CD68 and CD163 were highly significantly expressed in cancers compared with BOT ($p<0.001$ and $0.004$ respectively). Similarly, stromal CD163 mean count and percentage were more abundant in malignant tumours ($p=0.03$ and 0.02). Mean stromal CD68 count and percentage correlated positively with mean CD163 stromal count and percentage ($p=0.02$). Risk of malignancy index was a significant predictor of ovarian cancer diagnosis ($p=0.04$). 15 cancer patients died of the disease. There was no significant association between TAM expression and patient survival.

Conclusion TAM subtypes analysis in ovarian neoplasia of young women confirms higher expression in malignant compared with borderline ovarian tumours. This might have implications on their pathogenesis and management.

Abstract 2022-VA-1320-ESGO Figure 1 Disease free survival kaplan-meier graphic

Results The study includes a total of 15 patients who performed a robotic surgery and 22 a laparotomic surgery. In the robotic surgery cohort, the DFS at 3 years was 60.0% (CI 95% 32.8–87.2%) and 9.1% (CI 95% 0–21.1%) in the laparotomic, although no statistically significant differences were found between them (Log-Rank test p 0.343). The OS at 3 years in the robotic surgery cohort was 92.0% (CI 95% 77.0–100%) and in the laparotomic group 52.7% (CI 95% 31.1–74.2%), also without significant differences (Log-Rank test p 0.225).

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1. Pearl SY Tong, Yang Yang Lee, Khalil Razvi. Obstetrics and Gynaecology, National University Hospital, Singapore, Singapore; Paediatric Surgery, National University Hospital, Singapore

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Introduction/Background Ovarian cancer is one of the most lethal gynecological malignancies. This is because early diagnosis is difficult, and it usually presents in advanced stages. In these cases, randomized controlled trials have indicated that neoadjuvant chemotherapy (NACT) followed by interval disease surgery (IDS) offers similar of oncological and survival outcomes than primary surgery, and tumor burden remains is the principal poor prognostic factor. Historically, the surgical approach for these patients was by an explorative laparotomy. The role of the minimal invasive surgery (MIS) remains unclear. Thus, the purpose of our study is to evaluate the application of robotic surgery.

Methodology A cohort retrospective study with prospectively collected data was performed including patients with advanced ovarian cancer who underwent to NACT and presented a radiological and serological favourable response and was possible to perform an optimal cytoreduction (R0) by robotic surgery. Clinicopathological and survival outcomes, including overall survival (OS) and disease-free survival (DFS), were collected and analyzed. We have compared this selected group of patients with a historical cohort that includes patients with similar response taxes who underwent to laparotomic surgery also obtaining an optimal cytoreduction.

Conclusion TAM subtypes analysis in ovarian neoplasia of young women confirms higher expression in malignant compared with borderline ovarian tumours. This might have implications on their pathogenesis and management.

Abstract 2022-RA-1326-ESGO

INTERVAL DISEASE SURGERY BY ROBOTIC APPROACH IN OVARIAN CANCER

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Conclusion Overall hospitalization rates in the state fell coinciding with the start of the pandemic. At the state level, clinical hospitalization rates did not show changes in their trend during the study period. We also calculated hospitalization, average social distancing rates, COVID-19 incidence, and ICU bed occupation rates during the third trimester of 2020, with a Pearson Correlation coefficient of -0.50 (95% CI: -0.78 to -0.05, p = 0.03). An increasing number of exclusively public-insured persons were identified in the state, with a Pearson Correlation coefficient of 0.95 (95% CI: 0.88–0.98, p < 0.001).

Conclusion Surgical hospitalization rate ratios fell during the third trimester of 2020 and were inversely correlated with ICU occupation. This demonstrates the impact of the COVID-19 pandemic on the treatment of conditions that compete for the same healthcare resources.

Abstract 2022-RA-1329-ESGO

Ovarian Cancer Hospitalization Rates during the COVID-19 Pandemic in the State of Sao Paulo and Correlation with Pandemic-Related Variables

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Introduction/Background The COVID-19 pandemic which began in 2020 disrupted healthcare services and changed patient behavior. Our objective was to identify changes in hospitalization rates of ovarian cancer patients from 2016 to 2020, comparing pre-pandemic and pandemic levels. We also aimed to assess, if these changes happened and whether they were correlated with pandemic-related variables.

Methodology Aggregated data were obtained from the State of Sao Paulo Secretary of Health regarding ovarian cancer hospitalization, average social distancing rates, COVID-19 incidence, mortality, lethality, and both COVID-specific infirmary and ICU bed occupation rates. Hospitalizations for ovarian cancer were categorized as either clinical or surgical treatments. These data were available at the state level and for each state’s subdivisions. We performed a Joinpoint analysis in order to verify if there were changes regarding hospitalization rates during the study period. We also calculated hospitalization rate ratios and verified if they were correlated with pandemic-related variables.

Results Overall hospitalization rates in the state fell coinciding with the start of the pandemic. At the state level, clinical hospitalization rates did not show changes in their trend during the study period, while surgical hospitalization rates started to decrease two trimesters before the pandemic began and remained decreasing. Surgical hospitalization rate ratios were inversely correlated with COVID-specific ICU bed occupation rates during the third trimester of 2020, with a Pearson Correlation coefficient of -0.50 (95% CI: -0.78 to -0.05, p = 0.03). An increasing number of exclusively public-insured persons were identified in the state, with a Pearson Correlation coefficient of 0.95 (95% CI: 0.88–0.98, p < 0.001).

Conclusion Surgical hospitalization rate ratios fell during the third trimester of 2020 and were inversely correlated with ICU occupation. This demonstrates the impact of the COVID-19 pandemic on the treatment of conditions that compete for the same healthcare resources.

Abstract 2022-RA-1333-ESGO

Clinical Practice Patterns in Advanced Ovarian Cancer: A National Survey

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Introduction/Background There is no standardised approach to the management of advanced ovarian cancer. The choice of treatment varies depending on centre, surgeon and patient related factors. Non-uniformity in management reflects in the different survival rates of this entity across centres. This is especially important in developing countries where majority of population is not covered by insurance. There is no national data which gives an insight into the practice patterns and hence this survey was conducted to assess the practice patterns of management of advanced ovarian cancer by Gynecological oncologists practising in various regions across the country.

Methodology A questionnaire has been sent to practicing gynaecological oncologists across India. Questionnaire was designed to reflect the common practices in the treatment of advanced ovarian cancers. Survey was conducted through social media platforms and data was on an anonymous basis.

Results Preliminary data shows a response rate of 72%. It was observed that there are disparities in treatment between surgeons working in the government sector compared to the private sector. Most of the surgeons worked on centres doing more than 40 surgeries per year in advanced ovarian cancer. Criteria to decide upfront debulking and interval debulking also differed, Laparoscopic based scoring was being used by only 51.2% of respondents. The preferred surgery was interval debulking surgery by majority of surgeons (75.3%). HIPEC was used in 15.6% patients in the private hospitals versus 8.8% patients in the government hospitals. BRCA testing was routinely advised by 45.3% of physicians. Bevacizumab & PARP inhibitors we’re used by only 35.2% & 8.1% of physicians.

Conclusion According to our study, there are minor variations with respect to the different practice patterns but they are disparate especially when comparing the physicians between government and private sector. However, more number of participants would help in generalising the results.