. However, no study has reported on 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=o. oo7) 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.

2022-RA-1222-ESGO 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.

2022-RA-1225-ESGO 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.

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Conclusion The combination of cytology and immunocytochemistry of the fallopian tube smear could be used as a promising diagnostic tool for ovarian, fallopian tube and peritoneal carcinoma. Further evaluation with larger sample size is warranted.

2022-RA-1235-ESGO ADULT OVARIAN GRANULOSA CELL TUMORS: CLINICAL AND IMAGING FINDINGS CHARACTERISTICS OF A TUNISIAN POPULATION SAMPLE

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Introduction/Background Adult-type granulosa cell tumor (GCT) is a rare subtype of ovarian cancer. It derlves from sex cord stromal cells of the ovary. The incidence of GCTs is 0.6–0.8/100,000, and it represents 3–5% of all ovarian malignancies.

Methodology a retrospective study concerning 40 cases of ovarian sex cord-stromal tumors (OSCST). Among them, we collected 17 cases of GCT. Epidemiological, clinical and radiological data were analyzed in this study.

Results GCT represented 42.5% of the OSCSTs and 1.15% of all ovarian tumors during the study period. The average age was 42.3 years . The mean parity of patients was 4. Menopausal average age calculated at 49 years . In 80% of cases patients were symptomatic; chronic pelvic pain 43.5%, menometrorrhagia 36.5%. For Three patients the tumor was discovered by chance: one during a caesarean scare and two during an ultrasonography for infertility. Physical exam revealed a palpable mass in 9 cases (52.9%). with an average size of 8 cm, and a solid consistency. On ultrasonography, we found a compartmentalized cystic tumor with vascularized partitions in color and pulse Doppler in 71.42% of cases . An effusion in the douglas has been described in 35.71% .The ultrasound study must incorporate the endometrium, in our study, the endometrium was hyperplastic in two cases. In CT we found a predominant cystic forms (53%) with variable contents .In MRI, in75% of cases we found a hyposignal with T2 weighting with a multilocular cystic appearance with solid components.

Conclusion The variability in the histological type globally and in the cellular arrangement particularly of granulosa tumors has helped to create a spectrum of radiological manifestations, whose good assimilation of their semiology will make it easier to pose the diagnosis before the surgery.

2022-RA-1237-ESGO PREDICTORS OF PARP INHIBITORS TOXICITIES AND THE TOXICITY IMPACT ON OVERALL SURVIVAL IN ADVANCED OVARIAN CANCER

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Introduction/Background We sought to identify predictors of Dose-Limiting Adverse Events (DLAE) (adverse events (AE) leading to dose reduction or discontinuation) in patients who received standard of care PARP inhibitors (PARPi) maintenance therapy and the impact of toxicities on overall survival (OS) in advanced ovarian cancer (aOC).

Methodology Retrospective data collection was performed for patients (newly diagnosed or recurrent) who received at least one dose of maintenance Olaparib or Niraparib between April/2015-November/2021, at the Royal Marsden, UK. Pearson's Chi-square and Log rank Kaplan Meier tests were used for categorical and continuous variables, respectively. Logistic regression was used to predict DLAE; Cox regression for OS. STATA SE 17.0 was used for statistical analysis.

Results 160 patients (median age 62.5 years, 41% (66/160) first-line, 49% (79/160) BRCA-mutated; median follow up on PARPi of 18.7 months; 68/160 were deceased at data cut-off) were included. DLAE were reported in 46.2% (74/160). Grade (G) 2 and G3 AE led to DLAE in 52.7% (39/74) and 32.4% (24/74) of cases, respectively. 78.2% (140/179) $\geq$G2 AEs occurred during the first 3 months. Hypertension (OR 2.6, p=0.03), upfront surgery (OR 2.7, p=0.01), previous G2 AE on chemotherapy (OR 1.8, p=0.01), residual disease (OR 2.4, p=0.04), and creatinine clearance<60 ml/min (OR 3.5, p=0.01) predicted higher risk of DLAE. HRD (OR 0.4, p=0.04), and Niraparib at 200 mg (OR 0.4, p<0.001) predicted lower risk of DLAE. G3/G4 hematological AE predicted better PFS at 24 months (OR 0.4, p=0.047). $\geq$G2 AEs in the first 3 months predicted better 5-year OS from diagnosis (OR 0.4, p=0.005) for the overall population. Dose reductions did not impact on OS (p=0.65).

Conclusion This is the first real-world data analysis suggesting that the development of early PARPi toxicities predicts improved 5-year OS in aOC. This model warrants further validation in prospective cohorts.

2022-RA-1241-ESGO A MULTICENTRE, OPEN-LABEL PHASE 1/2 TRIAL EVALUATING THE SAFETY, TOLERABILITY, AND EFFICACY OF MORAB-202, A FOLATE RECEPTOR ALPHA-TARGETING ANTIBODY-DRUG CONJUGATE IN PATIENTS WITH SELECTED TUMOUR TYPES

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Introduction/Background MORAb-202 (farletuzumab ecteribulin) is an antibody-drug conjugate (ADC) comprised of the humanised antifolate receptor-alpha (FRα) monoclonal antibody, farletuzumab, and the cytotoxic microtubule inhibitor, eribulin, conjugated by a cathepsin B-cleavable linker. MORAb-202 targets the eribulin payload to tumour cells expressing FRα, where internalisation leads to lysosomal cleavage of the ADC and intracellular release of eribulin, causing apoptosis, cell-cycle arrest, and bystander effects in adjacent

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