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DIFFERENCES IN EPIDEMIOLOGY, CLINICAL FEATURES AND PROGNOSIS OF EOC IN ARAB WOMEN AS COMPARED WITH JEWISH WOMEN IN NORTHERN ISRAEL

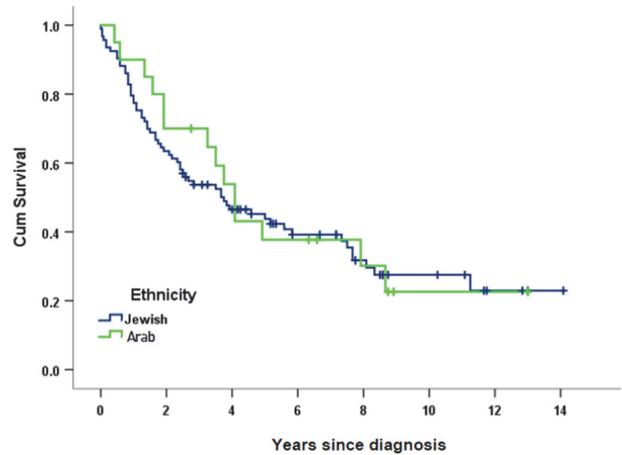
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Introduction/Background Epithelial ovarian cancer (EOC) is the most fatal gynecological cancer, affecting various ethnic groups differently. We compared between women from Israel's two major ethnic groups, Arabs and Jews, in order to determine whether significant differences in EOC characteristics existed.

Methodology The data consist of records of 122 women (24 Arabs and 98 Jews) with EOC who were treated in northern Israel between 2005 and 2017 and include the following: age at diagnosis, disease stage, histological type, histological grade, BRCA mutations, and prognosis.

Results Arab patients were diagnosed at a younger age compared with Jewish patients (60.0 years vs. 65.5 years, respectively; $p = 0.050$). Stage III-IV disease was found among 78.3% in Arabs and 79.1% in Jews ($p = 0.928$). Serous tumors were most common in both groups (75% of Arabs and 74.1% of Jews; $p = 0.649$). Of only four (16.6%) Arab women who were tested for BRCA mutations, two were found positive, while of 47 (47.9%) Jewish women who were tested, 23.4% were found with a mutation. Overall survival was similar in the two groups (5.8 years in Arabs vs. 5.9 years in Jews), but Arab patients died at a younger age compared with Jewish patients (65.9 years vs. 71.4 years, respectively; $p = 0.089$).



Mean (95% CI) year of survival:

Jewish: 5.9 (4.7–7.0)

Arab: 5.8 (3.8–7.9)

Abstract 2022-RA-1336-ESGO Figure 1 Overall survival of study population by ethnicity

Conclusion The only significant difference observed was the younger age of diagnosis among the Arab patients. Only a small percentage of the Arab population underwent genetic screening during the study period, but new health ministry regulations will expand screening to all populations.

Abstract 2022-RA-1336-ESGO Table 1 Clinical characteristics of EOC by ethnicity

Characteristics	Jews (N = 98)		Arab (N = 24)		P
	N	%	N	%	
Patients' characteristics					
Age at diagnosis (y) (M±SD)	65.5±12.2		60.0±12.1		0.050
Age at menopause (y) (M±SD)	50.5±5.2		48.0±4.5		0.104
Childbirths (M±SD)	2.9±2.1		4.2±3.9		0.119
BMI (Kg·h ⁻²) (M±SD)*	27.7±6.3		29.2±5.7		0.296
History of breast cancer	9	9.2	1	4.1	0.685
Family history of breast or ovarian cancer*	17	17.8	1	4.3	0.267
Genetics†					
Age at diagnosis (y) (M±SD)	65.5±12.2		60.0±12.1		0.050
BRCA1	8	17.0	1	25.0	0.998
BRCA2	3	6.4	1	25.0	0.286
Disease characteristics					
Summary of stage*					0.928
I-II	19	20.9	5	21.7	
III-IV	72	79.1	18	78.3	
Histology*					0.649
Serous (including clear cell)	69	74.1	18	75	
Non-serous (endometrioid, mucinous, unclassified adenocarcinoma)	24	25.8	6	25	
Prognosis					
Recurrence*	47	73.4	13	68.4	0.668
Estimated PFS (m) (M±SD)	15.2±19.6		11.0±43.0		0.309
Last status: dead*	40	62.5	9	69.2	0.646
Age at death: (y) (M±SD)*	71.4±10.5		65.9±12.0		0.089

y, years; m, months; M, mean; SD, standard deviation; BMI, body mass index; h, height; PFS, progression-free survival.

*Refers only to the patients in which the specific data was found (BMI: Jews n = 92, Arab n = 23; Family history: Jews n = 95, Arab n = 23; Stage: Jews n = 91, Arab n = 23; Histology: Jews n = 93; Recurrence: Jews n = 64, Arab n = 19; Last status and Age at death: Jews n = 64, Arab n = 13).

†Among patients who underwent genetic testing (4 Arab, 47 Jews).

2022-RA-1347-ESGO

THE IMPACT OF THE INDUCTION OF ANAESTHESIA AND THE OPENING OF THE ABDOMINAL CAVITY ON HAEMODYNAMIC PARAMETERS IN CYTOREDUCTIVE DEBULKING SURGERY

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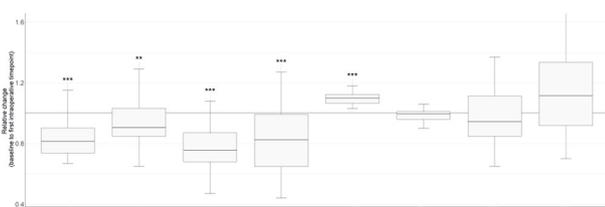
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Introduction/Background High-risk surgery frequently is associated with haemodynamic instability leading to the administration of high amounts of intravenous fluids and catecholamines to stabilize cardiovascular function. The haemodynamic instability is commonly attributed to the inflammatory response related to surgical trauma. In this study, we investigated also, how the induction of anaesthesia and the opening of the abdominal cavity impact haemodynamics.

Methodology In a prospective, observational, monocentric study, haemodynamic measurements were obtained by the non-invasive methodology of thoracic electrical cardiometry (EC) in 29 patients with primary ovarian cancer undergoing multivisceral cytoreductive surgery. The change of haemodynamic parameters was analyzed from the day prior to surgery to the first intraoperative measurement by non-parametric longitudinal data analysis in a two-factorial experiment (dependent factor time).

Results Median age of patients was 59 [25-quartile 50; 75-quartile 61] years. 8 (28%) patients had a diagnosis of arterial hypertension, otherwise, no cardiovascular diseases were shown. The FIGO stages were in 22 (75%) patients above stage IIIc and 9 (31%) patients had more than 500 ml of ascites.

The relative change from the baseline to the first intraoperative timepoint showed a reduced heart rate (HR, median -19 [25-quartile -26%; 75-quartile -10%]%, $p < 0.0001$), stroke volume index (SVI, -9.5 [-15.3; 3.2]%, $p = 0.0038$), cardiac index (CI, -24.5 [-32; -13]%, $p < 0.0001$) and the inotropic marker index of contractility (ICON, -17.5 [-35.3; -0.8]%, $p < 0.0001$).



Abstract 2022-RA-1347-ESGO Figure 1

Conclusion Substantial changes in HR, SVI, CI, and ICON occurred from the day prior to surgery to the first intraoperative measurement, indicating that patients without relevant cardiovascular morbidity showed reduced cardiocirculatory flow and cardiac function. Furthermore, these data indicate that pharmacological modulation might optimize haemodynamic care during high-risk gynaecological surgery.

2022-RA-1348-ESGO

ROLE OF COMPUTED TOMOGRAPHY (CT) SCAN BASED REPORTING SYSTEM 'PAUSE' TO PREDICT SURGICAL RESECTABILITY IN EPITHELIAL OVARIAN CANCER

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Introduction/Background A novel 'PAUSE' reporting system was devised for standardization of reporting of CT based PCI in peritoneal malignancies and, also to emphasize increased focus on areas which often make the difference between optimal and suboptimal cytoreduction. The aims of current study were to evaluate the efficacy of CT scan-based protocol i.e.

'PAUSE', in predicting the optimal and suboptimal cytoreduction in EOC, and also to assess the role of intraoperative use of telescope to improve surgical PCI.

Methodology A prospective observational pilot study recruited 30 women with EOC undergoing primary debulking surgery. The CECT was evaluated in accordance with the 'PAUSE' protocol to assess resectability. Surgical PCI was calculated before surgery and was revised using intraoperative telescope. Agreement was done using kappa statistics and Bland-Altman agreement analysis.

Results The agreement between CT-PCI and surgical PCI was of low degree. Higher CT-PCI scores correlated with suboptimal resection; disease in regions 1, 3, 9, 10, 11 and 12 was more predictive of surgical outcome. The overall sensitivity, specificity, PPV and NPV of PAUSE with regards to prediction of surgical resectability was 81.3%, 35.7%, 59.1% and 62.5%, respectively. Diagnostic accuracy of PAUSE was 60%. Amongst the components, the maximum accuracy to predict sub optimal CRS was of U1 lesions, small bowel and mesentery involvement (66.7%), followed by U2 and A (53.3% and 50% respectively). New lesions were identified in 6 (20%) patients in subdiaphragmatic areas and the lesser sac using intra operative telescope in open surgery.

Conclusion 'PAUSE' did not show statistical significance with surgical outcome with modest diagnostic accuracy. Most useful parameters for prediction of surgical resectability, were the presence of U1/U2 lesions and the involvement of small intestine and mesentery; Presence of ascites (A component) was least predictive; thus, should not be used as a sole criterion.

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TREATED AS A SKIN CARCINOMA: RECURRENT, METASTATIC SQUAMOUS CELL CARCINOMA FROM A DEGENERATED MATURE TERATOMA OF THE OVARY

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Introduction/Background Non-epithelial ovarian cancers (NEOC) account for less than ten percent of all ovarian carcinomas. The most frequent histological subtype is mature teratomas (MT). This benign tumour can rarely (0.17–2%) degenerate into squamous cell carcinoma (SCC). In this rare clinical setting, no standard of care treatment exists and while early-stage disease can be managed by surgical debulking, advanced and recurrent disease tends to be refractory to established systemic treatments.

Methodology A 39-year-old patient, known for recurrent stage FIGO IC3 SCC associated with a MT NEOC, had a primary R2 surgery, followed by two cycles of carboplatinum-paclitaxel and bevacizumab. Due to rapid progression, the treatment was switched for a second-line gemcitabine bevacizumab association. After two cycles, liver, diaphragmatic and peritoneal progression was detected and a third-line treatment by pembrolizumab was initiated, with no effect after two, three-weekly, cycles. At the admission to our University Center, she suffered from severe right hypochondrial pain. Following