

#39 THE ROLE OF PARP INHIBITORS IN THE MAINTENANCE OF RESPONSE IN PLATINUM SENSITIVE RECURRENT OVARIAN CANCERS

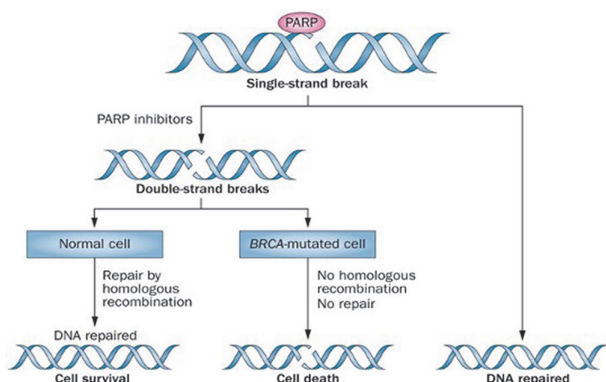
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Introduction/Background Ovarian cancer is the fifth leading cause of death of women in the United Kingdom, with most of these deaths being attributed to high-grade serous ovarian carcinomas (HGS-OvCa). Ovarian cancer responds well to treatment with chemotherapy often achieving complete clinical, radiological and marker response. However, unfortunately many women relapse and require further treatment. Treatment that reduces the risk of relapse would provide a major step in the treatment of ovarian cancer.

Methodology A systematic search was conducted of three databases; PubMed, Scopus and MEDLINE. The terms 'ovarian cancer', 'PARP inhibitors' and 'platinum' were added to the databases in order to narrow down the search results. Inclusion criteria were phase 2 and phase 3 trials, both BRCA and non-BRCA mutations, good response to platinum therapy, paper in the English language and published within the last 10 years. Primary endpoints include the progression free survival and tolerability towards treatment.

Results Benefit is seen in all groups of patients although the greatest benefit is seen in patients with BRCA mutations. For trials of niraparib, olaparib and rucaparib, the median months of progression-free survival increased by an average of 15.5 months, 13.6 months, and 11.2 months respectively. The treatment is well tolerated with the studies showing no compromise of quality of life compared to patients in the control arms who received placebo. Dose adjustment was required in a small proportion of patients and less than 15% of patients discontinued treatment due to adverse effects.



Abstract #39 Figure 1 Repair mechanism for single stranded breaks in DNA.

Conclusion This systematic review supports the use of PARP inhibitors in the maintenance of response following treatment with platinum-based chemotherapy in patients with relapsed ovarian cancer. However, longer follow up is required to assess whether these encouraging results and the improvement in progression free survival will translate into improvement in overall survival.

Disclosures None to disclose.

#41 DIAGNOSTIC DISCORDANCE IN INTRAOPERATIVE FROZEN SECTION DIAGNOSIS OF OVARIAN CANCER

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Introduction/Background Frozen section evaluation in ovarian tumors is an intraoperative diagnostic tool with proven reliability. Its purpose is to inform the gynecologist oncologist about the malignant character of the tumor and thus contribute to the determination of the surgeon's intraoperative management. The aim of this study to determine the discordances between the final pathology and frozen examination results in ovarian cancer surgery.

Methodology This study was conducted as a retrospective study that included 109 patients with ovarian cancer who underwent staging surgery or cytoreductive surgery by a single gynecologist oncologist between January 2014 and December 2020. Patients between the ages of 17–80 who were operated on by us and whose postoperative data were accessible, were included in the study.

Results The final pathology of 60% of cytoreductive surgeries performed with intraoperative frozen was serous carcinoma, and the final pathology of 11% was reported as endometrioid-type carcinoma. Mucinous carcinoma, clear cell carcinoma, neuroendocrine carcinoma, carcinosarcoma, and Brenner tumor had the highest discordance at 33%, 50%, 50%, 100%, and 100%, respectively. However, these histopathological types constituted only a few of the cases. Frozen results of 2 patients whose final histopathological result was carcinosarcoma were serous carcinoma. Frozen result of the patient whose final histopathology was reported as Brenner tumor was serous carcinoma. Frozen results were consistent with final histopathology in cases reported as germ cell tumors and serous borderline tumors. The discordance rate was 12% in the histopathological subtype of serous carcinoma, which was the most common among the cases.

Abstract #41 Table 1 Discordance of frozen section and final histopathology results

Histopathology	N	%	Discordance (%)
Serous Carcinoma	66	60	12
Mucinous Carcinoma	6	0.5	33
Endometrioid Carcinoma	13	11	15
Clear Cell Carcinoma	4	0.3	50
Sex Cord Stromal Tumor	5	0.4	20
Serous Borderline Tumor	5	0.4	0
Mucinous Borderline Tumor	4	0.3	25
Germ Cell Tumors	1	0.09	0
Neuroendocrine Carcinoma	2	0.1	50
Carcinosarcoma	2	0.1	100
Brenner Tumor	1	0.09	100

Conclusion The frozen examination should be accepted as a reliable method in terms of guiding the gynecologist oncologist. It should be used with more caution as a diagnostic tool for malignancy, especially in mucinous tumors and some rare histopathological subtypes. Besides, the frozen examination should always be interpreted very carefully in a surgical intervention where the patient will lose fertility.

Disclosures None.