2022-RA-1598-ESGO WHAT HAS GREATEST IMPACT ON RISK OF RECURRENCE IN PRIMARY EPITHELIAL OVARIAN CANCER?

Emma Frederike Lischke, Diethelm Wallwiener, Cornelia Bachmann. *Department of Women's Health, University Hospital Tübingen, Tübingen, Germany*

10.1136/ijgc-2022-ESGO.751

Introduction/Background Ovarian cancer (OC) is the eighth most common cancer in women in Germany and the deadliest gynecologic malignancy. Many risk factors for OC are known (age/obesity/hereditary forms etc.). Overall 70–80% of OC patients suffer from recurrences. This gives reason to further improve the prediction of the risk of recurrent OC and the quantification of the impact of various factors on the occurrence of relapse.

Methodology This work includes 137 consecutive patients that were treated for primary epithelial OC (EOC) at our department from 2014 through 2016 and who were followed up through 1st of April 2020. Overall median follow-up time was 39 months. The patients were subdivided into 2 groups depending on the occurrence of relapse (*recurrence-*, n=105; *no recurrence*-group, n=32). Data were retrospectively analyzed and tested for differences in relapse behavior.

Results Overall recurrence-rate was 76.6%. In the *recurrence-group* median progression free survival was 14 (2–56) months and median overall survival (OS) was 31 (6–68) months. In the *no recurrence-group* median OS was 51.5 (39–73) months. The largest impact regarding the incident of recurrence was observed for FIGO-stage III (OR 26.33, 95% CI 6.6–105.3, P<0.001) and IV (OR 28.89, 95% CI 5.0–165.6, P<0.001), followed by initial existence of peritoneal carcinomatosis (OR 9.96, 95% CI 4.0–25.0, P<0.001) and poor differentiation (G3) (OR 9.43, 95% CI 2.6–34.2, P<0.001). Recurrence was more likely for high-grade serous cancer (HGSC) in comparison to other histologies (OR 3.31, 95% CI 1.4–7.9, P=0.007) and in case of lymph-node metastasis (OR 2.84, 95% CI 1.2–6.7, P=0.016).

Conclusion The likelihood of EOC recurrence is primarily determined by the FIGO stage. Stage III/IV increase the probability of recurrence by 26 and 29, respectively. Furthermore, recurrence is more likely for G3- and high-grade serous carcinoma, although these factors have less impact on occurrence of relapse than FIGO-stage.

2022-RA-1600-ESGO DABRAFENIB AND TRAMETINIB FOR BRAF MUTANT LOW GRADE SEROUS OVARIAN CANCER

Inbal Greenhouse, Smadar Bauer, Akram Saad, Abigail Arieli, Yulia Tsarbaev, Ronnie Shapira-Frommer. *Oncology Institute, Sheba Medical Center, Ramat Gan, Israel*

10.1136/ijgc-2022-ESGO.752

Introduction/Background MAP kinase pathway alterations are prevalent in low grade serous ovarian cancer (LGSOC) in up to 60% of patients, of them, minority harbor BRAF V600E mutation. While MILO-ENGOT ov11 study showed 13% response to Binimetinib (a MEK inhibitor), irrespective of mutation status, the value of BRAF and MEK inhibition in BRAF mutant patients was not evaluated. Herein we report the results of 5 patients treated with Dabrafenib and Trametinib (D+T) for non-resectable LGSOC.

Methodology We collected data from 5 patients who received D+T combination as compassionate use for BRAF V600E mutant LGSOC. All patients signed the Israeli informed consent for the use of off-label medications. Data on disease stage, prior lines of therapy, best response per RECIST, duration of response (DOR), survival and safety were collected.

Results 5 patients were treated with the combination of D+T. The median age was 53.8 years. The stage of the disease varied from IIIC-IVB (2/3). Median prior systemic treatment lines was 2 (range 0–5). Overall 4 of 5 patients (80%) had documented response. 2 patients achieved CR, and 2 patients had PR as best response. 1 patient was not evaluated due to early clinical deterioration. PFS was 18 months for the first patient, other 3 have ongoing responses at 18, 5 and 5 months. All patients had major relief of symptoms. 1 patient had 2 re-inductions of treatment following subsequent chemotherapy with 6 months PFS in each re-induction. The most frequent side effects were fatigue G1 (5/5) and pyrexia (4/5). None required permanent discontinuation. 3 patients are still receiving treatment.

Conclusion Targeting BRAF V600E mutation with combined BRAF and MEK inhibition in LGSOC yields high response rate with durable and meaningful improved disease control. These cases should emphasize the importance of performing the BRAF V600E mutation test for all patients with LGSOC.

2022-RA-1602-ESGO CUTANEOUS METASTASIS IN EPITHELIAL OVARIAN CANCER: EXPERIENCE FROM A TERTIARY CARE CANCER INSTITUTE

[1]Divya Sehra, [2]Seema Singhal, [2]Neerja Bhatla, [2]Jyoti Meena, [2]Anju Singh, [2]Rajesh Kumari, [2]Sarita Sharma. *[1]Gynae Oncology, AIIMS, Delhi, India; [2]AIIMS, Delhi, India*

10.1136/ijgc-2022-ESGO.753

Introduction/Background Epithelial Ovarian cancer (EOC) usually metastasizes via direct, lymphatic and haematogenous routes and usual sites of spread are peritoneum, omentum and lymph nodes. Cutaneous metastases in EOC are relatively rare, with incidence reported to be 0.9–5.8%. However, more cases are being reported in recent literature, probably due to advancement in therapeutics.

Methodology Records of patients with EOC who presented at a tertiary cancer care institute in India during the time period 2020–2022 were reviewed. The clinicopathological features, management and outcomes of patients with cutaneous metastasis were analysed.

Results Three cases of cutaneous metastasis were identified, out of which one presented in the upfront setting and the other two in the recurrent. Age at presentation ranged from 39–74 years. All three had high grade serous adenocarcinomas. Patient in upfront setting presented with Sister Joseph nodule (SJN), with umbilical lump and discharge being the initial symptom. She underwent further investigations, neoadjuvant chemotherapy and surgical cytoreduction and umbilectomy, she is currently disease free after 1 year of treatment. In the other two cases, the cutaneous metastases presented as

recurrent disease after 9 months and 8 years of completion of therapy, respectively. The sites of these metastasis were face and scalp respectively. Both the cases were managed using second line chemotherapy (gemcitabine, cisplatin, bevacuzimab) and are currently doing well.

Conclusion Detailed history and meticulous systemic examination including skin examination can be crucial for early detection of metastasis from carcinoma ovary. while SJN is a well known entity, rare sites such as face and scalp should be kept in high index of suspicion.

2022-RA-1603-ESGO CONTRIBUTION OF ADDING ROUTINE ENDOSCOPY AND COLONOSCOPY TO PREOPERATIVE SCREENING OF PATIENTS WITH SUSPECTED OVARIAN CANCER ON SURGICAL AND ONCOLOGICAL OUTCOMES

Yavuz Cicek, Ganim Khatib, Umran Kucukgoz Gulec, Ahmet Baris Guzel, Mehmet Ali Vardar. *Gynecologic Oncology, Cukurova University, Adana, Turkey*

10.1136/ijgc-2022-ESGO.754

Introduction/Background There is no routine screening protocol in ovarian cancer. In many clinics, screening endoscopy and colonoscopy are performed for patients who are thought to have ovarian cancer and gastrointestinal system metastasis. In this study we aimed to examine the contribution of preoperative endoscopy and colonoscopy screening to surgical and oncological outcomes in patients followed up with suspected ovarian cancer.

Methodology The files of 1446 patients who were operated on with the suspicion of ovarian cancer or treated with the diagnosis of ovarian cancer in our hospital between August 17, 1992 and November 27, 2018 were retrospectively analyzed. Of these patients, 676 patients between Stage 2 and Stage 4 were included. Such following parameters were evaluated; age range, body mass index, parity status, comorbidity, tumor marker, preoperative ascites, preoperative tumor diameter, cytoreduction adequacy, adjuvant chemotherapy, peri- and postoperative complications, tumor histology, grade, and stage. These comprehensive features were compared between the bowel metastasis and bowel resection groups using appropriate statistical analysis.

Results The mean age at diagnosis of the patients was 54.7 ±12.4; The median age at diagnosis was 55 years. There was no significant difference between the presence of bowel resection according to the laboratory findings ($p>0.05$). While postoperative CA125 values were detected to be higher in patients with intestinal metastasis comparing to those without bowel metastasis ($p<0.05$). Preoperative tumor diameter value was found to be higher in patients with intestinal metastasis ($p<0.05$). It was determined that mean survival time of the patients who had bowel metastasis was low ($p>0,05$).

Conclusion Since seromuscular involvement is usually seen in intestinal metastases of ovarian cancer, the sensitivity of the endoscopy and colonoscopy in screening is low. Risk-adjusted endoscopy and colonoscopy screening may be a reasonable strategy.

2022-RA-1607-ESGO OPTIMAL TIME INTERVAL BETWEEN NEOADJUVANT PLATINUM-BASED CHEMOTHERAPY AND INTERVAL DEBULKING SURGERY

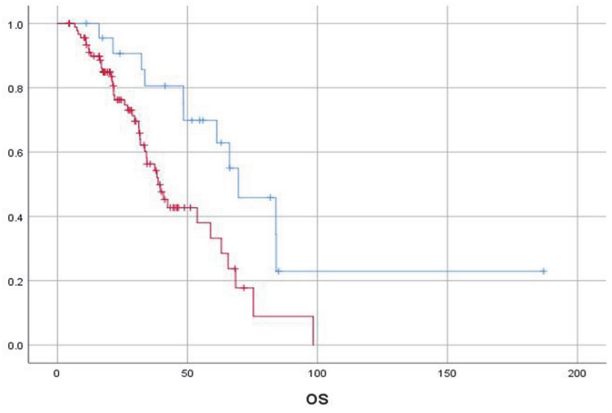
[1]Angeliki Andrikopoulou, [1]Kleoniki Apostolidou, [2]Charalampos Theofanakis, [1]Christos Markellos, [1]Efthymia Skafida, [1]Oraianthi Fiste, [1]Maria Kaparelou, [1]Konstantinos Koutsoukos, [2]Nikolaos Thomakos, [2]Dimitrios Haidopoulos, [2]Alexandros Rodolakis, [1]Flora Zagouri, [1]Meletios-Athanasios Dimopoulos, [1]Michalis Liontos. *[1]Department of Oncology, National and Kapodistrian University of Athens, Athens, Greece; [2]1st Department of Obstetrics and Gynecology, National and Kapodistrian University of Athens, Athens, Greece*

10.1136/ijgc-2022-ESGO.755

Introduction/Background There is limited data on the optimal time interval between the last dose of neoadjuvant chemotherapy (NACT) and interval debulking surgery (IDS) in high-grade serous ovarian carcinoma (HGSC).

Methodology We retrospectively identified patients with stage IIIC/IV HGSC who had received NACT followed by IDS during a 15-year period (January 2003-December 2018) in the Oncology Department of Alexandra University Hospital that were further divided in two groups: the short (<4 weeks) and long (>4 weeks) interval groups.

Results Overall, 115 patients with HGSC stage IIIC/IV that underwent NACT and IDS were included in our analysis. Median age of diagnosis was 62.7 years (SD: 10.7; 39–86). Median PFS was 15.7 months (SD: 1.4; 95% CI: 12.9 – 18.4) and median OS was 44.65 (SD: 2.9; 95% CI: 38.8 – 50.5). Patients were categorized in groups according to interval from NACT to IDS (< 4 weeks (group A); 4 -5 weeks (group B); 5- 6 weeks (group C); >6 weeks (group D). Long time interval from IDS to NACT (> 4 weeks) correlated to poorer PFS ($p= 0.006$) and OS ($p= 0.006$). Median PFS was 26.6 months (95% CI: 24 – 29.2) for patients undergoing IDS < 4 weeks after NACT versus 14.4 months (95% CI: 12.6 – 16.2) for the > 4 weeks group ($p= 0.006$). Median OS was 69.5 months (95% CI: 46.9 – 92.1) versus 38.7 months (95% CI: 31.1 – 46.2) respectively ($p= 0.006$). On multivariate analysis, interval from NACT to IDS (< 4 weeks vs > 4 weeks) retained its statistical significance in terms of PFS ($p= 0.004$) and OS ($p= 0.002$) along with optimal debulking, performance status and administration of bevacizumab (all $p< 0.05$).



Abstract 2022-RA-1607-ESGO Figure 1