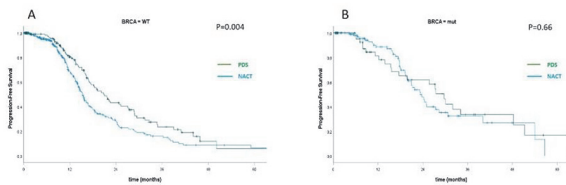


range. Median Progression Free Survival (PFS) in women >65 y for PDS and IDS was respectively 29.7 vs 23.4 months (p=0.66) for BRCAmut, and 21.0 vs 15.4 months (p=0.004) for BRCAwt.

**Abstract 2022-LBA-677-ESGO Table 1** Distribution of BRCA status according to age

Age group	BRCA wt	BRCA mut	Total
<50	243 (50.0%)	243 (50.0%)	486
50-59	356 (58.4%)	254 (41.6%)	610
60-69	387 (67.4%)	187 (32.6%)	574
70-79	277 (78.2%)	77 (21.8%)	354
>=80	51 (78.5%)	14 (21.5%)	65
<b>Totale</b>	<b>1314 (62.9%)</b>	<b>775 (37.1%)</b>	<b>2089</b>



**Abstract 2022-LBA-677-ESGO Figure 1** Kalpan-Meyer plots for progression free survival in (A) BRCAwt and (B) BRCA2mut in the older population (>65 years)

**Conclusions** BRCAmut is often associated to younger age, reaching the 50% in patients <50 y, however the rate of mutation in older age is not trascurable. BRCAmut patients maintain the best prognosis even in the older group. BRCAwt are less likely to respond to chemotherapy and in this group upfront surgery with complete resection makes the difference.

**2022-LBA-714-ESGO FULL-THICKNESS PARTIAL DIAPHRAGM RESECTION USING AN ENDO GIA VASCULAR STAPLER IN PATIENTS WITH ADVANCED-STAGE OVARIAN CANCER: AN INSTITUTIONAL SERIES**

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**Introduction** Patients with advanced-stage ovarian cancer frequently present with peritoneal carcinomatosis with a diaphragmatic involvement. During cytoreduction surgeries, deep infiltrating nodules require diaphragmatic full-thickness resections (DFTRs). These procedures involve opening the pleural cavity, often requiring a chest drain, and are associated with a high rate of postoperative complications. We present a novel technique to perform DFTRs using a surgical stapler without opening the pleural cavity, and we report our preliminary results.

**Methods** Analysis of consecutive patients undergoing full thickness diaphragmatic resection using an EndoGIA vascular stapler by a single surgical team since January 2018.

**Results** Fifteen patients underwent cytoreductive surgeries with S-DFTRs. The median operative time was 300 (114 – 547) minutes. Cytoreduction was considered complete in all cases. Concomitant contralateral diaphragmatic peritoneal stripping was performed in 5 cases (33.3%) and was associated with a conventional DFTR in 1 case (6.7%). Pleural effusion was observed in 9 patients (60.0%), and 4 (26.7%) required a postoperative pigtail catheter thoracostomy. Three patients (20.0%) required catheter placement (ipsilaterally to the S-DFTR) and 2 patients (13.3%) required catheters on the contralateral hemithorax. Pulmonary embolism and pneumonia were both observed once (6.7%). The median hospitalization length was 14 (5 – 36) days. During the follow-up, 6 patients (40.0%) had a recurrence, but none involved the pleura or the diaphragm.

**Conclusions** This technique appears as a safe and easy method for performing diaphragmatic resections and could reduce postoperative complications.

**2022-LBA-750-ESGO RECTAL CANCER VERSUS ENDOMETRIOSIS ON ULTRASOUND IN METASTATIC OVARY**

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10.1136/ijgc-2022-ESGO.1022

**Introduction** Ultrasound is now available everywhere with high advancement in technology. There are some findings on ultrasound that can be very similar on appearance. These include the rectal endometriosis and rectal cancer especially if there is adnexal masses associated.

**Methods** we are aiming here to show the difference and illustrate the findings for differentiation through presentation of 2 different cases.

**Results** IOTA scoring system is very important in initial assessment of masses, and it can be memorized easily. And after its application, expert ultrasound can help with pattern recognition of masses. Rectal cancer and rectal endometriosis can be easily mistaken or even can be missed so we aimed here to clarify them through discussion od 2 cases. Furthermore, mucin cancer typical appearance was not reported before on literature regarding the typical intestinal mucinous cystadenocarcinoma of the ovary and metastatic ovary with vessels sign also are shown here in a typical appearance.

**Conclusions** finally we aimed to show some ultrasound findings that was previously can be seen on ultrasound, now with advancement in technology, we can so that even better than the MRI and CT especially in the pelvic region.

**2022-LBA-751-ESGO NODAL VERSUS PERITONEAL METASTASIS ON ULTRASOUND**

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10.1136/ijgc-2022-ESGO.1023

**Introduction** Granulosa cell tumors are rare ovarian neoplasms and they can metastasize and recur. Due to its rarity, limited data are available on nodal metastasis and recurrence. Recurrence after staging surgery can be nodal or peritoneal related to the lateral pelvic wall.

Methods we are aiming here to present a case with a metastatic mass on the lateral pelvic wall and illustrate the differentiation of nodal one versus peritoneal ones.

**Results** Most cases of granulosa cell tumors are stage I but Unfortunately, they are not benign and can metastasize, recur, and cause death. the detection of extra-ovarian metastasis at initial diagnosis depends on the completeness of surgical exploration/staging. Surgery remains the mainstay of initial management.

If Metastasis occur on the Peritoneum or nodes at the lateral pelvic wall, it can be differentiated by compressibility of the iliac vessels, fat plane in between, vasculature of the mass in relation to iliac vessels and connecting vessels in between.

**Conclusions** Ultrasound can be effective in detecting recurrence on follow up and differentiating between nodal or peritoneal metastasis on lateral pelvic wall.

#### 2022-LBA-1231-ESGO USE OF MASS CYTOMETRY ANALYSIS OF HUMAN PERIPHERAL BLOOD MONONUCLEAR CELLS TO IDENTIFY CELL SUBSETS FOR MONITORING COMBINED IMMUNOTHERAPY WITH CD73 AND PD-L1 BLOCKADE IN HGSOC PATIENTS

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10.1136/ijgc-2022-ESGO.1024

**Introduction** NSGO-OV-UMB1/ENGOT-OV-30 – cohort A is a single-arm, open-label phase II study of the combination of immune checkpoint inhibitors: durvalumab (anti-PD-L1) and oleclumab (anti-CD73), in relapsed high-grade serous ovarian cancer (HGSOC). The clinical efficacy data, presented at ESGO2021, showed the combination had effect, but the disease-control rate was not correlated with intratumoral CD8 and PD-L1 expression. Identification of responding patients by use of single cell-profiling through biomarker enrichment is needed to better select patients for immunotherapeutic strategies.

**Methods** Whole blood samples from the patients (n=25) were taken at regular intervals (pre-treatment, every 56 days, and at progression). Total leukocytes were isolated and fixed. Immunophenotyping with a 40 metal-tagged antibody panel with the ability to define multiple T-cell populations was done on cell suspensions on a CyTOF<sup>®</sup> XT mass cytometer. After data acquisition, the data was analyzed with a combination of R, Cytobank and MATLAB to identify predictive and response biomarkers.

**Results** Preliminary analysis identified 34 immune cell subsets present in all samples (n=37). Compared to the baseline samples, samples taken on day 56 of the treatment period contained higher proportions of classical monocytes (p=0.007), and lower proportions of central memory CD8<sup>+</sup> T-cells (p=0.04) and effector memory CD4<sup>+</sup> T-cells (p=0.0498). At baseline, the long-term survivors (≥16 weeks) demonstrated higher proportions of total T-cells (p=0.0302), total CD4<sup>+</sup> T-cells (p=0.0221), and naïve CD4<sup>+</sup> and CD8<sup>+</sup> T-cells (p=0.0011 and p=0.0312, respectively).

**Conclusions** The analysis reveals immunological responses to durvalumab and oleclumab immunotherapy in patients with recurrent and metastatic HGSOC and suggests potential predictive biomarkers for categorizing patients into predefined response subgroups. Further investigation of both discoveries is underway.

#### 2022-LBA-1618-ESGO A PILOT STUDY OF INTERVAL CYTOREDUCTIVE SURGERY AND HIPEC FOR ADVANCED EPITHELIAL OVARIAN CANCER IN THE UK

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10.1136/ijgc-2022-ESGO.1025

**Introduction** The Christie is one of the first UK cancer centres to offer hyperthermic intraperitoneal chemotherapy (HIPEC) to patients with advanced epithelial ovarian cancer (AEOC). Though the OVHIPEC1-trial has demonstrated longer recurrence free and overall survival for patients undergoing interval cytoreductive surgery (CRS) with the addition of cisplatin based HIPEC compared to CRS alone, this treatment is not yet offered as NHS-funded treatment. We report early follow up data on safety and feasibility of CRS+HIPEC in ovarian cancer patients at the Christie, with an analysis of comparative perioperative costs.

**Methods** Patients with high grade AEOC who achieved partial response to 3 or 4 cycles of neoadjuvant carboplatin-paclitaxel chemotherapy were selected for interval CRS +HIPEC. The procedure was performed by Gynaecological Surgical Oncologists in collaboration with Peritoneal Surgeons with extensive experience of CRS+HIPEC in colorectal and appendiceal malignancies. Closed HIPEC delivery technique was used. Cisplatin was perfused at 42°C for 90 minutes at 100 mg/m<sup>2</sup>.

**Results** 9 patients have undergone CRS+HIPEC for AEOC at The Christie since October 2021. By the LBA submission deadline, this will be 10. We will report on median time to surgery from chemotherapy, pre- and postsurgical PCI score, mean length of stay and CCU stay, intra- and postoperative complications and 30 and 90 day mortality. Overall costs of the perioperative care of CRS+HIPEC will be compared to CRS alone in our setting.

**Conclusions** Interval CRS+HIPEC is feasible, safe and cost effective for AEOC when performed collaboratively in a tertiary centre with a collocated peritoneal tumour service.