Abstracts

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 postsplenectomy infection (OPSIs). In the present study we sought to determine the incidence of postsplenectomy 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 undergo 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.

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#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-