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; \( p = 0.089 \)).

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.

The Impact of the Induction of Anaesthesia and the Opening of the Abdominal Cavity on Haemodynamic Parameters in Cytoreductive Debunking Surgery


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).

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.

Abstract 2022-RA-1347-ESGO Figure 1

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

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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 teratoma (MT). This benign tumour can rarely (0.17–23%) 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...