Introduction/Background Malignant Brenner tumors (MBT) of the ovary are rare disease; representing 1. 5% of all ovarian cancers and 3. 5% of Brenner tumors. They carry a poor prognosis. They generally affect women during the perimenopausal and postmenopausal periods. The aim of this study is to report our experience in the treatment of MBT of the ovary, to better characterize this disease.
Methodology A retrospective case series involving 5 patients diagnosed with MBT of the ovary and treated between 2006 and 2020.
Results The mean age of our patients was 54. 1 years. Four patients were in the menopause period. The tumor was staged as IC in one case, IIC in one case and IIIC in three cases of FIGO classification. All women conducted surgery followed by adjuvant chemotherapy. Four patients underwent a locoregional recurrence that occurred respectively after 9, 11 and 13 months in three patients. The treatment was based on chemotherapy, combined with surgery in one case. Two patients presented distant metastasis. The treatment consisted of chemotherapy and surgery. One patient of them died after surgery from massive pulmonary embolism. The mean follow up period was 39. 5 months.
Conclusion The treatment approach of MBT of the ovary is not well established since its scarcity and poor prognosis. Thus, more case series and meta-analysis should be conducted.

2022-RA-1623-ESGO EFFECT OF BEVACIZUMAB AND COMPLETE CYTOREDUCTIVE SURGERY IN ADVANCED LOW GRADE SEROUS OVARIAN CANCER: A SECONDARY ANALYSIS OF MITO 22

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Introduction/Background The aim of the present analysis was to explore the efficacy of Bevacizumab (Bev) on survival outcome in advanced low grade serous ovarian cancer (LGSOC) both in first line and in recurrent setting.
Methodology In this multicenter retrospective case control study, we compared LGSOC patients treated with chemotherapy (CT) with or without Bev, enrolled in MITO22 study. Patients receiving Bev in first-line or recurrence were considered and matched with patients receiving only CT (stage III and IV in first line; platinum based-CT in second line). Descriptive and survival analyses were performed for each group. Furthermore, the effect of upfront complete cytoreduction on progression free survival (PFS) was assessed.
Results Out of 128 patients included in MITO 22, 46 LGSOC patients receiving Bev in first-line setting or at the time of first recurrence were identified.In first line, 30 patients received Bev+CT and 65 CT alone. Median PFS were 47.86 months (95% CI: 31.48 -NR) and 22.63 months (95% CI 15 -39.24), respectively. This data was statistically significant at univariate analysis while it wasn't at the multivariate analyses where RT was considered. Median PFS was not reached (95% CI 31.5-not reached) in patients achieving complete cytoreduction and receiving Bev, while it was 32.4 months (95% CI: 7.9–37.4) in patients with RT.In the recurrent setting, 16 patients received Bev +CT and 33 women platinum-based CT alone at the time of relapse.PFS were 37.1 months (95 CI: 13.42–40.56) and 11.22 months (95% CI: 8.26–15.63), respectively, being statistically significant (p value 0.013); no multivariate analysis were performed due to the low number of patients receiving secondary cytoreduction.
Conclusion Our study suggests that Bev might be effective in LGSOC both at diagnosis and at the time of relapse. The role of optimal cytoreduction is also confirmed. This data warrants further studies.

2022-RA-1633-ESGO CAN A MORPHOLOGICAL DESCRIPTION OF THE PERITONEAL CARCINOMATOSIS IN ADVANCED OVARIAN CANCER ADD PROGNOSTIC INFORMATION? SYSTEMATIC ANALYSIS IN 1686 PATIENTS

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Introduction/Background Peritoneal carcinomatosis in ovarian cancer is frequent and generally associated with higher stage and poorer outcome. The clinical features of peritoneal carcinomatosis are diverse and their relevance for surgical and long-term outcome remains unclear. We conducted this prospective study to describe intraoperatively the different features of peritoneal carcinomatosis (PC) and to correlate them with clinicopathological features and survival outcomes.
Methodology We performed systematic analysis of all patients with documented intraoperative PC and a primary diagnosis of epithelial ovarian, tubal, or peritoneal cancer from January 2001 to September 2018. All data were evaluated by using the systematic tumour bank tool. Specific PC features included texture(soft-hard), consistency(coarse-fine or both), wet vs dry, and localization(diffuse-local). The PC characteristics were then evaluated for correlation with age, FIGO-stage, tumour histology, lymph-node involvement, tumour grade, and presence of residual tumour. Moreover, the influence of PC characteristics on overall-survival(OS) and progression-free survival (PFS) was analysed.
Results 1686 patients with PC and primary epithelial ovarian cancer were included. Majority of the patients had diffuse PC (73.9%). The majority of PC were fine in texture (55.3%) and hard in consistency (87.4%). 27.6% of patients had dry PC. Diffuse localization of PC was significantly associated with

higher FIGO stage(p<0.001), high-grade(p=0.003), serous tumours(p=0.006) and residual tumour as compared to local PC(p<0.001). Wet PC significantly correlated with diffuse localization(p <0.001) and residual tumour as compared to dry PC(p<0.001). Coarse PC was significantly associated with residual tumour as compared to fine PC(p=0.044). Diffuse peritoneal localization(p<0.001), wet PC(p<0.001), and lymph-node involvement(p<0.001) were associated with lower OS and PFS-rates.

Conclusion Diffuse PC was a significant predictor of recurrence. Lower OS and PFS were associated with diffuse PC, wet PC, and additional lymph node involvement. Further prospective trials are warranted with the inclusion of translational research aspects to better understand the different peritoneal carcinomatosis pattern.

2022-RA-1637-ESGO HIPEC AS A SAFE AND USEFUL TOOL FOR THE TREATMENT OF OVARIAN CANCER

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Introduction/Background The use of HIPEC is still controversial since there is no consensus about its benefits and implementation in the current literature.We present a descriptive analysis of the results in a single reference center gynecologic oncology unit

Methodology We did a retrospective observational study from 2015 to 2019.We included every women who underwent CRS +HIPEC procedure during the study period. Demographic data,pre and post operatory data,OS and PFS and current status were registered

Results 35 patients were included.Preanestesic risk was low in 87% of cases(ASA I-II).62,9%(n=22) of patients were treated initially with CRS vs 37,1%(n=13) who received neoadyuvant chemotherapy.In our sample,the most frequent timing of HIPEC was after relapse(45,7%).Laparotomic approach was the most frequent representing 68,6%(n=24).The most commonly used chemotherapeutic agent was Paclitaxel.In our sample,median time to recurrence was 29.6 months. 51,4% (n=18) suffered a recurrence and 25,7%(n=9) progressed after intervention.Regarding current status,45,7%(n=16) live without disease,28,6% (n=10) live with disease and 25,7% (n=9) died because of the disease. Complete citoreduction (R0) was achived in 45,7%(n=16),being 31,4%(n=11) R1, and 20%(n=7) R2. 23 complications (65,7% of the sample) were recorded. All of them were classified by systems and gravity(major and minor).Regarding major complications,13.04%(n=3) were due to intestinal injury during surgery,8.7%(n=2) were bladder injury,4.35%(n=1) ureteral injury and 21.74%(n=5) of them were due to blood loss (>1L),which required blood transfusion.It is noteworthy that kidney failure rate is 0% in our sample.In relation to minor complications,13.04% correspond to fever without a focus,8.7% to infection of the surgical wound(seromas).We only found 4 complications Clavien-Dindo IIIa, 2 IIIB and 1 IV. In the sample, the average ICU stay is 1.3 days.The average hospital stay was 7.6 days.

Conclusion Despite the radicality of the surgical procedures performed, toxicity was mild and major complications were rare and successfully resolved.In our study there have been no complications resulting in death.

2022-RA-1638-ESGO RANDOMIZED PHASE III TRIAL ON NIRAPARIB-TSR-042 (DOSTARLIMAB) VERSUS PHYSICIAN'S CHOICE IN RECURRENT OVARIAN, FALLOPIAN TUBE, OR PRIMARY PERITONEAL CANCER PATIENTS NOT CANDIDATE FOR PLATINUM RETREATMENT: NITCHE TRIAL (MITO 33)

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Introduction/Background Platinum resistant ovarian cancer patients have a poor prognosis, and few treatment options are available. Preclinical and clinical data demonstrated that the combination of poly-ADP ribose polymerase inhibitors (PARPi) with immune checkpoint inhibitors (ICIs) could have a synergistic antitumor activity in this setting of patients. MITO 33 trial will assess the hypothesis that the combination niraparib/dostarlimab therapy is effective in increasing overall survival, progression free survival and time to first subsequent therapy with respect to chemotherapy alone.

Methodology Patients will be randomized 1:1 to receive:Arm A (physician's choice chemotherapy): pegylated liposomal doxorubicin 40 mg/mq d1q28, weekly paclitaxel 80 mg/mq d1,8,15q28, gemcitabine 1000 mg/mq d1,8,15q28 or topotecan 1.25 mg/mq d1–5q21;Arm B (dostarlimab + niraparib): dostarlimab 500 mg every 3 weeks for 4 cycles, then 1000 mg every 6 weeks + niraparib 300 mg or 200 mg daily. Patients will be stratified according to homologous recombination deficiency status (positive vs negative), PD-L1 status, previous immunotherapy, previous PARPi treatment and Bevacizumab therapy. Homologous Recombination Deficiency status will be evaluated with Foundation One CDx test and tumor PD-L1 expression will be evaluated on archival pretherapy lesion.

Results Inclusion Criteria- Recurrent platinum resistant epithelial ovarian, fallopian tube or primary peritoneal cancer (no more than 2 previous chemotherapy lines)- Previous treatment with PARPi and/or ICIs are allowed (if at least 6 months from last treatment have intercurred)-

Conclusion

Primary Endpoint Overall SurvivalSecondary Endpoints: Progression Free Survival; Time to First Subsequent Therapy and Objective Response Rate; Safety and Tolerability of Dostarlimab plus Niraparib