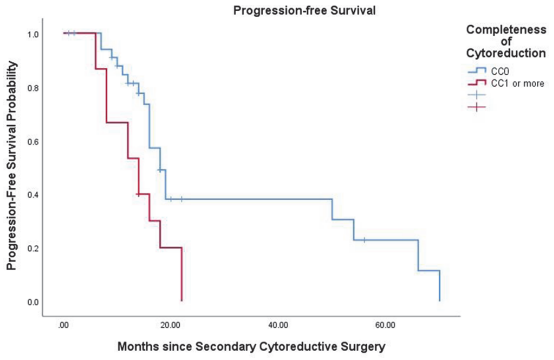
extracted from electronic medical records. Survival analysis was done using Kaplan-Meier method and Cox Proportional Hazards model.

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 SENESCENCE IN HIGH GRADE SERIOUS OVARIAN CANCER. A PRECLINICAL STUDY ON NOVEL PROGNOSTIC BIOMARKERS AND PRELIMINARY PROSPECTS ON THERAPEUTIC POTENTIAL

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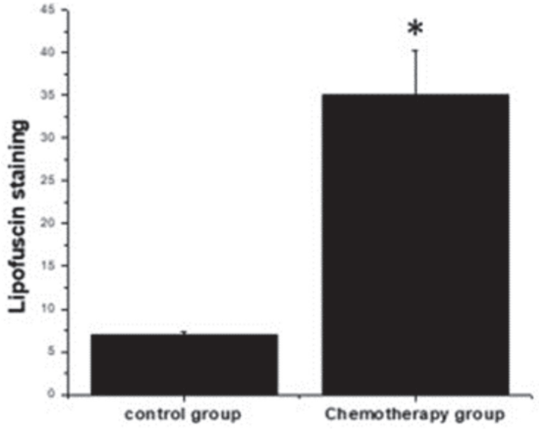
10.1136/ijgc-2022-ESGO.769

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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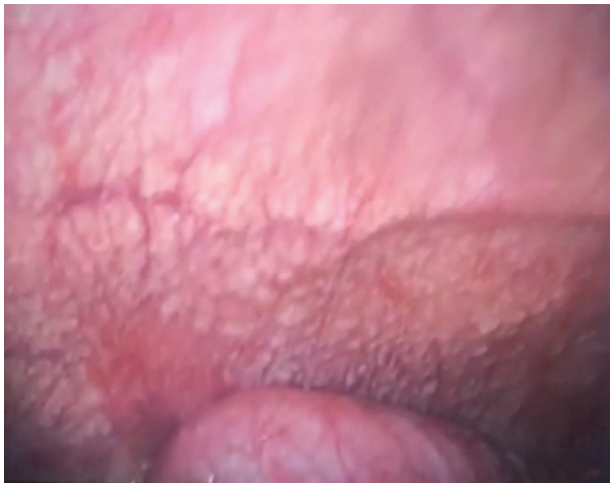
Introduction/Background Tuberculosis is currently a serious global problem and its incidence has increased in recent years. However, peritoneal tuberculosis is rare in the western world, its incidence is estimated at 1–2% of patients with pulmonary tuberculosis. This extrapulmonary tuberculosis is very difficult to diagnose due to its non-specific signs and symptoms, which sometimes leads to gynecological oncology diagnosis such as advanced ovarian carcinoma.

Methodology Our experience using laparoscopy as a diagnostic modality to accurately diagnose peritoneal tuberculosis which mimics a carcinomatosis of ovarian origin, is presented.

Results A 37-year-old Saharawi woman presented with a 1-month history of abdominal distention and loss of appetite and weight. A CT-scan of the abdomen and pelvis reported ascites with multiple peritoneal nodules suspicious for carcinomatosis peritonei. CA125 was 356 UI/ml. Based on these imaging features along with elevated CA 125 levels, peritoneal carcinomatosis of an ovarian carcinoma was suspected. Laparoscopic examination revealed peritoneal carcinomatosis and omental cake, the uterus remains normal, both ovarium and tubes were normal, but all peritoneal cavity was covered by milliary nodule. The histopathological examination revealed a granulomatous reaction associated with tuberculosis infection, showing epithelioid granulomas, with caseating necrosis, giant cells, as well as a chronic inflammatory infiltrate. PCR was successful for the direct detection of *Mycobacterium tuberculosis*. Moreover, there was no histopathological evidence of malignancy. The diagnosis of peritoneal tuberculosis was established. The patient is being treated with daily administration of isoniazid, rifampicin, ethambutol and pyrazinamide for two months, followed by four months of daily dual therapy combining isoniazid and rifampicin.



Abstract 2022-RA-1669-ESGO Figure 1

Conclusion Laparoscopy is considered as the best modality to differentiate between peritoneal carcinomatosis of ovarian origin and peritoneal tuberculosis. In countries with migratory flows, the possibility of peritoneal tuberculosis should be kept in mind to gynecologist oncologist as a differential diagnosis of carcinomatosis of ovarian origin.

2022-RA-1672-ESGO IMPACT OF SEPSIS ON THE ONCOLOGIC OUTCOMES OF ADVANCED EPITHELIAL OVARIAN CANCER PATIENTS: A MULTICENTER RETROSPECTIVE PILOT STUDY

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10.1136/ijgc-2022-ESGO.771

Introduction/Background Recently, a case of spontaneous regression of a histologically confirmed FIGO stage IIIC EOC following sepsis was reported. Experimental studies reported that sepsis could induce an antitumor response in other cancers. Studies also shown that the persistent immunosuppression seen in sepsis patients could lead to unfavorable oncologic outcomes of cancer patients. The aim of our pilot study was to assess the impact of sepsis on the oncologic outcomes of advanced stage EOC patients.

Methodology Gynecologic oncologic patients admitted to the Intensive Care Unit (ICU) of three oncologic centers between 01–01–2006 and 01–01–2019 were identified. Patients who experienced sepsis following advanced stage EOC diagnosis or treatment were selected. A descriptive analysis of the impact on the oncologic and survival outcomes of the advanced stage EOC patients was conducted. In addition, differences in survival outcomes between sepsis patients and advanced stage EOC patients from the Netherlands Cancer Registry (NCR) were assessed using Kaplan-Meier survival curves. To correct for differences in case-mix, propensity score matching (PSM) using 1:3 nearest neighbor matching was conducted in a sensitivity analysis after which survival analysis were repeated. Possible mechanisms of antitumor responses following sepsis were also discussed.

Results A total of 18 advanced stage EOC patients who experienced sepsis were identified. Sepsis patients had similar patients, tumor, and treatment characteristics as the NCR cohort. 3/18 patients died from the complications of sepsis. Most patients who survived sepsis developed recurrent EOC at different time-periods. The median OS in months was 31 months for the sepsis cohort and 36 months for the unmatched NCR cohort. The median PFS was 16 months for both cohorts. Similarly, PSM of the two groups did not reveal differences between survival outcomes.

Conclusion Sepsis does not seem to have a positive impact on oncologic and survival outcomes of advanced stage EOC patients.