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.

**Abstracts**

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**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/m² d1q28, weekly paclitaxel 80 mg/m² d1,8,15q28, gemcitabine 1000 mg/m² q1q28 or topotecan 1.25 mg/m² 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 pre-therapy 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 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.