pertuzumab. A partial response was observed in patients (n=3) treated with trametinib, crizotinib, or trastuzumab-pertuzumab. One patient treated with alecetinib 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.

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 IIIIC/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

VALIDATION OF SURGICAL PERITONEAL CANCER INDEX (sPCI) AS A PROGNOSTIC MARKER IN OVARIAN CANCER PATIENTS UNDERGOING INTERVAL CYTOREDUCTIVE SURGERY & HYPERTERMIC 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.
mortality (OR=136.821, 95% CI 54.6–342.4) (p<0.001) in patients with HGSOC.

Abstract #526 Figure 1

Conclusion Prognostic nutritional index (PNI) is an important prognostic factor in high-grade serous ovarian cancer (HGSOC). PNI is a better predictor of mortality than CA-125 in HGSOC, and that low PNI is associated with high residual tumor burden, advanced stage disease, ascites and platinum resistance, recurrence, and shorter survival.

Disclosures None.

#536 SINGLE PORT ACCESS (SPA) ROBOT ASSISTED INTERVAL CYTOREDUCTION SURGERY WITH NEOADJUVANT CHEMOTHERAPY FOR PATIENTS WITH STAGE IIIC-IV OVARIAN CANCER: FARGHALY’S TECHNIQUE

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Introduction/Background Neoadjuvant chemotherapy (NACT) - Interval debulking surgery (IDS) can reduce the complexity of the surgery, and the incidence of perioperative complications and provide patients with the opportunity for satisfactory tumors. Also, it has the advantages of reduced intraoperative bleeding, lower perioperative complication rates, shorter hospital stays, less postoperative pain, and earlier postoperative discharge. NACT-IDS is recommended when no residual tumor (RO) is considered unachievable because of tumor location and patient’s performance status or because of high volume stage IIC-IV dis

Methodology All patients received NACT, Cis-platinum 50 mg/m2/day 2–3; Paclitaxel 175 mg/m2/day 1; 5-fluorouracil (5FU) 800 mg/m2/day 1–2–3. Four cycles, every 21 days, are given and the surgery was performed one month after the last cycle. IDS was performed, utilizing A Vcare uterine manipulator placed vagina1y. A veres needle is placed in the umbilicus for peritoneal insufflation. A 2 cm incision over the lower rim of the umbilicus was performed. The patient was placed in the Trendelenburg position, and the Da Vinci SP robotic surgical system side-docked parallel to the right side of the patient. Patients underwent surgery to remove all visible and palpable tumors. Surgical procedures are performed as appropriate: 1. low complexity, hysterectomy, bilateral-scalping-oophorectomy, omentectomy, pelvic lymphadenectomy, para-aortic lymphadenectomy, abdominal peritoneum strippings, and small bowel resections. 2. intermediate complexity, large bowel resection, diaphragm stripping/resectsions, splenectomy, and liver resections. 3. high complexity, recto-sigmoidectomy with anastomosis. Abdominal incisions are closed with 0 vicryl sutures.

Results The operating time was maintained at 190 minutes, and the console time was 130 minutes. The estimated blood loss was 100 ml. Patients had an uneventful recovery and were discharged home 2 days following surgery.

Conclusion Farghaly’s technique of robot-assisted NACT-IDS for advanced-stage ovarian cancer is feasible and has the advantage of decreasing morbidity, reducing the risk of dissemination, and short hospital stays.

Disclosures None.

#555 TH9 LYMPHOCYTE PERCENTAGE IN OVARIAN CANCER: PRELIMINARY RESULTS OF A STUDY

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Introduction/Background Th9 lymphocytes is a recently researched subpopulation of lymphocytes that are, supposedly, involved in antiparasitic activity. Growing amount of data suggests their important role in various types of neoplasms. So far, their role in ovarian cancer has not been thoroughly investigated. This presentation is intended to publish preliminary results of a research currently being conducted by the authors.

Methodology So far, 12 patients with ovarian malignancies and 5 control group patients have been subjected to this study. Samples of peripheral blood and peritoneal fluid of subjects have been collected and analyzed with use of flow cytometry in terms of Th9 (triple positive: CD3+, CD4+, Il-9+) lymphocyte percentage before and after stimulation. Results of assays were compared with clinical data obtained from the patients and their medical records.

Results Patients with ovarian cancer have significantly higher Th9 lymphocyte percentage in peritoneal fluid after stimulation in comparison with control group (1,34% vs 0,43%; p-value=0.03). There is an insignificant statistical correlation between ROMA value and Th9 lymphocyte percentage in peripheral blood and ascitic fluid. The correlation between Th9 lymphocyte percentage in peripheral blood after stimulation and malignant disease has not been detected.

Likewise, CD4+/CD8+ proportion in peripheral blood is higher in ovarian cancer patients compared with clinically known laboratory ranges.

Conclusion Th9 lymphocytes are present in ascitic fluid of ovarian cancer patients and exhibit higher mitotic activity after stimulation. Immunological imbalances in cytotoxic and humoral response is one of possible pathogenetic mechanisms