Abstracts

EP226/#923  ECONOMIC BURDEN IN PLATINUM-RESISTANT OVARIAN CANCER
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Objectives Introduction Platinum-resistant ovarian cancer (PROC) is associated with a substantial economic burden. An economic SLR was conducted to evaluate the economic burden and cost-effectiveness analyses (CEA) of therapies used in advanced ovarian cancer resistant or refractory to platinum-based chemotherapy.

Methods The scope of the SLR was defined using the Patient population, Intervention, Comparators, Outcomes measures and Study design (PICO) statement, and performed in accordance with PRISMA guidelines. Medical Literature Analysis and Retrieval System Online [MEDLINE®] and Excerpta Medica Database [Embase®)]. EconLit and Cochrane were searched for records dated up to the search date of July 6, 2021. Relevant congresses (2017–2021), previous HTA submissions, and bibliographies of previously conducted SLRs were searched to capture all relevant data.

Results Seventeen publications out of 1,092 records from the Ovid search were deemed relevant for the analysis. Of 17 included studies, 12 were CEAs and 5 were observational studies evaluating cost and healthcare resource use in US, Iran, Canada, Belgium, Spain, Thailand, Portugal, and Australia. Healthcare costs for ovarian cancer increase with disease progression to more advanced stages of disease and by increased lines of chemotherapy treatment. The average annual per patient cost was €24,111, increasing from €8,641 in stage I to €42,547 in stage IV. Advanced chemotherapy, hospitalizations, and surgery accounted for 87.2% of direct healthcare costs (Delgado-Ortega et al. 2019). Indirect costs were estimated at €1,002 per patient annually.

Conclusions Conclusion There is a need for more affordable and tolerable treatment options for patients with ovarian cancer resistant or refractory to platinum-based chemotherapy.

EP227/#913  PROGNOSTIC ROLE OF PATHOLOGICAL CHEMOTHERAPY RESPONSE SCORE IN PATIENTS RECEIVING NEOADJUVANT CHEMOTHERAPY FOR EPITHELIAL OVARIAN CANCER
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Objectives Following neo-adjuvant chemotherapy, patients with advanced epithelial Ovarian Cancer (EOC) undergo interval cytoreduction. Response to treatment varies widely. Our objective was to study the prognostic role of the pathologic chemotheraphy response score (CRS) on final pathology in this group of patients.

Methods A retrospective study was conducted of patients with advanced high-grade EOC diagnosed between 2005–2017, and treated with neoadjuvant chemotherapy. After interval cytoreductive surgery (ICS), pathological tumor progression was determined in the omentum, according to the 3-tier CRS, while CRS 1+2 were defined as poor response and CRS3 was defined as good response. Results were compared with standard clinicopathological variables (demographical data, tumor characteristics, CA-125, surgical outcome), and progression free survival (PFS). Standard statistics were used as required.

Results Fifty eight patients were eligible for analysis, CRS 1–2 was found in 33 (56.9%) and CRS 3 in 25 (43.1%) patients. In the CRS 3 group, more patients achieved no macroscopic disease at ICS than in the CRS 1–2 group (22 (91.7%) vs. 15 (46.9%), p<0.001). Bowel resection rates were lower in the anticoagulant. Complete blood counts (CBCs) in whole blood samples were determined using a HemaVet HM5 and compared between cancer and controls using Sika’s multiple comparisons test. Platelet rich plasma (PRP) was separated from the whole blood and used to measure agonist-induced platelet aggregation using a Platelet Aggregation Profiler (PAP-8E) and t-tests. Agonists used were: arachidonic acid (AA: 0.5 mg/ml), adenosine diphosphate (ADP: 2 μM and 20 μM) and collagen (0.19 mg/ml).

Results The only CBC parameter that significantly differed between the two groups was a higher platelet count in ovarian cancer patients compared to controls. Platelet aggregation rates and maximum aggregation positively correlated with platelet count. The rate and maximum degree of platelet aggregation were higher in ovarian cancer patients compared to healthy controls for whether the same number of platelets or volume of PRP was used.

Conclusions Both platelet count and cancer-associated platelet biology contribute to platelet hypercoagulability in ovarian cancer patients, consistent with their increased thrombosis risk. This finding supports studies repurposing antiplatelet agents for prevention of thrombosis in ovarian cancer patients.

EP228/#913  THROMBOCYTOSIS CONTRIBUTE TO INCREASED EX-VIVO AGONIST-INDUCED PLATELET AGGREGATION IN OVARIAN CANCER PATIENTS
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Objectives Thrombocytosis in ovarian cancer patients directly correlates with disease burden and increased risk of thrombosis and death caused by thrombosis. The objective of the current study was to test the hypothesis that agonist-induced platelet aggregation differs between healthy controls compared to ovarian cancer patients based on platelet count or cancer-altered platelet biology.

Methods Venous blood was collected from healthy controls or ovarian cancer patients (N>25 each) in acid citrate dextrose
CRS3 group (0 (0%) vs. 6 (18.8%), p=0.035). There was no difference in PFS and OS between the two groups (log rank test =0.282 and 0.664, respectively).

Conclusions In this study, a 2 tier pathological CRS of the omental tumor was found to be associated with the rate of complete cytoreduction at ICS. Interestingly, this difference did not translate into an advantage in PFS for these patients.

**EP230/#1083** CORRELATION BETWEEN CT SCAN AND PER-OPERATIVE FINDINGS IN SECOND-LOOK SURGERY FOR OVARIAN CANCER

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Objectives The aim of this study is to correlate computerized tomography (CT) scans with clinical findings during second-look surgery.

Methods This study was conducted on twenty-five patients with epithelial ovarian cancers undergoing second-look operations in our hospital between 2019 and 2021.

Results The average age of patients was 59.2 years (46–73 years old). Twenty-one cases are staged as stage III (84%) and 4 cases of stage VI (16%) high serous ovarian carcinoma. All patients underwent multiple courses of combined neoadjuvant chemotherapy. The evaluation of response was clinically, radiologically and biologically. Computed tomography (CT scan) was performed prior and after chemotherapy. Second-look laparotomy was used to determine disease status, restage and debulk tumor. CT scans were correlated with the results obtained at subsequent second-look laparotomy. It consistently failed to detect intraperitoneal spread except when disease was gross (>2 cm) or when it could be predicted by the presence of ascites. The correlation with intraoperative findings in this situation was only 7.2%. Sensitivity was poor for mesenteric and lymph nodal involvement, good for omental and abdomin- nal mass and decisively good for pelvic metastases of ovarian cancer.

Conclusions Due to a still high false-negative rate a normal CT scan does not provide sufficiently accurate diagnostic information to replace a second-look laparotomy.

**EP231/#1099** DISCREPANCIES BETWEEN FROZEN AND FINAL DIAGNOSIS IN THE EVALUATION OF MUCINOUS BORDERLINE OVARIAN TUMORS

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Objectives The distinction of ovarian Mucinous Borderline Tumors (MBT) from carcinomas remains the greatest challenge for pathologists. The aim of the work was to assess concordance between the response of extemporaneous examination (EE) and the final diagnosis of MBT.

Methods Our study was retrospective including 37 cases of primary ovarian MBT, diagnosed at the Pathology Department...