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 vaginally. A veress 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 DaVinci 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-ophorectomy, omentectomy, pelvic lymphadenectomy, para-aortic lymphadenectomy, abdominal peritoneum stripings, and small bowel resections. 2. intermediate complexity, large bowel resection, diaphragm stripping/resections, splenectomy, and liver resections. 3. high complexity, recto-sigmoidectomy with anastomosis. Abdominal incisions are closed with O 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...
involved in progress of the disease. Further study is needed in order to understand the exact mechanism of action as well as prognostic value of Th9 lymphocytes in ovarian cancer. 

Disclosures The authors hereby disclose no conflict of interests.

#561 SURGICAL TIMING AND MEDICAL TREATMENT IN ADVANCED OVARIAN CANCER: REAL-LIFE IMPACT ON DISEASE FREE SURVIVAL AND RELAPSE PATTERN

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Introduction/Background The standard of care for advanced epithelial ovarian cancer (EOC) is primary debulking surgery (PDS) followed by platinum-based chemotherapy and maintenance treatment. If optimal cytoreduction is not achievable, 3–4 cycles of neoadjuvant chemotherapy (NACT) followed by interval debulking surgery (IDS) are recommended. The impact on outcomes of delayed IDS (IDS-D) after 6 cycles remains debated.

This study aims to assess the real-life impact of surgical timing, medical treatment and their combination on disease free survival (DFS) and relapse pattern in EAOIC patients.

Methodology EAOIC patients who underwent PDS, IDS, or IDS-D from January 2012 to December 2022 were identified from the institutional database. The Cox regression model was used to compare DFS and adjusted for confounding factors provided by inverse probability of treatment weighting propensity score (IPTW) based on age, performance status and stage, collected retrospectively. The pattern of recurrence was also evaluated according to surgical timing, chemotherapy and maintenance treatment.

Results Of 226 EAOIC-included patients, 116 (51.6%) underwent PDS, 61 (27.1%) IDS and 48 (21.3%) IDS-D. After a median follow-up of 40 months, DFS was 24.2 months in PDS, 17.4 months in IDS (HR=1.5; CI 95% [1.0-2.2]) and 17.5 months in IDS-D (HR=1.1; CI 95% [0.7–1.8]) from IPTW analysis. The absence of residual disease was the only prognostic factor (HR=1.8; CI 95% [1.2–2.6], p=0.001)

Sites of recurrences were identified as follows: 21 (14.4%) in lymph nodes, 14 (9.6%) isolated peritoneal with or without lymph nodes, 57 (39.0%) diffuse peritoneal without parenchymal involvement, 26 (17.8%) in liver and spleen parenchyma, 28 (19.2%) extra-abdominal. Timing of surgery and medical treatment do not affect the pattern of recurrence (lymph nodes + single peritoneal vs diffuse peritoneal + epatic + extra-abdominal p=0.27).

Conclusion In our series IDS or IDS-D do not impact DFS. Timing of surgery and medical treatment do not affect relapse pattern.

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