the two groups for those patients undergoing delayed IDS (not reached in the CPB and 38 months in the CP group, p=0.55). Conversely, among 130 (52%) patients still unresectable after 6 cycles, Bevacizumab had a significant effect on the CPB group’s median OS compared to the CP one (not reached vs 18 months, p=0.015).

Conclusion The use of Bevacizumab in neoadjuvant setting does not seem to increase the delayed IDS rate, nonetheless it prolongs OS for those patients persisting unsuitable for surgery. Thus, its administration may be an option in selected patients after failure of early IDS.

Disclosures None

Introduction/Background Advanced ovarian carcinomas (AOC) not amenable to up-front surgery are treated with neoadjuvant chemotherapy (NACT) before interval debulking surgery (IDS). Based on a semi-mechanistic model, the CA125 ELImination rate constant K (KELIM) is a reproducible indicator of the tumor-primary chemosensitivity; KELIM >1 is linked with good response to platinum and favorable prognosis. The 3-tier system chemotherapy response score (CRS) is a scoring system based on post-NACT histopathological evaluation, with significant correlation to progression free survival and mixed results for overall survival.

Methodology This is a monocentric retrospective case series. We recorded KELIM (3 CA125 values during the first 100 days of NACT with Carboplatin AUC5 plus Paclitaxel 175 mg/mq q21) and CRS score (1: minimal response; 2: moderate response with residual neoplastic foci; 3: complete or near-complete response with no residual neoplastic cells or minimal residual up to 2 mm in maximum size). The ordinal logistic regression model was used to detect and estimate statistical correlation between KELIM and CRS.

Results From 11/2019 to 11/2022, 29 women with AOC were treated with NACT followed by IDS at National Cancer Institute of Milan, Milano, Italy; Cancer Research UK Cambridge Institute, University of Cambridge, Cambridge, UK.

Abstract #613 Table 1 Sample characteristics. Table 2 – Multivariate logistic regression model – Image: 18F-FDG-CT staging maximum intensity projections (MIP). A) The MIP image shows a bilateral high-grade serous ovarian cancer process with lymph node involvement (supra and infradiaphragmatic) and peritoneal carcinomatosis. B) Segmentation of the supradiaphragmatic (orange segmented lymph nodes) and infradiaphragmatic (green segmented primary tumor, pink segmented peritoneal carcinomatosis, and yellow segmented infradiaphragmatic lymph nodes) disease.

Methodology Retrospective review of 111 patients who underwent a staging 18F-FDG-PET/CT then decided the therapeutic strategy: A (primary cytoreduction) or B [neoadjuvant chemotherapy (NACT) and interval cytoreduction]. Metabolic biomarkers studied were metabolic active tumor volume (MTV) and total lesion glycolysis (TLG). 18F-FDG-PET/CT parameters were obtained by means of the segmentation of the supradiaphragmatic disease and the different abdominal areas (primary tumor, peritoneal carcinomatosis and infradiaphragmatic lymph nodes) with automatic thresholding at 30% of SUVmax. The presence of ascites with pathological uptake of 18F-FDG was collected, as well as age, basal CA-125(U/mL), and complete/incomplete cytoreduction. The