six series followed by six months of observation. After the observation, we determined the therapy’s response with the RECIST Criteria (Response Criteria in Solid Tumors). Immunohistochemistry (retrospective) tests to ovarian cancer tissue and flow cytometry (prospective) blood tests then were performed to examine the expression of CD44+/CD24+, RAD6 and DDB2.

**Results** There were significant overexpression of CD44+/CD24+, RAD6 and underexpression of DDB2 (p < 0.05) in chemoresistance ovarian cancer tissue with significant AUC value (p < 0.05). There were significant overexpression of CD44+/CD24+, and RAD6 (p < 0.05) in blood circulation of chemoresistance ovarian cancer patients while CD44+/CD24+ has significant AUC value (p < 0.05)

**Conclusions** We conclude that there were overexpression of CD44+/CD24+, RAD6, underexpression of DDB2 in ovarian cancer tissue, and overexpression of CD44+/CD24+ in blood circulation and these proteins were good predictors of ovarian cancer chemoresistance.
survival estimates and Cox proportional hazards model adjusted for covariates were used for analyses.

Results The risks of recurrence of EOC increased steadily with increasing time from the start of primary treatment from 13.6% in 6-months to 71.0% after 12-months. In the final multivariate analyses, recurrence within 6 months of treatment was a significant independent predictor of poor OS in EOC patients (HR=7.23, 95%CI: 3.87–13.51, P<0.01).

Conclusions Our study suggests that recurrence within 6 months is an important prognostic factor that predicts poor OS in EOC. Early tumour recurrence may be a useful surrogate of overall survival and thus this information should be considered in the design of future tailored randomized controlled trials. Future strategies to improve OS in EOC patients should focus on identifying effective measures to prevent early tumour recurrence.

FIRST REPORT OF CLINICAL OUTCOMES WITH ESCALATED DOSES OF CISPLATIN AND DOXORUBICIN IN PIPAC FOR PERITONEAL CARCINOMATOSIS OF EPITHELIAL OVARIAN CANCER

1Sp Somashekhar*, 1Rohit Kumar, 1Priya Kapoor, 2Susmita Rakshit, 1Aaron Fernandes, 1HK Karthik, 1Ashwin Rajagopal. 1Manipal Comprehensive Cancer Centre, Gynec and Surgical Oncology, Bangalore, India; 2Manipal Hospital, Oncopathology, Bangalore, India

Objectives PIPAC in inoperable recurrent ovarian cancer has showed better oncological outcomes at existing doses. However, the maximum dose that can be used and its clinical outcomes is not defined yet.

Methods PIPAC was done at dose of cisplatin 15 mg/m2 and doxorubicin 3 mg/m2. The patient demographics, perioperative findings, adverse events, and outcomes were prospectively recorded. Response rate was graded as Peritoneal Regression Grading Score (PRGS). QoL of the patients was studied according to the EORTC QLQ – C30 score.

Results 18 PIPAC administrations were performed in 6 patients. The median hospital stay was 1.5 day (1–3 day). CTCAE grade 2 was observed in 3 patients, for abdominal pain and nausea, grade 3 fatigue in 2 patients. Transient increase in C-reactive protein was seen in 3 patients, hematological, renal and hepatic functions were not impaired in any patients except for mild transient elevation in AST and ALT levels in 3 patients. All patients completed 3 cycles of PIPAC. Of the 6 patients, 3 had complete response (PRGS 1) and remaining 2 had major (PRGS 2), 1 had minor response (PRGS 3). There was improvement in functional scale, symptom scale and overall global health status for all patients.

Conclusions PIPAC can be performed safely at doses of cisplatin 15 mg/m2 and doxorubicin 3 mg/m2. There is better objective & pathological response with this dose with no major complications or side effects to the patients. There is also improvement in quality of life. This dose should be new standard of care for further studies.

VALIDATION OF MULTI-GENE PANEL NEXT-GENERATION SEQUENCING FOR THE DETECTION OF BRCA MUTATION IN FORMALIN-FIXED, PARAFFIN-EMBEDDED EPITHELIAL OVARIAN CANCER TISSUES

Eun Taeg Kim, Ha Eun Jeong, Hyung Joon Yoon, Ki Hyung Kim, Dong Soo Suh*. Pusan national university hospital, Obstetrics and Gynecology, Pusan, Korea, Republic of

Objectives The therapeutic effect of poly(ADP-ribose) polymerase inhibitors in patients with epithelial ovarian cancer (EOC) with somatic BRCA mutations is consistent with that observed in patients with germline BRCA mutations, indicating the importance of detecting both germline and somatic BRCA mutations concurrently. We compared the efficacy of multi-gene panel next generation sequencing (NGS) in EOC patients’ formalin-fixed, paraffin-embedded (FFPE) tissue to that of conventional Sanger sequencing in blood samples.

Methods This study included 48 patients with EOC, and both blood Sanger sequencing and FFPE tissue NGS were conducted in all of them. Clinical and pathological data were reviewed, including age at diagnosis, histology, and stage. Blood Sanger sequencing was performed using peripheral blood leukocytes. The target regions of 90 cancer-related genes were identified using FFPE tissue.

Results The median age of patients was 56.1 years, with serous carcinoma (n=40, 83.3%) and stage III (n=37, 77.1%) being the most common histology and International Federation of Gynecology and Obstetrics stage, respectively. FFPE tissue NGS identified ten pathogenic variants, including all eight pathogenic variants identified by blood Sanger sequencing as well as two additional pathogenic variants. In addition, FFPE tissue NGS identified 19 variants of uncertain significance (VUS), including all ten VUS identified by blood Sanger sequencing as well as nine additional VUS.

Conclusions The FFPE tissue multi-gene panel NGS had 100% sensitivity for detecting BRCA germline mutations and could detect additional somatic mutations. Furthermore, performing FFPE tissue multi-gene panel NGS followed by blood Sanger sequencing sequentially may help differentiate germline from somatic BRCA mutations for genetic counseling.

HOPE AND CHOICE: DIRECT PATIENT PREFERENCE ELICITATION FOR DURABLE VERSUS FIXED SURVIVAL GAINS IN WOMEN WITH RECURRENT OVARIAN CANCER (ROC)

Charlotte Sun*, Amy Schneider, Sarah Huenerbecher, Shannon Westin, Larissa Meyer. The University of Texas, MD Anderson Cancer Center, Gynecologic Oncology and Reproductive Medicine, Houston, USA

Objectives Hope in oncology can be defined as the desire to be a statistical outlier (tail of the curve). We examined preferences of ROC patients for tail of the curve survival.

Methods Patients chose between a clinical trial (chance at durable survival (DS)) and best supportive care (SC) or