thrombocytopenia (0.00% vs 10%) and with a similar incidence of anemia (11.76% vs 8%).

Conclusions Preliminary results suggested that for advanced epithelial ovarian cancer the short-course Nab-PC regimen as first-line chemotherapy provided equivalent efficacy to that of the PC regimen and there appeared to be a lower incidence of hematologic toxicities.

Conclusions Nab-p plus carboplatin as a NACT regimen was effective and tolerable for unresectable epithelial OC.

Abstract EP305/#335 Figure 1 Study outline

**EP306/#201**

**Efficacy and Safety of Nanoparticle Albumin-Bound Paclitaxel Plus Carboplatin as Neoadjuvant Chemotherapy for Women with Unresectable Ovarian Cancer: A Single-Center, Open Phase Ib/Ii Clinical Trial**

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Objectives This study aimed to explore the efficacy and safety of nanoparticle albumin-bound paclitaxel (nab-p) combined with carboplatin as a neoadjuvant chemotherapy (NACT) regimen for patients with ovarian cancer (OC).

Methods This is a single-center, open phase Ib/Ii Clinical Trial (ChiCTR1900026893). We enrolled women with unresectable epithelial OC, FIGO stage III or IV. Patients received 3 cycles of NACT, then interval debulking surgery (IDS), followed by 3–6 cycles of adjuvant chemotherapy. Each 3-week cycle consisted of carboplatin AUC5 plus nab-p 260 mg/m² (Keadi®). In the phase Ib part, the objective was to evaluate the safety and tolerability of the NACT. In the phase II part, the primary objective was R0 resection rate. Secondary objectives were progression-free survival, objective response rate (ORR) and safety.

Results Phase Ib results showed the NACT was safe and tolerable, so the study proceeded to phase II. A total of 22 patients were included in this analysis, 10 patients in the phase Ib and 12 patients in the phase II. The median age was 58.5 years and 13 (59.1%) patients had stage IIIC. After NACT, the ORR was 86.4% (95%CI: 65.1%-97.1%). Among the 20 patients who underwent IDS, all patients achieved optimal debulking and 75% (95%CI: 50.9%-91.3%) achieved R0 resection. During NACT, the most common grade 3/4 adverse events were hematologic toxicities, including neutropenia (81.8%), leukopenia (54.5%), anaemia (22.7%) and thrombocytopenia (22.7%). All adverse events returned to normal or acceptable levels after receiving appropriate treatment.

**EP307/#659**

**THE LONG-TERM PROGNOSIS OF TOTAL PARITONECTOMY IN PRIMARY DEBULKing SURGERY FOR ADVANCED OVARIAN CANCER**

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Objectives The object of this study is to evaluate the long-term clinical efficacy of total parietal peritonectomy (TPP) in primary debulking surgery (PDS) for advanced ovarian cancer. We previously reported that TPP showed the favorable prognosis at 3 years after PDS. In this study, the prognosis at 5 years after PDS and first recurrent site were investigated.

Methods This retrospective single-center study analyzed 16 patients with FIGO stages IIIC-IVB epithelial ovarian cancer who underwent TPP in PDS and achieved macroscopically complete resection between April 2015 and June 2016.

Results The median age of 16 patients was 52.5 years old, 12 were in stage IIIC and 4 were in stage IV. The histological types were high grade serous in 13 patients, and endometrioid grade3, clear cell and low grade serous in 1 patient each. All patients underwent chemotherapy (paclitaxel-carboplatin alone or with bevacizumab) after PDS. The 3-year relapse-free survival was 43.7% (95%CI: 19.8–65.6%) and overall survival was 68.8% (95%CI: 45.3–85.6%). Regarding the site of first recurrence, lymph node was observed in 6 patients, peritoneum in 5, and distant metastasis to parenchymal organs in 3 (includes duplicate patients).

Conclusions These results were favorable considering that these patients were treated before the introduction of PARP inhibitors. Examination of the site of first recurrence suggested that TPP reduced peritoneal recurrence. TPP in PDS may improve the prognosis of advanced ovarian cancer. On the other hand, complications may increase. Further studies are necessary on its safety and efficacy. We are going to start a phase 2 clinical trial soon.

**EP308/#195**

**CLINICAL CHARACTERISTICS AND SURVIVAL ANALYSIS OF CHINESE OVARIAN CANCER WITH BRCA1 C.5470_5477del Germline Mutation**

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Objectives BRCA1 c.5470_5477del mutation is the most common BRCA1/2 genes mutation in Chinese ovarian cancer patients. We aimed to describe the behavior among patients with c.5470_5477del mutation.

Methods We conducted next-generation sequencing (NGS) for BRCA1/2 genes in 760 Chinese ovarian cancer patients. Clinicopathological characteristics and outcomes were assessed.

Results BRCA1 c.5470_5477del germline mutation was detected in 2.76% (21/760) of patients, which was the most frequent BRCA1/2 mutation of these patients. This pathogenic mutation represented for 13.46% (21/156) of BRCA1

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mutations and 9.81% (21/214) of BRCA1/2 mutations. 21 patients came from 21 unrelated families. Patients median age at diagnosis was 52 years (range: 36–67 years). 81.0% (17/21) of them were diagnosed after 50 years. 9 patients (42.9%) had a family history of ovarian or breast cancer. 4 patients (19.0%) had a personal history of breast cancer. And 9 patients had no family history of ovarian or breast cancer, and no personal history of breast cancer. The distribution by stage was: stage I-II in 2 patients (9.6%), stage III-IV in 19 patients (90.4%). 81.0% (17/21) patients had high-grade serous carcinoma. The median follow-up was 34.5 months (range: 12.3–111.0 months). Median recurrence-free survival (RFS) and 2-year RFS for these patients was 25.4 months and 57.4%, respectively. 13 patients (13/21, 61.9%) relapsed during follow up, among which 92.3% (12/13) were classified as platinum-sensitive recurrence.

Conclusions Nearly half of BRCA1 c.5470_5477del mutation carriers had no family history of ovarian or breast cancer, and no personal history of breast cancer. Most patients tended to be associated with aggressive phenotype.

**EP309/#952** ARCHIPELAGO OF OVARIAN CANCER RESEARCH: A DUTCH NATIONWIDE, INTERDISCIPLINARY OVARIAN CANCER RESEARCH INFRASTRUCTURE

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Objectives High-impact fundamental and translational research is urgently needed to improve survival of ovarian cancer patients. Therefore, we established the Dutch nationwide Archipelago of Ovarian Cancer Research (AOCR). This multicenter, interdisciplinary infrastructure and biobank is a collaboration between all 19 Dutch hospitals in which ovarian cancer surgery takes place, and is aimed at facilitating large-scale, high-quality fundamental and translational ovarian cancer research.

Methods Adult patients with (suspected) ovarian cancer are eligible for inclusion in the AOCR. Preoperative and follow-up blood samples, ascites, biopsies, and tissue from primary and metastatic tumor sites are collected and stored in a uniform matter for future (genetic) research. One representative histological hematoxylin and eosin stained slide per participant is digitized and reassessed by a gynecological pathologist’s panel. Clinical and pathological parameters are retrieved from Dutch data registries. Besides issue of samples to individual researchers and research groups, subsequent research questions will be defined jointly by all collaborators.

Results Between January 2021 and May 2022, 273 patients were included in five participating hospitals. Ten more hospitals are expected to start inclusion between May and July 2022. From these 273 patients, 775 blood samples, 572 tissue samples and 162 digital slides were collected.

Conclusions The AOCR ensures a large collection of samples to be used for research. It enhances interdisciplinary and multicenter collaboration at a national, and, hopefully in the future, international level. The AOCR facilitates large-scale, high-quality fundamental and translational ovarian cancer research with the ultimate aim to improve diagnostics, treatment and survival of ovarian cancer patients.

**EP310/#1033** SOLUBLE HLA-E AND TNF-α PHA EXPRESSION ASSOCIATION IN EPITHELIAL OVARIAN CARCINOMA ASCITES

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Objectives Most patients with ovarian carcinoma are diagnosed at an advanced stage, and therapeutic options for these patients still limited. The present study aims to investigate soluble Human leukocyte antigen-β (sHLA-E) and TNF-α inflammatory cytokine expression in ascites of patients with epithelial ovarian carcinoma (EOC).

Methods Thirty ascites specimens from EOC patients were collected. We optimized a direct sandwich enzyme-linked immunosorbent assay (ELISA) method to simultaneously determine the total antibody levels of sHLA-E and TNF-α.

Results Ascites from EOC patients showed increased sHLA-E levels (Mean: 1403pg/ml) and TNF-α levels (Mean: 40,4pg/ml). Interestingly, sHLA-E was positively correlated to TNF-α expression (Spearman r=0.37, p=0.05). Both soluble molecules were decreased in ascites of EOC patients with high CA-125 without significance (CA-125 <35U vs CA125 ≥35U: sHLA-E: 1914 pg/ml vs 1307pg/ml and TNF-a: 154.2pg/ml vs 24.85pg/ml).

Conclusions Our preliminary data demonstrated that sHLA-E and TNF-α are increased in EOC patients’ ascites but decreased in those with high CA-125 tumor marker. sHLA-E might be highly secreted to decrease local inflammation and inhibit tumor progression. Further studies could shed light on the potential immune tolerance role of HLA-E in EOC.

**EP311/#1038** SECRETED HLA-G PROFILING IN EPITHELIAL OVARIAN CARCINOMA ASCITES

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Objectives Human leukocyte antigen (HLA)-G expression has been correlated with disease status and cancer patients’ outcome. In this study, we aimed to investigate the expression levels of both free soluble molecules (sHLA-G) and via extracellular vesicles as a membrane anchored molecule (HLA-GEV) in ascites from epithelial ovarian carcinoma (EOC) patients. We also explored their correlation with CA-125 tumor marker levels and histological subtypes.

Methods sHLA-G and HLA-GEV levels were measured using Enzyme-Linked Immunosorbent Assay (ELISA) method in 30 ascites from EOC patients.

Results Secreted HLA-G was detected in most of the ascites of EOC patients (sHLA-G 93%; HLA-GEV 70%) with increased