

Conclusion The SLN detection rate in EOC has a high overall detection rate with a NPV of 100% when injecting both radiotracer and ICG

Disclosures .

#492

THE EFFECT OF MAKUUCHI INCISION IN THE RATE OF COMPLETE CYTOREDUCTION IN PATIENTS WITH ADVANCED STAGE (IIIC) HIGH-GRADE SEROUS OVARIAN CARCINOMA

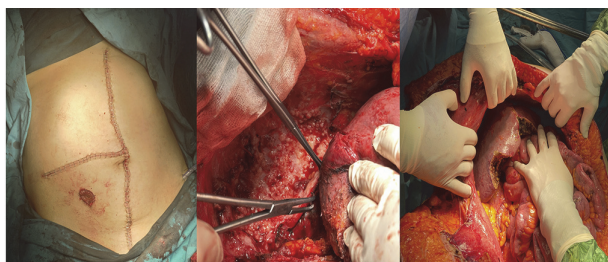
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Introduction/Background There is high incidence of diaphragm involvement in patients with stage IIIC high grade serous ovarian cancer. We evaluated the use of the Makuuchi incision and Thompson retractor system in patients with stage IIIC high-grade serous ovarian carcinoma with diaphragmatic metastases to facilitate liver mobilization and access to the diaphragmatic domes.

Methodology A total of 110 patients with stage IIIC high-grade serous ovarian cancer underwent cytoreductive surgery with supra and infra-umbilical incisions, and 12 of them were operated through the Makuuchi incision using a Thompson retractor system. R0 resection rates were calculated for Makuuchi incision applied group and non-applied group. Complication rates, patients discomfort, analgesic need were also recorded as the secondary outcome parameters.

Results The rate of R0 debulking was achieved 95% of the Makuuchi group and 60% in the remaining subjects ($p < 0.05$). An optimal surgical field exposure was obtained with Makuuchi incision. There were no major intraoperative complications such as bleeding or organ injuries. Blood transfusions were not required during surgery. There was no need to use additional analgesics during the postoperative period due to wound pain. During the early postoperative period, there were no complications associated with the incision, such as infection or wound dehiscence. There were no complaints regarding the cosmetic appearance of abdomen following the procedure. We did not observe any cases of incisional hernias.



Abstract #492 Figure 1 1a. Makuuchi incision 1b. visible seeding mass before diaphragmatic peritoneal stripping; 1c. Postoperative image of surgical resection of the liver metastatic lesions

Conclusion Our results supported that Makuuchi incision facilitates diaphragmatic stripping and liver mobilization in patients with stage IIIC high-grade serous ovarian carcinoma with diaphragmatic metastases.

Disclosures The Authors have no potential conflict(s) of interest to report.

#500

PROTEIN COMPOSITION OF EXTRACELLULAR VESICLES FROM MALIGNANT ASCITES DEFINES THE KEY COMPONENTS OF TUMOR MICROENVIRONMENT AND PREDICTS PROGNOSIS OF OVARIAN CANCER PATIENTS

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Introduction/Background High-grade serous carcinoma of the ovary, fallopian tube and peritoneum (HGSC), the most common type of ovarian cancer, ranks among the deadliest malignancies in women. Many HGSC patients present with ascites at the time of diagnosis. Malignant ascites is a complex tumor microenvironment (TME) containing various cells, proteins and extracellular vesicles (EVs). EVs are small membrane-bound particles that convey proteins, lipids and nucleic acids between cells and their cargo reflects the cell of origin. EVs play important role in cancerogenesis and hold great promise as biomarkers. Small size and polydispersity of EVs bring various challenges to their isolation and characterization, including method-dependent enrichment of different EV subtypes as well as contaminants.

Methodology We isolated EVs from malignant ascites of eleven patients by two orthogonal methods and analyzed them by tandem mass spectrometry (MS/MS). We also included MS/MS analysis of EVs from related non-malignant control patient fluids and analysis of ascitic cells by spectral flow cytometry (FC).

Results We identified a set of 'core ascitic EV proteins' and also described proteins present only on EVs from HGSC patients. We believe this list contains important players of HGSC progression as well as potential biomarkers. Using single cell RNA sequencing data, we mapped the origin of EVs to different types of cells present in ascites. EVs in ascites did not come predominantly from tumor cells, but rather from a variety of non-malignant cell types. FC of ascitic cells in combination with the analysis of EV cells of origin incriminate critical contribution of macrophages to the ascitic TME, including the association of macrophage-derived EVs with patient prognosis.

Conclusion This is the first study attempting to link EV composition to the cell types producing it. As such it opens numerous avenues both for a better understanding of EV role in tumor promotion/prevention and for improved HGSC diagnostics.

Disclosures The authors disclose no potential conflict of interest.

#504 **PROGNOSTIC VARIABLES OF SEPSIS IN OVARIAN CANCER PATIENTS UNDERGOING SPLENECTOMY AND IMPACT ON SURVIVAL OUTCOMES**

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Introduction/Background Splenectomy predisposes to infections and is related to severe sepsis known as overwhelming post-splenectomy infection (OPSI). In the present study we sought to determine the incidence of postoperative infections and sepsis in ovarian cancer patients, evaluate the significance of potential predisposing factors and investigate the impact of sepsis in survival outcomes of ovarian cancer patients.

Methodology We conducted a retrospective cohort study. Surgical complexity was evaluated with the Mayo Clinic score classifying patients into low, intermediate and high complexity score using predetermined cut-off values of <2, 3–6 and >7 respectively. To evaluate the potential severity of transfusion related immunomodulation (TRALI) we subgrouped patients to three groups according to the number of intraoperative and postoperative red blood cell transfusions (no transfusion, 1–2 units, >3 units). Sepsis was defined as the presence of known infection accompanied by two criteria of those required for the determination of the presence of systemic inflammatory response syndrome.

Results Outcomes from 85 ovarian cancer patients that undergone maximal effort procedures were evaluated. Of those, 65 women undergone high complexity score procedures, whereas 20 women undergone intermediate complexity score procedures. There were no differences in the pre-operative body mass index, age, hemoglobin and white blood cells of patients that developed sepsis compared to those that did not. The complexity score of the operation did not correlate with the occurrence of sepsis. Patients that did not receive transfusion had improved overall survival rates compared to those that did, although differences were not significant (log-rank=.224). The development of postoperative sepsis significantly affected the overall survival rates of patients (log-rank=.005).

Conclusion Post-splenectomy sepsis has a direct impact on survival rates of ovarian cancer patients, however, factors affecting the occurrence of sepsis remain poorly understood.

Disclosures No conflicts of interest. The present study was not funded.

#513 **INSIGHTS INTO GROWING TERATOMA SYNDROME: AN IN-DEPTH RETROSPECTIVE ANALYSIS OF CLINICAL FEATURES AND TREATMENT OUTCOMES**

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Introduction/Background Growing teratoma syndrome (GTS) is a rare clinical condition typically characterized by paradoxical findings of having normal serum tumor markers and enlarging metastatic lesions on the clinical examination and/or imaging studies during the adjuvant chemotherapy and/or follow-up period. The histology of tumors after surgery reveals mature teratoma elements without viable germ cells. The appropriate management is complete surgical resection and is currently the standard of care. We aim to evaluate the surgical and oncological outcomes and follow up of patients with GTS.

Methodology Retrospective analysis of clinicopathological outcomes of patients undergoing treatment for GTS between 2011 and 2021. Patient demographics and clinical characteristics were calculated using descriptive analysis. Survival estimates for overall survival and disease-free survival are obtained using the Kaplan Meier method. Median follow-up is calculated using the reverse Kaplan-Meier method. OS and DFS between two or more groups are compared using the Log Rank test. A two-tailed p-value less than 0.05 was considered statistically significant.

Results A total of 32 cases were included. Around 70% were stage I/II at initial diagnosis and 60% progressed to GTS during the course of chemotherapy. Most of them presented as multiple site recurrences (78%). Surgery was done in 27 cases. Presence of residual disease at surgery for GTS and initial stage were found to be significant predictors for overall survival and time to recurrence in GTS.

Conclusion GTS is a rare entity and treatment is individualized based on several factors. A complete cytoreduction is the most important predictor for survival in these patients.

Disclosures there are no disclosures

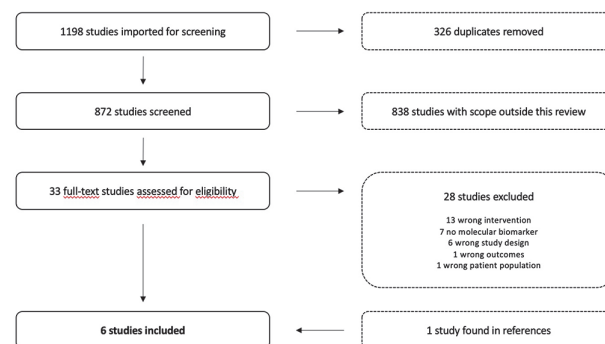
#514 **POTENTIAL TARGETED THERAPIES FOR OVARIAN CANCER BEYOND PARP INHIBITORS (REVIEW)**

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Introduction/Background This systematic review aimed to investigate the clinical utility of next-generation sequencing (NGS) in treating high-grade serous ovarian cancer (HGSC) with targeted therapies other than PARP inhibitors.

Methodology A total of 1198 studies were screened, and 6 case reports met the inclusion criteria.



Abstract #514 Figure 1

Results The patients were treated with trametinib, crizotinib, alectinib, AKT inhibitor, everolimus-letrozole, or trastuzumab-