

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 endometrioid 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 BRCA mutation but there is inconsistency in literature exploring the correlations between BRCA status and BM.

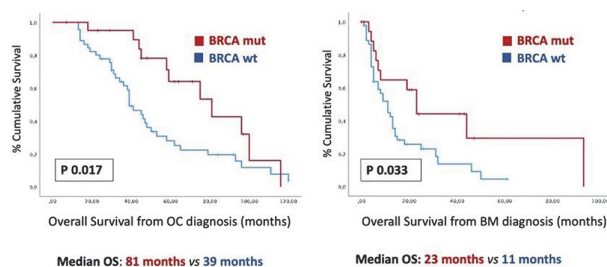
Methodology Clinical and survival information of OC patients treated for BM in our Institute from 2000–2021 was retrospectively collected. Data were compared according to the BRCA status.

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

Abstract 2022-RA-1356-ESGO Table 1 Characteristic of patients with BM according to the BRCA status

	All patients with BM94 (100)	Patients with known BRCA status66 (100)	BRCawt patients45 (100)	BRCAm patients 21 (100)	P value BRCAm vs BRCawt
AGE at OC diagnosis Years, mean (SD)	58.12 (10.68)	58.16 (10.67)	60.8 (10.48)	52.52 (8.91)	0.001
AGE at BM diagnosisYears, mean (SD)	60.94 (10.26)	61.21 (10.26)	63.62 (9.94)	56.04 (9.16)	0.002
TIME OC-BM diagnosisMonths, mean (SD)	31.87 (24.27)	34.39 (27)	33.00 (28)	37.38 (24.87)	0.27
SITE OF BMNo (%)					
Cerebellum	15 (16)	10 (15.2)	6 (13.3)	4 (19.0)	0.59
Cerebrum	46 (48.9)	35 (53.0)	23 (51.1)	12 (57.1)	
Mixed (+/- leptomeninges)	33 (35.1)	21 (31.8)	16 (35.6)	5 (23.8)	
NUMBER OF BM No (%)					
Single	38 (40.4)	26 (39.4)	17 (37.8)	9 (42.9)	0.448
Multiple	56 (59.6)	40 (60.6)	28 (62.2)	12 (57.1)	
NEUROLOGICAL					
YES	50 (53.2)	33 (50)	25 (55.6)	8 (38.1)	0.145
SYMPTOMSNo (%)					
NO	44 (46.8)	33 (50)	20 (44.4)	13 (61.9)	
CNS DISEASE ONLYNo (%)					
YES	35 (37.2)	23 (34.8)	16 (35.6)	7 (33.3)	0.544
NO	59 (62.8)	43 (65.2)	29 (64.4)	14 (66.7)	
TYPE OF TREATMENTNo (%)					
Radiotherapy only	15 (16)	9 (13.6)	7 (15.6)	2 (9.5)	0.33
Chemotherapy only	2 (2.1)	1 (1.5)	0 (0)	1 (4.8)	
Surgery only	3 (3.2)	3 (4.5)	2 (4.4)	1 (4.8)	
Chemotherapy + Radiotherapy or Surgery	43 (45.7)	30 (45.5)	18 (40)	12 (57.1)	
Radiotherapy + Surgery	9 (9.6)	7 (10.6)	6 (13.3)	1 (4.8)	
Chemotherapy + Radiotherapy + Surgery	17 (18.1)	11 (16.7)	7 (15.6)	4 (19)	
None	5 (5.3)	5 (7.6)	5 (11.1)	0 (0)	

rather than BRCawt (median OS 81 months vs 39 months; P 0.017). Similarly, from the diagnosis of BM, the survival was longer in BRCAm patients (median OS 23 months vs 11 months; P 0.033). (figure 1)



Abstract 2022-RA-1356-ESGO Figure 1 Overall survival from OC and BM diagnosis according to the BRCA status

Conclusion No differences in clinical characteristics of patients at the diagnosis of OC and BM were found according to the BRCA status. A prolonged survival was detected in BRCAm vs BRCawt OC patients with BM.

2022-RA-1359-ESGO

SPATIAL COMPOSITION OF THE IMMUNE MILIEU IN DISTINCT METASTATIC SITES IN ADVANCED SEROUS OVARIAN CANCER

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Introduction/Background The prognostic relevance of tumour infiltrating lymphocytes (TILs) in high-grade serous ovarian carcinoma (HGSOC) has been established almost 20 years ago. Currently, immune checkpoint inhibitors (ICI) have been tested in ovarian cancer, but response rates of ICI monotherapy remain disappointingly low.

Methodology In this retrospective, exploratory analysis, ovarian tumour tissue from 252 patients and, in 187 cases, corresponding metastatic peritoneal and/or greater omentum metastatic tissue were assessed by immunohistochemistry. Expression of CD3, CD8, FOXP3, and PD-L1 on TILs as well as PD-L1 expression on tumour cells was comparatively evaluated, and the prognostic impact determined.

Results Altogether, the expression was higher in metastatic tissue than in ovarian tumour tissue. For all analysed markers we found weak to moderate positive correlations between the expression in ovarian tumour and metastatic tissue. For the expression of PD-L1 the strongest correlation was found between peritoneal and omental metastatic tissue in tumour cells ($\rho=0.66$; $p<0.05$) and in immune cells ($\rho=0.6$; $p<0.05$). In univariate survival analysis, we confirmed the positive prognostic effect of CD3⁺ and CD8⁺ cells mainly in metastatic tissue. FOXP3 expression was not clearly correlated with survival. The expression of PD-L1, which was observed much more frequently in TILs compared with tumour cells, showed a positive association with survival in this collective in ovarian tumour tissue and only a tendency in metastatic tissue.

Conclusion In summary, we observed that in HGSOC immune infiltration tended to be more prominent in metastatic tissue than in ovarian tumour tissue, and despite a general positive correlation, there were differences between localizations in individual cases. This heterogeneity should be taken into account for the establishment as prognostic biomarkers or biomarkers predictive for ICI response.