CHEMOSENSITIVITY IN VULNERABLE OLDER PATIENTS IS UNFAVORABLE AND HIGHLY DEPENDENT ON THE TREATMENT REGIMEN: CA125 ELIMINATION RATE CONSTANT K (KELIM) ANALYSIS OF THE GINECO-ENGOT EWOC-1 TRIAL

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Introduction/Background Older patients (pts) with ovarian cancer have a poorer survival, classically related to suboptimal treatment or excessive toxicities; however, histological aggressivity and chemoresistance may contribute to this worse outcome. CA-125 elimination rate constant K (KELIM) was shown to be a robust marker of intrinsic chemosensitivity either in adjuvant or neoadjuvant settings. EWOC-1 trial (NCT02001272) was designed to evaluate the feasibility of three treatment regimens in vulnerable pts aged ≥70 years in first line; pts treated with carboplatin monotherapy (C) had a 2.79-fold higher risk of death compared to carboplatin-paclitaxel (CP). An ancillary analysis of EWOC-1 was designed to evaluate the differential chemosensitivity in the 3 treatment arms using KELIM.

Methodology KELIM calculation was performed according to You et al. (www.biomarker-kinetics.org). CA125-neo on EWOC-1 trial database of 120 pts (40 in each arm: standard CP (arm A); C (arm B); 3w/4 weekly CP (arm C)). The use of intraoperative indocyanine green fluorescence angiography (ICG-FA) in the assessment of anastomotic perfusion after colorectal resection has been widely increased in the last years. However, few data are available on its use for ovarian cancer surgery. This study aimed to assess the impact of anastomotic perfusion after colorectal resection during primary cytoreductive surgery for advanced ovarian cancer (AOC).

Methodology Patients with AOC who underwent a primary cytoreductive surgery with colorectal resection at the European Institute of Oncology, Milan from 1/2009 to 12/2021 were retrospectively identified. The use of ICG-FA to assess the anastomotic perfusion was introduced at our institution on 1/2020. The rate of anastomotic leak after colorectal resection was compared between the group using ICG-FA and the group not using ICG-FA. The association between the use of ICG-FA and the occurrence of anastomotic leak was evaluated with univariate and multivariate statistical analysis.

Results In total, 439 patients meeting inclusion criteria were included. Among them, in 118 (36.8%) the ICG-FA was used, while in 321 (63.2%) the ICG-FA was not used. Overall, 27/439 (6.1%) patients had an anastomotic leak, including 2/118 (1.6%) in the group using ICG-FA and 25/321 (7.8%) in the group not using ICG-FA.