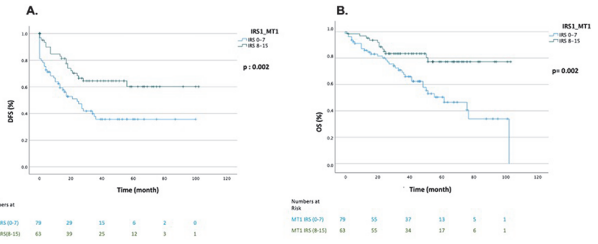
OS),and melatonin 1 receptor expression(p:0.002 for DFS and p:0.002 for OS) showed significant effect on DFS and OS. Melatonin 2 receptor expression had no effect on survival (p:0.593 for DFS and p:0.209 for OS).



Abstract #17 Figure 1 A: Relationship of IRS (Immunereactivity Score) for MT1 receptor of 142 patients and disease-free survival. B: Relationship of IRS for MT1 receptor of 142 patients and overall survival.

Disclosures The results showed that higher the Melatonin 1 receptor expression, longer the disease-free and overall survival.It's suggested that melatonin should be considered as adjuvant therapy for ovarian cancer patients in addition to standard treatment,and clinical progress should be observed.

#18 3–4 CYCLES VS 6 CYCLES NACT IN ADVANCED STAGE EPITHELIAL OVARIAN CANCER

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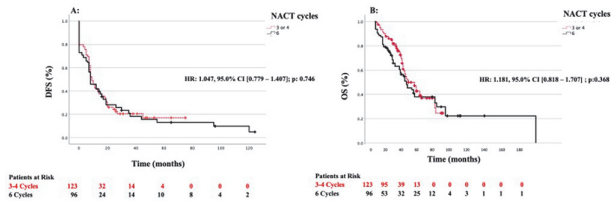
Introduction/Background The aim of this study was to compare the disease-free survival (DFS) and overall survival (OS) of patients who underwent interval cytoreductive surgery after 3–4 cycles or 6 cycles of neoadjuvant chemotherapy (NACT) in advanced epithelial ovarian cancer patients in whom primary cytoreductive surgery could not be performed.

Methodology Out of 219 patients with advanced epithelial ovarian cancer,123 patients received 3–4 cycles and 96 patients received 6 cycles of platinum based NACT. Afterwards, laparotomy was performed for interval cytoreductive surgery.

Results The disease-free survival and overall survival of patients were evaluated, no statistically significant difference was found when the patients who received 3–4 cycles of NACT and those who received 6 cycles of NACT were compared (HR:1.047, 95.0% CI [0.779–1.407]; p:0.746 for DFS, and HR:1.181, 95.0% CI[0.818–1.707]; p:0.368 for OS). Evaluating 123 patients who received 3–4 cycles of NACT; 87 patients (70.7%) without macroscopic residual tumor after interval cytoreductive surgery had significantly longer DFS and OS compared to 36 patients(29.3%) with any residual tumor (HR: 1.830, 95.0% CI [1.194- 2.806]; p:0.003 for DFS, and HR: 1.946, 95.0% CI [1.166–3.250]; p:0.009 for OS). Similarly, when 96 patients who received 6 courses of NACT were evaluated; 63 patients (65.6%) without macroscopic residual tumor after interval cytoreductive surgery had significantly longer DFS and OS than 33 patients (34.4%) with any residual tumor (HR: 1.716, 95.0% CI [1.092–2.697];p:0.010 for DFS, and HR:1.921,95.0% CI [1.125–3.282] ; p:0.013 for OS).

Conclusion The most important factor determining survival is whether macroscopic residual tumor tissue remains after interval cytoreductive surgery following NACT. All kinds of aggressive surgical intervention should be performed to ensure optimal cytoreduction(r=0) after NACT.



Abstract #18 Figure 1 A: DFS; 3–4 cycles of NACT versus 6 cycles of NACT in patients with no residual tumor. B: OS; 3–4 cycles of NACT versus 6 cycles of NACT in patients with no residual tumor.

Disclosures In patients with advanced ovarian cancer, there is no significant difference in DFS and OS between 3–4 cycles or 6 cycles of NACT.

#20 A PILOT STUDY OF CIRCULATING MICRORNA-125B AS A DIAGNOSTIC & PROGNOSTIC BIOMARKER FOR EPITHELIAL OVARIAN CANCER

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Introduction/Background The microRNAs (miRNAs) represent a new class of biomarkers and miRNA-125B has been shown to be overexpressed in epithelial ovarian cancer (EOC). This study was conducted to investigate plasma miRNA 125 as a diagnostic biomarker in EOC.

Methodology Venous blood sample of patients with clinically diagnosed ovarian tumors was drawn. After tissue confirmation of benign or malignant epithelial ovarian tumor of surgically resected specimen, patients were enrolled into the study and their blood samples were further analysed for miRNA expression. Patients with EOC were defined as cases and those with benign pathology report served as controls.

Commercial kit was used to isolate RNA and then reverse-transcribed into cDNA. The real-time PCR experiments were repeated at least thrice. Data analysis for qPCR was performed by the comparative threshold cycle (Ct)method. The Ct values of housekeeping U6 snRNA and test mir-125b were used to calculate the delta Ct (ΔCt) values between test and reference genes in both controls and cases. Delta delta Ct (ΔΔCt) values between controls and cases were based on difference in ΔCt values between the two sets. This was used to calculate the exponential difference based on 2–ΔΔCt. The values were normalized and expressed in terms of fold expression relative to controls.

Results We enrolled 32 cases and equal number of controls. Real time relative quantification analysis showed more than 6-fold increase in serum miR-125b expression among EOC than controls. . Patients in early stages had significantly higher levels of miRNA-125b than those in late stages (P =0.003).