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.

**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**

**ROLE OF LAPAROSCOPY IN THE DIFFERENTIAL DIAGNOSIS BETWEEN PERITONEAL TUBERCULOSIS AND ADVANCED OVARIAN CANCER: AN INFREQUENT CONDITION TO KEEP IN MIND!**

1Virginia Benito, 1Cristina Molin, 2Amina Lubrano, 3Alexander Betancourt. 1Gynecology Oncology, Hospital Santa Catalina, Las Palmas de GC, Spain; 2Gynecology, Hospital Universitario Insular Materno Infantil, Las Palmas de GC, Spain; 3Pathology, Eurofins Laboratory, Santa Cruz de Tenerife, Spain

10.1136/ijgc-2022-ESGO.770

**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 chemoresistance 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).

**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.
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 Ul/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.

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.