Introduction/Background The recurrence pattern in BRCA wild-type ovarian cancer (OC) patients relapsing during Niraparib maintenance is still unknown. Moreover, the role of the CA125 as an effective biomarker to detect disease progression in OC patients under maintenance with PARP inhibitors is unclear. We, therefore, explored the pattern of recurrence in this setting of patients, also investigating the concordance between the serological elevation of CA125 (CA125 progression) and radiological disease progression.

Methodology This retrospective study included BRCA wild-type OC patients treated between 2017 and 2022 and recurred during maintenance with Niraparib (first recurrence). All patients had CA125 elevation before starting platinum-based therapy. CT scan was performed every 24 weeks or earlier in case of clinical or CA125 progression. CA125 was performed monthly. We evaluated the concordance between CA125 and disease progression according to Response Evaluation Criteria in Solid Tumours (RECIST) criteria. The pattern of recurrences was also collected. Oligometastases were defined as less or equal to 3 nodules of disease.

Results 91 OC patients progressed after a median recurrence-free interval of 5 months [1–45]. 64 patients of 91 (70.3%) had concordant CA125 and RECIST progression, whereas the remaining 27 (29.7%) had radiological disease progression without CA125 elevation. 3 (11%) of 27 patients with no CA125 progression had a peritoneal site of relapse, while the remaining 24 (89%) had an extraperitoneal recurrence. As expected, among patients with peritoneal carcinoma, only 2 (6.8%) had low CA125 (p<0.001), while 9 (69.2%) patients with oligometastases had a negative marker (p=0.002).

Conclusion Most recurrences after Niraparib might occur as oligometastatic without Ca 125 rising. Therefore, CA125 surveillance alone may not be sufficient to detect disease progression and tailor oligometastatic disease approach with surgery or radiotherapy. Larger and confirmatory studies are needed.
Introduction/Background  Introduction: Ovarian carcinoma (OC) has high mortality, 75 to 80% presents in locally advanced stages (1) and a large proportion of patients receive neoadjuvant chemotherapy followed by interval surgery. Despite the high response rates to primary treatment, 70% of patients will have a recurrence within 2 years. There are multiple studies that have described the patterns of recurrence in OC (2); however, the recurrence in our case was unusual.

Methodology  Results  Case description A 60-year-old patient diagnosed with high-grade serous OC, clinical stage IIIc, who received induction chemotherapy with Carboplatin/paclitaxel for 4 cycles, underwent interval cytoreductive surgery, remaining R0, and subsequently completed 4 cycles of chemotherapy, with complete response by tumor marker and imaging. At 18 months of follow-up, a PET-CT showed hyper-uptake in the pancreas with a SUV_MAX of 7, without elevation of CA 125. EUS was performed, which showed a subepithelial lesion of 14 mm in the submucosa of the stomach. FNA reported a malignant neoplasm. Distal gastrectomy was performed. Except in the stomach, no data of disease was found. Pathology found a 1.2 cm intramural nodule in the minor curvature, well-defined, without involvement of the mucosa. The diagnosis was a mural metastasis of high-grade serous OC. Complementary chemotherapy was restarted for 6 cycles. A PET-CT study was performed with no data on tumor activity 8 months after surgery.

Conclusion  Discussion  The most frequent sites of recurrence are peritoneal, lymph node and as a location at the pelvic level (3,4). It is worth mentioning that in a large proportion the recurrence is in multiple sites. However, intramural recurrences at the gastrointestinal (stomach) level as a single site were not found in a literature review. Knowledge of this type of rare recurrence is important, since it forces us to carry out a more meticulous evaluation of our patients diagnosed with OC.

SAFETY OF TOTAL PARACENTESIS IN PATIENTS WITH MALIGNANT ASCITES FROM OVARIAN CANCER: RESULTS FROM THE PROSPECTIVE, RANDOMISED ATLANTIS-TRIAL

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Introduction/Background  Despite the very common occurrence, no guidelines exist on the management of malignant ascites. It remains unclear if total drainage of the intraperitoneal volume is safe. Due to concerns for paracentesis-induced circulatory dysfunction, hemodynamic shock and kidney failure, many centers limit the drained volume and do not perform total paracentesis.

Methodology  The ATLANTIS-trial is a prospective, randomized pilot study, designed to address the question on the safety of total paracentesis of malignant ascites in patients with ovarian cancer. Patients were randomized one-to-one into a limited-paracentesis group where only 3000 ml of ascites were drained, and a total-paracentesis group with free drainage of all intraperitoneal fluid. Extensive peri- and postinterventional hemodynamic monitoring was performed for 24-hours and the kidney function was assessed before and after paracentesis.

Results  Of 93 patients screened, 61 patients with histologically or cytologically confirmed ovarian, peritoneal, or fallopian tube cancer were eligible for randomization. No significant difference could be found between both groups for the hemodynamic parameters of heart rate, estimated stroke volume and estimated continuous cardiac output. The comparison of systolic and diastolic blood pressure profile showed no significant differences between the full drainage and limited drainage group. At baseline both groups showed similar results for creatinine: 0.7 mg/dl (IQR 0.7–0.8) in the free drainage versus 0.7 mg/dl (IQR 0.6–0.9) in the limited drainage group (p=0.81). Re-evaluation 24-h post paracentesis showed no differences in median values between both groups (0.7 mg/dl [IQR 0.6–0.8]).

Conclusion  This first randomized trial to evaluate the safety of total paracentesis in patients with malignant ascites from ovarian cancer was not able to detect a negative impact of total paracentesis on hemodynamics or kidney function. Considering the limitations of this trial as a pilot study, we conclude that total paracentesis seems to be a safe procedure in this population.

SAFETY OF TOTAL PARACENTESIS IN PATIENTS WITH MALIGNANT ASCITES FROM OVARIAN CANCER: RESULTS FROM THE PROSPECTIVE, RANDOMISED ATLANTIS-TRIAL

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Introduction/Background  The malignancy rate of adnexal masses in pregnancy is 0.2–3.8/100,000 cases. Even though malignant ovarian cancer diagnoses in pregnancy are uncommon, awareness is crucial to obtain an adequate oncological treatment and a good obstetrical outcome.

Methodology  Using the INCIP (International Network on Cancer, Infertility and Pregnancy) registry, we describe the...