followed by maintenance treatment with Poly (ADP-ribose) polymerase inhibitors (PARPi) (olaparib for 9 months).
Conclusion In February 2022, due to progression she received liposomal doxorubicin-based therapy. After 3 cycles, tests showed partial response, yet treatment was discontinued as pancytopenia occurred. Due to lack of improvement in haematology analysis, secondary acute myeloid leukaemia was diagnosed, subtype M6 according to French-American-British (FAB) classification. The patient received 2 cycles of azacytidine, followed by low-dose cytarabine with cladribine.
Disclosures Further progression in 2019 prompted Hyperthermic Intraperitoneal Chemotherapy (HIPEC) and 6 cycles of platinum-based therapy.

In 2020, she was enrolled in the OReO (Olaparib Maintenance Retreatment in Patients with Epithelial Ovarian Cancer) study, yet the participation was discontinued due to further progression. She received another platinum-based treatment line. After 6 cycles, a tumour was identified at the vaginal stump, managed with radiotherapy (a total dose of 30 Gy in daily fractions of 30 Gy).

#708 THE ACCURACY OF COMPUTED TOMOGRAPHY (CT) IN PREDICTING PRE-OPERATIVE PERITONEAL CARCINOMATOSIS INDEX SCORE (PCI) AND ITS CORRELATION WITH INTRAOPERATIVE PCI IN ADVANCED OVARIAN CANCER: A DOUBLE BLINDED PROSPECTIVE COHORT STUDY

[1,2]Anas Barakat*, [3]Aemn Ismail, [3]Quentin Davies, [3]Supratik Chattopadhyay. [1]*Leicester Cancer Research Centre, Leicester, UK*; [2]*Northampton General Hospital, Northampton, UK*; [3]*University Hospitals of Leicester, Leicester, UK*

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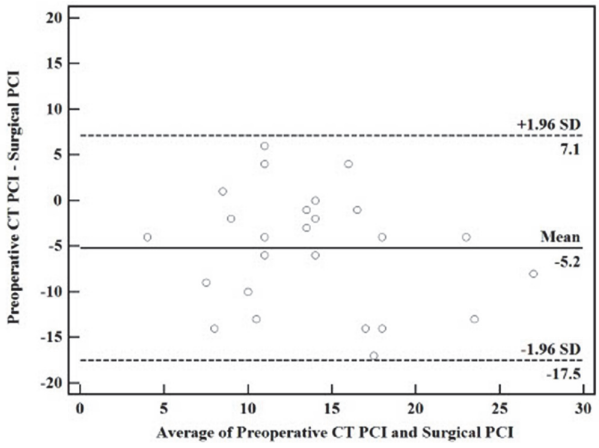
Introduction/Background There are no set specific criteria to select Advanced Ovarian Cancer (AOC) patients for Cytoreductive Surgery (CRS). Therefore, the use of CT PCI as a tool for selecting AOC patients for CRS was explored.

Previous studied noted that preoperative assessment of patients with AOC with CT PCI for selecting patients for debulking surgery could be considered and described as useful.
Methodology A-double blinded prospective cohort study was carried out involving patients presenting to the University Hospitals of Leicester with AOC and undergoing CRS. The aim of the study was to investigate the agreement and the correlation between CT PCI and intra-operative PCI in AOC patients. Moreover, to identify the effect of CRS on the quality of life of AOC patients.
Results Surgical PCI was higher than the preoperative CT PCI. Pearson coefficient between the CT PCI and surgical PCI was found to be 0.492 (p= 0.011). This indicated a poor correlation between the CT and surgical PCI. Furthermore, the Intraclass Correlation Coefficient was 0.363 and showed that the level of agreement between the CT PCI and surgical PCI was poor.

Bland Altman test (figure 1) for preoperative CT PCI and surgical PCI was done. The mean difference between preoperative CT PCI and surgical PCI was -5.2 (95% confidence interval, -17.5 to 7.1) which indicates that preoperative CT PCI measures on average 5.2 lower than surgical PCI.

The overall global health status showed a non significant decrease from 64.5 prior to to 53.1 after the procedure (p=0.074). The physical functions, role functioning and social functioning has demonstrated a significant decline 3 months after cytoreductive surgery.



Abstract #708 Figure 1 Bland altman for preoperative CT PCI and surgical PCI

Conclusion CT is not reliable in predicting intraoperative PCI in patients with high volume disease undergoing CRS. Further studies are needed to explore the effect of neoadjuvant chemotherapy on the precision of CT PCI in AOC patients.
Disclosures None

#710 POTENTIAL PROGNOSTIC ROLE OF SOMATIC MUTATIONS IN SET OF CANCER SUSCEPTIBILITY GENES AND POLY ADP-RIBOSE POLYMERASE (PARP) EXPRESSION IN SURFACE EPITHELIAL OVARIAN CARCINOMA CASES: A FOLLOW-UP STUDY FROM PAKISTAN

[1]Atika Masood*, [2]Rahat Sarfraz, [2]Saba Khaliq, [2]Nadia Naseem, [3]Amira Shami, [4]Saima Zaki. [1]*University of health sciences, Lahore, Pakistan, Lahore, Pakistan*; [2]*University of health sciences, Lahore, Pakistan, Lahore, Pakistan*; [3]*INMOL, Lahore, Pakistan, Lahore, Pakistan*; [4]*Jinnah hospital, Lahore, Pakistan, Lahore, Pakistan*

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Introduction/Background Ovarian cancer ranks third among female malignancies with increasing incidence in Pakistan. BRCA-deficient cells are 1000-times more sensitive to PARP inhibitors than wild type cells. The objective of the study is to determine mutations in cancer susceptibility genes, in SEOC cases and also to evaluate PARP protein expression before and after the treatment.
Methodology 47 consenting SEOC patients were observed for 06 months after completion of therapy for chemotherapeutic response. Snapped frozen tissue was used for the genomic analysis using gene specific primers. For PARP protein ELISA and immunohistochemistry was done.
Results 86.7% of the patients were sensitive to chemotherapy whereas 13.3% showed resistance. Genetic variants of BRCA1 in 7%, BRCA2 in 4.7%, PIK3CA in 9.3%, PALB2 in 7%, CHEK2 in 2.3%, BAP1 in 2.3%, and CTNNB1 in 2.3% of the patients were found. There was also a significant association between TNM stage and the treatment response (p<0.01). Of the patients with no mutations, 90.9% showed chemosensitivity as opposed to 70% in mutations group. The median PARP concentration was higher in patients having low