# RELATIONSHIP BETWEEN KELIM SCORE AND OUTCOME OF CYTOREDUCTION IN PATIENTS WITH EPITHELIAL OVARIAN CANCER UNDERGOING NEOADJUVANT CHEMOTHERAPY: AN ONE INSTITUTION EXPERIENCE

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Introduction/Background Neoadjuvant chemotherapy (NACT) followed by interval debulking surgery (IDS) is treatment option for patients with advanced epithelial ovarian cancer (EOC). The modulated CA-125 elimination rate constant K (KELIM) is marker of chemosensitivity, and no residual macroscopic disease after surgery is the most important predictive factor. Our aim was to investigate the relationship between KELIM score and cytoreduction outcome in OC patients undergoing NACT.

Methodology Retrospectively, we have analysed the medical data of patients with EOC stage IIIB-IVB treated with NACT at the Department of Gynaecologic Oncology, the University Hospital Zagreb from January 2020 to June 2022. The KELIM score was calculated based on at least 3 CA-125 values. The patients are divided into two categories according to KELIM score: group 1 (KELIM score <1) and group 2 (KELIM score ≥1).

Results Our analysis included 65 patients: 30 (46%) patients in group 1 compared with 35 (54%) in group 2. The median age was 65 years in both groups. ECOG performance status 0–1 had 56.7% of patients in group 1 and 60% in group 2. The most commonly used chemotherapy protocol in both groups was paclitaxel/carboplatin. Three or four cycles of NACT was used in 40% of patients in group 1, compared with 46% in group 2, and the others received more than 4 cycles NACT. Bevacizumab was administered to 13 (43%) patients in group 1 compared with only 19 (63%) in group 1. Among patients with a KELIM score ≥1, only 23% underwent complete surgical procedure without residual disease, compared with 80% in group 2.

Conclusion Patients with advanced EOC undergoing NACT with KELIM <1 were more likely to have platinum-resistant disease and they are less likely to achieve surgery without residual disease.

Disclosures The authors have declared no conflicts of interest.

Abstract #763 Figure 1 PFS in OC patients in maintenance with PARPi according to metformin intake.

Results 17 OC patients in contextual treatment with metformin and PARPi and 17 patients without metformin were identified and compared. The characteristics of patients and disease at diagnosis were homogeneous regardless of the metformin intake. The median age of OC diagnosis was 62 years. The most frequent histotype was high-grade serous (97.1%) with FIGO stage IIIC (76.5%). The analyzed patient cohorts did not differ in terms of treatment: most of the patients underwent standard chemotherapy (weekly carboplatin and paclitaxel) (91.1%) and interval debulking surgery (64.7%) with no residual tumor (94.1%).

After a median follow-up of 21 months, recurrences were more frequent in No-Met Group (58.8%) compared with Met Group (35.3%) (p 0.15).

There was a trend of improvement in median Progression-Free Survival (PFS) in patients who took metformin compared with those who did not, although not statistically significant (Median PFS: Met Group Not Reached vs No-Met Group 21 months vs Not Reached).

Conclusion A trend of survival improvement in patients treated with PARPi and metformin was detected. Our results might be considered hypothesis-generating research, justifying wider and prospective studies.

Disclosures None