

pertuzumab. A partial response was observed in patients (n=3) treated with trametinib, crizotinib, or trastuzumab-pertuzumab. One patient treated with alectinib had a complete response, while the patients (n=2) treated with AKT inhibitor or everolimus-letrozole had stable disease and progressive disease, respectively.

Conclusion Further research, including basket trials, is needed to confirm the results.

Disclosures The results suggest that NGS may have a role in identifying effective targeted therapies for patients diagnosed with HGSC.

#516 ASSOCIATION OF INTERVAL TO SURGERY, MORBIDITY AND MORTALITY IN PATIENTS WITH METASTATIC OVARIAN CANCER

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Introduction/Background The aim of the study is to evaluate the association between interval from initial referral to surgery and outcome of cytoreduction, surgical complexity, perioperative morbidity and mortality in patients with metastatic ovarian cancer.

Methodology Retrospective analysis of prospectively collected data for patients with stage IIIC/IV ovarian, fallopian and primary peritoneal cancer that underwent primary cytoreductive surgery over a 10-year period at a gynaecological oncology centre in the United Kingdom. Treatment interval was defined as the time from the referral with suspected cancer to surgery.

Results A total of 157 patients underwent primary cytoreductive surgery. Cytoreduction to at least less than 10 mm residual disease was achieved in 141 (89.8%) patients. The mean interval between the initial referral and surgery was 37 days (SD 2.49). The surgical complexity score was low, intermediate and high in 5 (3.5%), 18 (12.7%) and 118 (83.6%) cases, respectively. There was no association between delay in performing surgery and complexity of surgery. The interval between the initial referral and surgery was not significantly associated with the cytoreductive outcome, rate of grade 3 or 4 complications or length of hospital stay.

Conclusion Timing interval from initial referral to surgery does not appear to adversely affect morbidity or mortality in patients with metastatic ovarian cancer.

Disclosures No disclosures

#518 VALIDATION OF SURGICAL PERITONEAL CANCER INDEX (SPCI) AS A PROGNOSTIC MARKER IN OVARIAN CANCER PATIENTS UNDERGOING INTERVAL CYTOREDUCTIVE SURGERY & HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (ICS-HIPEC)

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Introduction/Background Surgical Peritoneal Cancer Index (sPCI) has been validated as a prognostic marker in cases of primary advanced epithelial ovarian carcinoma (PAEOC) in

upfront setting i.e. primary cytoreductive surgery (PCS). However, sPCI has yet not been validated in patients undergoing interval cytoreductive surgery with an intent of hyperthermic intraperitoneal chemotherapy (ICS-HIPEC) after neo-adjuvant chemotherapy (NACT).

Methodology Patients of ovarian cancer undergoing interval cytoreductive surgery (ICS) after NACT with an intent of hyperthermic intraperitoneal chemotherapy (HIPEC) i.e. ICS-HIPEC were included in the study. Other inclusion criteria were high grade serous carcinoma (HGSC) and stage IIIC or IVA on imaging at presentation. sPCI score and CC score were prospectively calculated and documented for each patient. Effect of sPCI on overall survival (OS), progression free survival (PFS) and completeness of cytoreduction score (CC score) was evaluated.

Results 138 patients underwent ICS-HIPEC with an average sPCI of 7.9. A clinically relevant cut-off of 9 was determined using ROC and the cohort was divided into Low (0–9) & High (>10) sPCI groups. 74.6% achieved complete cytoreduction and 80.4% underwent HIPEC. Complete cytoreduction had a 3-year OS rate of 79.3%, while incomplete cytoreduction had a OS rate of 41.6%. Low sPCI had a 3-year PFS & 3-year OS rate of 77.8% & 89.6%, whereas high sPCI had a PFS & OS rate of 17.9% & 35.9% respectively. sPCI was independently predictive of OS, as shown by multivariate analysis.

Conclusion The sPCI score during ICS-HIPEC can serve as a prognostic indicator in patients with PAEOC. Additionally, a higher sPCI score is associated with a higher probability of incomplete cytoreduction.

Disclosures The authors have no disclosures to make.

#526 PROGNOSTIC SIGNIFICANCE OF PROGNOSTIC NUTRITIONAL INDEX IN HIGH-GRADE SEROUS OVARIAN CANCER: A COMPARATIVE ANALYSIS WITH OTHER PROGNOSTIC FACTORS

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Introduction/Background The aim of this study was to investigate the role of prognostic nutritional index (PNI) in patients with high-grade serous ovarian cancer (HGSO) and its relationship with other prognostic factors.

Methodology This retrospective study was conducted on 332 patients. The age range, body mass index (BMI), menopausal status, parity status, presence of comorbidities, American Society of Anesthesiologists (ASA) scores, the presence of ascites, cancer antigen 125 (CA-125), neutrophil-lymphocyte ratio, platelet-lymphocyte ratio, disease stage, recurrence status, platinum resistance, attainment of optimal cytoreduction, and PNI were evaluated. PNI relationship with other factors affecting prognosis was evaluated.

Results The mean follow-up was 61.3 months. The mean PNI was 41.8 ± 8.7 . PNI cutoff was 44.6 and lower PNI predicted shorter survival and higher mortality (96.84% sensitivity and 81.69% specificity-p<0.001 for each parameter). The PNI was significantly lower in patients with postmenopausal status, suboptimal cytoreduction, advanced-stage disease, platinum-resistance, ascites >1 L, recurrence, and a shorter 5-year survival rate. It has been determined that $PNI \leq 44.46$ increases