group, whereas 131 proteins were in the poor response group. Proteins significantly upregulated in the good response group included ribosomal- and infection-related proteins. Proteins significantly upregulated in the poor response group included extracellular matrix receptor- and coagulation-related proteins. To identify a protein signature that stratifies good and poor responders to PARP inhibitors, we performed four feature selection algorithms with leave-one-out cross-validation to improve the accuracy. High expression of Proteins A and B were associated with worse and better progression-free survival, respectively.

Conclusions We successfully identified protein signatures associated with response to PARP inhibitors. This study was the most extensive proteomic analysis to predict PARP inhibitor response in ovarian cancer.

Conclusions Our study results demonstrate the survival benefits of BEV and secondary CRS in patients with platinum-sensitive relapsed OCCC.

EP238/#618 HIGH FKBPL EXPRESSION CONTRIBUTES TO CELL PROLIFERATION BY REGULATING THE CELL CYCLE AND AFFECTS PROGNOSIS IN OVARIAN CANCER PATIENTS

Objectives About 70% of ovarian cancer patients experience recurrence, and resistance is induced by repeated chemotherapy. So, research for novel therapeutic approach is urgently needed. FK506-binding protein like (FKBPL) is involved in immune & inflammatory responses, and signaling pathways regulating various cancers. However, the role of FKBPL in epithelial ovarian cancer (EOC) has not been elucidated.

Methods Immunohistochemical analysis of FKBPL expression using tissue microarray was performed on 398 epithelial ovarian tissues (186 cancer, 49 borderline, 84 benign, and 79 normal tissues). The clinico-pathological parameters and those data were compared. It was also performed in vitro to investigate the functional role of FKBPL in ovarian cancer cell lines.

Results The expression of FKBPL in ovarian cancer tissue was upregulated than other epithelial tissues (all p < 0.001). Importantly, FKBPL expression was associated with stage, tumor grade, cell type, and chemotherapy response (p ≤ 0.05). Multivariate survival analysis showed that overexpression of FKBPL was associated with poor overall survival (HR = 3.58; 95% CI: 1.87–6.84, p < 0.001) and disease-free survival (HR = 3.1; 95% CI: 1.97–4.87, p < 0.001). In-vitro results also showed that knockdown of FKBPL was associated with decreased cell proliferation, inhibited colony formation, and induction of G1 phase cell cycle arrest, supporting an oncogenic role of FKBPL in ovarian cancer cell lines.

Conclusions Overexpression of FKBPL could be a significant biomarker for predicting poor survival after chemotherapy. In addition, future research that reveals the mechanism of FKBPL on the cancer cell cycle will lead to the development of new anticancer drugs.
Methods We retrospectively reviewed medical records of patients who received splenectomy as part of cytoreductive surgery in advanced ovarian cancer from 2007–2022. Patients were divided into the parenchymal invasion group and capsular/hilar invasion group. Clinical characteristics including histologic invasion patterns and survival outcomes were analyzed.

Results A total of 100 ovarian cancer patients received splenectomy; 55(55%), 40(40%) and 5(5%) cases were performed during primary debulking surgery, interval debulking surgery and at the time of disease recurrence respectively. The median age was 54.5 yrs, and all patients had FIGO stage IIIC-IV disease. 27(27%) patients had parenchymal invasions and all the lesions were accompanied by capsular or hilar metastasis without solitary parenchymal invasion. Among the patients with primary cancer(n=95), 42(44.2%) patients had stage IV disease including 17(17.8%) patients with splenic parenchymal metastasis. There was no difference in residual disease (p = 0.392), progression-free survival (p = 0.339) and overall survival(p = 0.841) between the patients with parenchymal invasion and capsular/hilar metastasis.

Conclusions Although splenic parenchymal metastasis reflected widespread tumor dissemination, all the lesions were followed by hilar or capsular involvement and surgically treatable disease. The prognosis of splenic parenchymal metastasis was not inferior to the capsule or hilar invasion, therefore, it needs to be considered as FIGO stage IIIC disease.

**EP240/#814**

PROGNOSTIC SIGNIFICANCE OF CLINICAL FACTORS, INCLUDING BRCA MUTATION STATUS, IN EPITHELIAL OVARIAN, PERITONEAL, AND FALLOPIAN TUBE CANCERS

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Objectives We analyzed the survival outcomes of patients with epithelial ovarian, peritoneal, or fallopian tube cancer (EOPFTC) with BRCA1/2 mutations and the clinical factors associated with the prognosis of these cancers.

Methods Based on the data collected from Clinical Data Warehouse of Catholic university of Korea, we investigated patients who had been diagnosed and treated for EOPFTC, and undergone germline BRCA test in 6 hospitals between January 2012 and December 2019.

Results In total, 378 patients were identified and 76 (20.1%) women carried BRCA 1/2 mutation. There was no significant difference in progression-free survival (PFS; p = 0.562) and overall survival (p = 0.677) between BRCA 1/2 mutation and wild-type groups. In multivariate analysis, however, PFS of BRCA 1/2 mutation group for 18 month from primary treatment was significantly superior to wild-type group (p = 0.024). In subgroup analysis for high grade serous carcinoma patients, BRCA 1/2 mutation was an independent favorable prognostic factor for PFS (p = 0.035). Subgroup analysis for stage III to IV disease also demonstrated an independent PFS gain in patients with BRCA 1/2 mutation (p = 0.015). Neoadjuvant chemotherapy as primary treatment was related with poor PFS (p < 0.001) and reduced OS (p = 0.005).

Conclusions Germline BRCA 1/2 mutation improved short-term PFS in patients with EOPFTC. Elevated initial CA125 level and primary neoadjuvant chemotherapy were related to poor prognosis.