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.

**EP287/#314**
**OVARIAN CANCER MANAGEMENT AND SURVIVAL OUTCOME – 10 YEARS STUDY FROM A TERTIARY CARE CENTRE IN INDIA**

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**Objectives**
Ovarian cancer (OC) is the second most common gynecological cancer in India but there is paucity of Indian data regarding its treatment and survival outcome. This study is a ten-year audit of the disease characteristics, treatment protocols and survival outcomes of OC cases managed at our centre over 10 years.

**Methods**
This prospective and retrospective cohort study was conducted in the department of Obstetrics and gynaecology in collaboration with department of pathology over a period of one year. Ethical clearance was obtained from the institutional ethics committee and informed consent from all patients. Total 360 cases of OC were diagnosed between January 2010 to December 2019 as per the hospital records. Details of disease characteristics, type of treatment, recurrence and its treatment were tabulated. Survival outcomes of 191 contactable patients were analysed through SPSS 21.0.

**Results**
Out of 360 cases, maximum were epithelial type (86.3%) and presented in stage III/IV (78.8%). Almost half were treated by primary surgery and half by neoadjuvant chemotherapy. Out of 191 contactable cases 57% had complete response by first treatment, 32.9% developed recurrence and 9.9% had a refractory/resistant disease. About 51.5% were alive and 48.5% had expired. The median overall survival duration was 48 months, and disease free survival duration was 29.94 months. The OS (p = 0.005) and DFS (p=0.012) were significantly more with primary surgery as compared to NACT.

**Conclusions**
Early stage of disease and complete surgical debulking have significantly better survival outcomes.

**EP288/#278**
**COMPARATIVE ASSESSMENT OF PATTERNS OF RECURRENCE BETWEEN PRIMARY AND INTERVAL DEBULKing SURGERY IN ADVANCED EPITHELIAL OVARIAN CANCER: ANALYSIS FROM A TERTIARY REFERRAL CENTRE**

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**Objectives**
This study assessed the differences in the pattern and timing of recurrence in women with advanced epithelial ovarian cancer (EOC) who had primary debulking surgery (PDS) followed by chemotherapy or interval debulking surgery (IDS) after neoadjuvant chemotherapy (NACT).

**Methods**
Retrospective data on the sociodemographic and clinical characteristics and laboratory parameters together with the recurrence status after a 3-year follow-up of 126 women with advanced EOC who had undergone standard treatment between January 2008 and December 2017 were collected and analysed.

**Results**
There were 46 (68.7%) recurrences in the IDS group compared to 37 (62.7%) in the PDS group (P=0.88). The Kaplan-Meier curve comparing the progression-free survival (PFS) between PDS and IDS in women with advanced EOC showed no statistically significant difference (P=0.38). There was also no statistically significant association between type of surgical treatment and PFS after adjustments for covariates such as age and pre-existing medical morbidity in the multivariate analysis (HR=1.46, 95% CI: 0.90–2.37, P=0.12).

**Conclusions**
We found no conclusive evidence to suggest that IDS between cycles of chemotherapy compared with conventional treatment using PDS followed by adjuvant chemotherapy (ACT) improved the PFS of women with advanced EOC. We, therefore, suggest a need to further evaluate the potential benefit of an individualised treatment selection rather than a blind extrapolation of all women with advanced EOC to NACT and IDS.

**EP289/#608**
**TIMING OF RECURRENCE AND OVERALL SURVIVAL IN EPITHELIAL OVARIAN CANCER: A 10-YEAR RETROSPECTIVE REVIEW IN A TEACHING HOSPITAL**


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**Objectives**
The timing of recurrence of epithelial ovarian cancer (EOC) after a standard primary treatment is an important indicator of the degree of response of the tumour to treatment. It, however, remains unclear if the timing of recurrence will predict survival outcomes.

**Methods**
Data was extracted from patients who underwent standard primary treatment and follow-up after EOC diagnosis between January 2011 and December 2020. Descriptive statistics were computed for all patients’ data and Kaplan-Meier
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.

EP290/#660

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

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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.

EP291/#607

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

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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.

EP292/#552

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

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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...