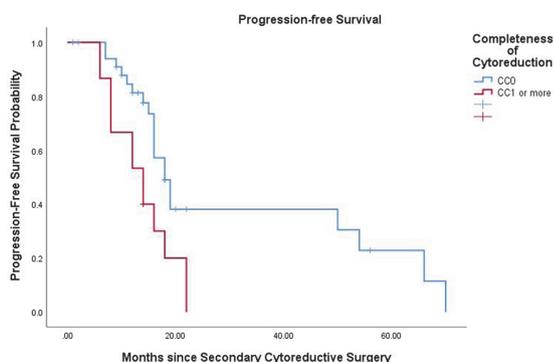


extracted from electronic medical records. Survival analysis was done using Kaplan-Meier method and Cox Proportional Hazards model.

Results Fifty patients (age 30–71) underwent SCS for PSROC with complete cytoreduction (CC0) achieved in 35 (70%) patients. The majority had high-grade serous carcinoma (78%), and most patients (88%) relapsed more than 12 months after platinum-based chemotherapy. SCS involved bowel resection in 24% of patients with stoma in 10%. Clavien-Dindo grade 3 or higher complications occurred in 4 (8%) patients. Postoperative 30-day mortality rate was 2%. Maintenance therapy with bevacizumab, and poly ADP ribose polymerase (PARP) inhibitor was used in 28% and 8% of patients respectively. The median progression-free survival (PFS) was 16 months (95% confidence interval [CI], 13.9 to 18.1), and the median overall survival (OS) was 38 months (95% CI, 32.3 to 43.7). Patients with CC0 had a better PFS than those without CC0 (18 months vs. 14 months; hazard ratio, 0.38; 95% CI, 0.18 to 0.8; $P=0.01$) but not OS. There was no significant difference in PFS and OS among other potential prognostic subgroups.



Abstract 2022-RA-1661-ESGO Figure 1

Conclusion Secondary cytoreductive surgery in PSROC had minimal complications. Progression-free survival was comparable to randomised studies while overall survival was lower. Patients with complete cytoreduction had better progression-free survival.

2022-RA-1662-ESGO TUMOR INDUCED STROMAL SENESENCE IN HIGH GRADE SERIOUS OVARIAN CANCER. A PRECLINICAL STUDY ON NOVEL PROGNOSTIC BIOMARKERS AND PRELIMINARY PROSPECTS ON THERAPEUTIC POTENTIAL

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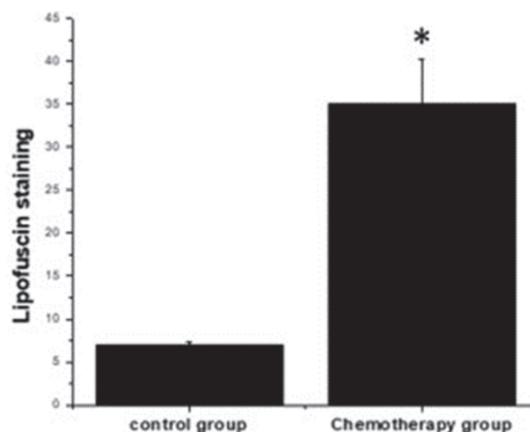
10.1136/ijgc-2022-ESGO.769

Introduction/Background Extensive cytoreductive surgery combined with chemotherapy is currently the standard treatment for high grade serous ovarian cancer (HGSOC). Yet, up to 80% of patients relapse, due to either platinum or PARP-inhibitor resistance. Recent preclinical data suggest that tumor-induced senescence (TIS) could play a pivotal role in chemo-

resistance development. The primary endpoint of this study is to assess whether neoadjuvant chemotherapy (NACT) induces TIS and whether this phenotype can worsen the prognosis.

Methodology This is a retrospective cohort study conducted on HGSOC histologic specimens fixed in formalin and embedded in paraffin (FFPE), collected at Careggi University Hospital between May 2019 and January 202. Samples were collected during interval debulking surgery (group 1) or primary cytoreduction (group 2). Lipofuscin staining of stromal cells was used as immunohistochemistry (IHC) biomarker of TIS on FFPE samples. All FFPE's results will be correlated with progression-free survival (PFS) using Cox proportional hazard regression. Univariate and multivariate analysis on clinical data of the two groups were performed.

Results Ten patients were enrolled in group 1 and nine in group 2. Lipofuscin staining was significantly more expressed in group 1 than in group 2 FFPE (50% vs 0%, $p=0.0135$). Univariate analysis showed that CA125 serum level at diagnosis was significantly higher in group 1 ($p=0.0112$), and PFS was longer in group 2 ($p = 0.0012$). At multivariate analysis, lipofuscin staining correlates with the CA 125 serum value at diagnosis ($p = 0.041$), PFS ($p = 0.035$) and relapse ($p = 0.039$).



Abstract 2022-RA-1662-ESGO Figure 1

Conclusion Our preliminary data demonstrate TIS development in HGSOC cells exposed to NACT, and this correlates with higher CA 125 at diagnosis, PFS and relapse. Further research on TIS in OC is needed to disclose its role in disease progression, and to identify suitable biomarkers for tailored treatment.

2022-RA-1669-ESGO ROLE OF LAPAROSCOPY IN THE DIFFERENTIAL DIAGNOSIS BETWEEN PERITONEAL TUBERCULOSIS AND ADVANCED OVARIAN CANCER: AN INFREQUENT CONDITION TO KEEP IN MIND!

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