cells, tumor cells and endothelial cells, as well as PD-1 and PD-L1 expression were assessed from immunocytochemically stained cell block sections for CD3, CD4, CD8, CD20, CD68, CD34, ERG, PD-1, and PD-L1 (22C3, SP263 and SP142 clones). The analysis of all parameters was performed semi-quantitatively. Obtained data were used to calculate if there is any correlation with progression-free survival (PFS) and overall survival (OS). Furthermore, a cut-off value for low and high density of tumor spheroids in the ascites that could predict better/poorer survival outcome in the patients was determined. Survival analysis was based on a 3.5-year patient follow-up.

Results Forty-seven patients were included in the study. Three different spheroid-size categories were observed in the ascites, (small, medium, large) but the size did not correlate with survival outcome. However, a 10% cut-off for spheroid density was established, that significantly predicted better/worse PFS and OS. Furthermore, our results confirmed the presence of spheroid-associated lymphocytes (mostly T lymphocytes), macrophages, and endothelial cells. PD-1 expression was observed only on spheroid-associated lymphocytes. PD-L1 expression was seen on both spheroid-associated tumor cells, lymphocytes, and macrophages assessed by 22C3 and SP263 clones but not with the SP142 clone.

Conclusion Our results highlight the potential of cytopathology to analyze ascites spheroids as potential predictive markers for HGSC patients.

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#279 3-D IMAGING DURING PRE-OPERATIVE EVALUATION FOR SECONDARY CYTOREDUCTIVE SURGERY IN RECURRENT OVARIAN CANCER
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Introduction/Background The role of secondary cytoreductive surgery (SCS) in cases of recurrent ovarian cancer has been debated. Recent studies have shown that optimal secondary debulking can improve overall and progression-free survival, but incomplete debulking may cause worse prognosis compared with no surgery. Therefore, optimal pre-operative planning is crucial regarding the possibility for complete resection. Pre-operative planning using Virtual 3D imaging has made advancements in many surgical fields, but no data exists in ovarian cancer surgery. We aimed to investigate cases in which use of pre-operative 3-D modeling was made prior to SCS.

Methodology A retrospective study performed in a single university medical center, identifying patients with recurrent ovarian cancer that underwent SCS between 2017–2022, comparing patients in which pre-operative 3D imaging was used (Group A), and those in which it was not (Group B). For both groups we described demographic and clinical data, and data regarding the outcomes of their SCS.

Discussion

Abstract #279 Figure 1 A 71 year old patient with recurrence of ovarian cancer. Tumor involving left Kidney and Pelvic mass involving the rectum. Frontal, Lateral and Inferior views (Tumor – in green)

Results Between 2017–2022, 84 patients were identified to have recurrence of ovarian cancer. Of these, 16 patients (19%) were taken for SCS. Six had preoperative 3D imaging and 10 did not. Age and stage at diagnosis were similar among groups. Median interval since first debulking was 54.4 (IQR 36.2–96) months vs. 63 (IQR 49.5–85) months for groups A and B, respectively.

When taken for surgery, diagnostic laparoscopy was used for 5/6 (83%) in group A compared to 6/10 (60%) in group B. Patients in group A had longer surgery (5 hours vs 3.75 respectively), but only 50% (5/10) in group B had a favorable surgical outcome of no residual disease in comparison to 6/6 (100%) in group A.

Conclusion Using 3-D imaging when planning secondary reductive surgery is feasible, and may have better surgical outcomes, to be further evaluated with future prospective studies.

Disclosures We have no disclosures.

#287 BEVACIZUMAB IMPROVES RESPONSE RATES TO PLATINUM CHEMOTHERAPY IN NEOADJUVANT OR FIRST PLATINUM-SENSITIVE RELAPSE IN ADVANCED LOW GRADE SEROUS OVARIAN CANCER
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Introduction/Background In low-grade serous ovarian cancer (LGSOC), surgery remains the cornerstone of treatment.