Abstracts

THE ROLE OF EDMONTON FRAIL SCALE ASSESSMENT IN PRE-OPERATIVE COUNSELLING FOR OVARIAN CANCER CYTOREDUCTIVE SURGERY

Introduction/Background Frailty refers to the decrease in physiological reserve as well as multisystem impairments that develop separately to the normal ageing process. Objective frailty assessment can be valuable in the pre-operative risk-stratification of advanced ovarian cancer (OC) patients. We explored the association of Edmonton Frail Scale (EFS) on cytoreductive surgical outcomes.

Methodology We retrospectively collected data on consecutive patients who underwent cytoreductive surgery for OC between 2018–2022. This included demographics, morbidity, mortality and surgical outcomes including length of stay (LOS). We used inferential univariate statistics to describe our dataset. Spearman’s correlation was used to primarily explore the association between EFS and quoted pre-operative morbidity and mortality (P-POSSUM/SORT scales) as well as surgical outcomes including complications and LOS.

Results 161 patients with a median age of 68 (IQR 60–75) underwent primary (N=95), interval (N=45) or delayed cytoreduction (N=21). The median ASA was 2 (IQR 2–3) and the median operating time was 209 minutes (IQR 142–279). Overall the preoperative median EFS was 3 out of 17 (IQR 2–5), which translated into 126 (78.3%) ‘not frail’, 25 (15.5%) ‘vulnerable’, 8 (5%) ‘mildly frail’, 1 (0.6%) ‘moderately frail’ and 1 (0.6%) ‘severely frail’ patients. The median (IQR) HDU and overall length of stay was 2 (IQR 1–4) and 7 (IQR 5–10) days respectively. The median (IQR) number of post-operative complications was 0 (0–2), with the median most severe complication being 2 (1–3) on the Clavien-Dindo scale. Pre-operative EFS was statistically significantly associated with overall LOS (coef=0.164, p=0.038), total number of complications (coef=0.223, p=0.005), P-POSSUM morbidity score (coef=0.261, p=0.01), P-POSSUM mortality score (coef=0.288, p≤0.01), SORT score (coef=0.363, p≤0.01) and pre-operative serum albumin (coef=−0.176, p=0.025).

Conclusion EFS appears to correlate with quoted pre-operative morbidity and mortality (P-POSSUM/SORT) scales, as well as median length of stay and total number of complications. Hence EFS can be a useful adjunct in pre-operative counseling of patients undergoing cytoreductive surgery for ovarian cancer. This information can assist gyna-oncology teams in their treatment decisions and prehabilitation interventions.

Disclosures nothing for disclosure

OVARIAN ADENOSARCOMA IN A POSTMENOPAUSAL WOMAN: CASE REPORT AND REVIEW OF LITERATURE

Introduction/Background Mullerian adenosarcoma is a rare malignancy that generally occurs in the uterine corpus but more uncommonly may be found extraterrine. Ovarian adenosarcoma is extremely rare and often is presented in young women. Most of them are low grade and have a good prognosis except adenosarcoma with sarcomatous overgrowth.

Results A 77-year-old menopausal woman presented with abdominal discomfort. She had severe ascites and increasing level of CA-125, CA 19–9, HE4 tumor markers. After surgery and reviewing the pathological samples, adenosarcoma with sarcomatous overgrowth was diagnosed.

Conclusion Possibility of endometriosis transformation to malignancy even in the postmenopausal women may warrants continuous follow up for early diagnosis of this potentially fatal disease. More studies are needed to find the best therapeutic approach in adenosarcoma with sarcomatous overgrowth.

Disclosures nothing for disclosure

UTERINE INVolvEMENT IN EPITHELIAL OVARIAN CANCER AND ITS RISK FACTORS

Introduction/Background Epithelial ovarian cancer (EOC) is an extremely aggressive and lethal carcinoma. Specific data that identify high-risk groups with uterine involvement are not available. Thus, this study aimed to evaluate a gross number of women with EOC to obtain the frequency of uterine involvement and its risk factors.

Methodology This retrospective observational study was conducted on 1900 histologically confirmed EOC women, diagnosed and treated in our tertiary hospital from March 2009 to September 2020. Data including their demographic, medical and pathological findings were collected.

Results From 1900 histologically confirmed EOC women, 347 patients were eligible for participations. The mean age of study patients was 51.31±11.37 years with the age range of 25 to 87 years. Uterine involvement was detected in 49.6% (173) of the patients either macroscopic (47.4%) or microscopic (52.6%) types.

Uterine involvement was significantly associated with having AUB (P-value = 0.002), histological type of ovary tumor (P-value < 0.001), ovarian cancer stage (P-value < 0.001), and abnormal CA-125 concentration (P-value = 0.004).
Compared to the other study patient, the patients with metastatic uterine involvement had significantly higher stage (p-value<0.001), higher grade of ovary tumor (p-value=0.008), serous histological type (p-value<0.001), and a higher level of CA-125 concentration (p-value<0.001).

On the other hand, the patients with synchronous uterine cancer were significantly younger (p-value=0.013), nulliparous (p-value<0.001), suffered from AUB symptoms (p-value<0.001) and had endometroid histological type (p-value=0.010) of ovary cancer in comparison to other study patients.

Conclusion
Considering the high prevalence of uterine involvement in EOC patients, ultrasound evaluation and/or endometrium biopsy assessment should be done before planning any treatment.

Disclosures
NOTHING TO DISCLOSURE

#141 RESPONSE TO SUBSEQUENT PLATINUM-BASED CHEMOTHERAPY POST PARP INHIBITOR IN RECURRENT EPITHELIAL OVARIAN CANCER

Genevieve Macaulay Vacheresse*, 1 Tien Le. 1University of Ottawa, Ottawa, Canada; 2The Ottawa Hospital, Ottawa, Canada

Introduction/Background Maintenance therapy with PARP inhibitors (PARPi) can increase progression free survival (PFS) in recurrent or metastatic platinum-sensitive epithelial ovarian cancer (EOC), though some evidence suggests a decreased response to subsequent platinum-based chemotherapy. This study assessed real-world response rates to platinum-based chemotherapy for recurrent high grade EOC following treatment with a PARPi.

Methodology
Single center retrospective cohort study of patients prescribed a PARPi as maintenance therapy for recurrent or metastatic EOC, including 54 patients on niraparib and 36 patients on olaparib. Median duration of follow-up after PARPi initiation was 16.3 months.

Results
Of the 91 patients included in the analysis, 54 (59.3%) experienced disease progression after initiation of PARPi therapy, including 10 (11.0%) who progressed within 6 months of their penultimate therapy. Of the 44 patients who experienced disease progression more than 6 months following penultimate therapy, 32 (72.7%) were rechallenged with platinum-based chemotherapy. Of these, 16 (50.0%) experienced further disease progression with 14 (43.8%) progressing within 6 months of their platinum rechallenge. Median PFS following platinum rechallenge was 4.4 months, significantly lower than expected. Platinum resistance was seen in 26.4% of the overall population including 44.4% of the population who experienced disease progression after initiation of PARPi therapy.

Discussion
Patients who experienced disease progression following PARPi therapy showed a poor response to subsequent platinum-based chemotherapy, even when progression occurred more than 6 months after completion of their penultimate platinum-based chemotherapy. This supports the theory that PARPi resistance correlates with platinum resistance and raises concern for possible contribution of PARPi in the induction of platinum resistance in recurrent EOC.

Disclosures
None.

#156 PRIMARY PERITONEAL MESOTHELIOMA; TWO CASE REPORT AND REVIEW OF THE LITERATURE

Pelin Höbek*, Esra Isci Bostand, Mehmet Arif Onan. Gazi University Medical School, Ankara, Turkey

Introduction/Background
Primary peritoneal mesothelioma is a rare and aggressive neoplastic disease with a poor prognosis. The rarity of this entity and the challenging differential diagnosis with other ovarian and peritoneal neoplasms may lead to frequent misdiagnosis and some concerns about its histogenesis.

However, only 8% of patients with malignant peritoneal mesothelioma had a history of asbestos exposure, suggesting that other factors such as chronic inflammatory peritonitis, carcinogenic viruses, may cause the occurrence of malign peritoneal mesothelioma.

We report two cases of malign peritoneal mesothelioma and a literature review.

Methodology
A 76 year old patient was admitted as her symptoms of abdominal pain and abdominal distension. An abdominal ultrasound revealed high volume anechoic peritoneal effusion. Further investigation with abdominopelvic computed tomography showed extensive peritoneal disease with large volume ascites, peritoneal nodularity, irregular omental thickening. Ca125 value was 42 U/ml.

A 74 year old patient was admitted as her symptoms of abdominal distension. Diffuse ascites were observed on abdominal ultrasound. Ca125 value was 67 U/ml.

Both of patients were operated with the diagnosis of peritonitis carcinomatosa. After staging surgery, pathology revealed malignant mesothelioma infiltration in the ovaries, uterus, peritoneal surfaces and omentum. Carboplatin-paclitaxel chemotherapy regimen was started in both patients.

Results
From 2000 to 2022, 140 cases of peritoneal mesothelioma cases were reached in the literature review. The mean age of the patients was 54.1 and the mean survival was 52