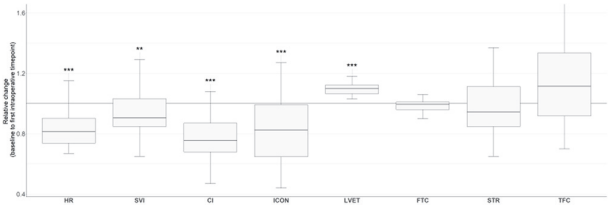
Methodology In a prospective, observational, monocentric study, haemodynamic measurements were obtained by the non-invasive methodology of thoracic electrical cardiometry (EC) in 29 patients with primary ovarian cancer undergoing multivisceral cytoreductive surgery. The change of haemodynamic parameters 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.

2022-RA-1349-ESGO 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

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multidisciplinary evaluation, cytoreductive surgery was performed. Radiotherapy of the right thoracic wall, the only R1 site, was delayed because of postoperative infectious complications.

Results Four weeks following surgery, a rapid tumour progression was detected in the R1 site and the peritoneum. A personalized treatment by weekly cetuximab at 250 mg/m2 after a loading dose of 400 mg/m2 was initiated, based on a phase II study of cetuximab as monotherapy for unresectable skin's squamous cell carcinomas. After six weeks of treatment, the patient reported pain reduction in her right abdominal wall and the injected PET-CT confirmed partial tumour response.

Conclusion This report illustrates the anti-tumour effect of cetuximab in this rare and challenging clinical setting. Toxicities were mild, consisting in a grade 1 skin rash treated with doxycycline and sun-avoidance. The patient is currently on cetuximab without signs of disease progression.

2022-RA-1351-ESGO UTERINE INVOLVEMENT IN EPITHELIAL OVARIAN CANCER & ITS RISK FACTORS

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Introduction/Background Epithelial ovarian cancer (EOC) is an extremely aggressive and lethal carcinoma. Specific data that identify high-risk groups with uterine involvement are not available. Thus, this study aimed to evaluate a gross number of women with EOC to obtain the frequency of uterine involvement and its risk factors.

Methodology This retrospective observational study was conducted on 1900 histologically confirmed EOC women, diagnosed and treated in our tertiary hospital from March 2009 to September 2020. Data including their demographic, medical and pathological findings were collected.

Abstract 2022-RA-1351-ESGO Table 1

The comparison of selected demographic and tumor related characteristics between metastatic and sync

Results From 1900 histologically confirmed EOC women, 347 patients were eligible for participations. The mean age of study patients was 51.31±11.37 years with the age range of 25 to 87 years. Uterine involvement was detected in 49.6% (173) of the patients either macroscopic (47.4%) or microscopic (52.6%) types. Uterine involvement was significantly associated with having AUB (P-value = 0.002), histological type of ovary tumor (P-value < 0.001), ovarian cancer stage (P-value < 0.001), and abnormal CA-125 concentration (P-value = 0.004). Compared to the other study patient, the patients with metastatic uterine involvement had significantly higher stage (p-value<0.001), higher grade of ovary tumor (p-value=0.008), serous histological type (p-value<0.001), and a higher level of CA-125 concentration (p-value<0.001). On the other hand, the patients with synchronous uterine cancer were significantly younger (p-value=0.013), nulliparous (p-value<0.001), suffered from AUB symptoms (p-value<0.001) and had endometroid histological type (p-value=0.010) of ovary cancer in comparison to other study patients.

Conclusion Considering the high prevalence of uterine involvement in EOC patients, ultrasound evaluation and/or endometrium biopsy assessment should be done before planning any treatment.

2022-RA-1356-ESGO EPITHELIAL OVARIAN CANCER AND BRAIN METASTASES: SURVIVAL ANALYSIS ACCORDING TO THE BRCA STATUS

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Introduction/Background Metastases of epithelial ovarian cancer (OC) can involve the central nervous system (CNS), with an incidence of 1–2%. A fundamental prognostic factor for OC is the BReast CAncer genes (BRCA) mutation but there is inconsistency in literature exploring the correlations between BRCA status and BM.

Methodology Clinical and survival information of OC patients treated for BM in our Institute from 2000–2021 was retrospectively collected. Data were compared according to the BRCA status.

Results Among 94 patients, the BRCA status was known for 66, with 21 pathogenetic mutations (BRCAm, BRCA 1 and BRCA 2) and 45 wild-type genes (BRCAwt).BRCAm patients were younger when OC and BM were detected, and no differences in the time-interval between the two diagnoses were detected according to the BRCA status. Overall, patients appeared homogeneously distributed between the two groups regarding characteristics at primary diagnosis of OC and BM (table 1). More frequently, the histotype was the high-grade serous (86.2%), with FIGO stage III at disease presentation (78.7%). In most cases, CNS lesions were multiple and were associated with other extracranial metastatic sites in 59 cases (29 BRCAwt vs 14 BRCAm; P 0.544). The overall survival (OS) from the diagnosis of OC was better in BRCAm group

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