#788 TOTAL VERSUS SELECTIVE PERITONECTOMY DURING SURGERY FOR ADVANCED EPITHELIAL OVARIAN CANCER: A COMPARATIVE SURVIVAL ANALYSIS

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Introduction/Background Cytoreductive surgery (CRS), aimed at achieving complete cytoreduction, plays a crucial role in the management of advanced epithelial ovarian cancer (AEOC). However, a significant knowledge gap exists regarding the optimal extent of peritonectomy. Specifically, the comparative efficacy and safety of total peritonectomy versus selective peritonectomy remain unclear. We aimed to compare the clinical outcomes following total and selective peritonectomy performed during CRS for AEOC.
Methodology A retrospective analysis of all records in REDCap software at Tata Medical Center, Kolkata, India, was collected for patients who underwent CRS for AEOC. The cohort included patients who underwent either total or selective peritonectomy as part of their surgical treatment. A comparison of patient and disease characteristics and survival outcomes between the two groups was made.
Results From January 2018 to December 2021, a total of 280 patients underwent CRS, with 153 patients undergoing selective peritonectomy (SP) and 127 patients undergoing total peritonectomy (TP). The median peritoneal cancer index (PCI) was 14 for TP and 11 for SP. In the TP group, histopathology confirmed presence of disease as follows: the pelvis (89.1%), right diaphragm (83.4%), left diaphragm (74%), right parietal peritoneum (70%), and left parietal peritoneum (64.5%) . The pelvic peritoneum (86.7%) and the right diaphragm (62%) were the two most frequently operated sites in the SP group. The 90-day mortality rates were similar between the two groups (p = 0.58). The median disease-free survival (DFS) was 19 months for both groups (p = 0.14), while the median overall survival (OS) was 36 months for SP (95% CI, 28–51) and 40 months for TP (95% CI, 33–48) (p = 0.44).
Conclusion Total peritonectomy in advanced epithelial ovarian cancer is not associated with increased DFS or OS.
Disclosures None

#793 BRCA1/2 MUTATION FREQUENCY IN EARLY AND ADVANCED OVARIAN CANCER PATIENTS

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Introduction/Background BRCA1/2 mutations, integral drivers of homologous recombination deficiency (HRD), are observed in up to 15–25% of patients with primary advanced high-grade ovarian cancer (OC). Maintenance treatment with PARPi has significantly increased PFS of those patients, particularly in patients with HRD. Moreover, BRCA mutations at the DNA-binding site (DNA-BS) of BRCA1 and BRCA2 were also predictive of PARPi effectivity. Data of BRCA1/2 mutation frequencies and location of BRCA1/2 mutations in early-stage OC are sparse.
Methodology Retrospective analyses of data from a prospectively running database from Kliniken-Essen-Mitte, a tertiary, ESGO certified centre of excellence for OC treatment. Patients were treated between 01/2011–12/2022. BRCA1/2 was mainly analysed in germline. Location of BRCA mutations at DNA-BS were classified as earlier published.
Results In the respective interval, 1765 patients were treated, 326 (18.5%) with FIGO I-II and 1429 (81.5%) FIGO III-IV stage disease. There were significant differences ($p<0.001$) in histological differentiation between early and advanced OC: high-grade serous (37.4%/85.5%), high-grade endometrioid (5.5%/1.3%), low-grade serous (3.1%/6.8%), low-grade endometrioid (21.5%/0.8%), mucinous (13.2%/0.4%), others (19.3%/5.1%). BRCA mutation status was known in 51.8% of early stage and 62.2% in advanced stage OC. There were significant differences of BRCA1/2 mutation frequencies between all patients with early (8.9%/2.4%) and advanced (13.6%/6.9%) stage disease ($p=0.03$). However, in patients with high-grade histologies, no differences ($p=0.6$) of BRCA1/2 mutation frequency between early (17.7%/3.8%) and advanced stage (15.3%/7.7%) OC were observed, respectively. There were no differences of the frequencies of BRCA1 ($p=0.7$) or BRCA 2 ($p=1.0$) mutations at the DNA-BS between early and advanced stage OC.
Conclusion BRCA1/2 frequency differences between patients with early and advanced stage OC are due to histological disparities. There are no hints that tumor biology defined by BRCA is different between early and advanced high-grade OC.
Disclosures No conflicts of interest regarding this abtract.

#795 IS FERTILITY PRESERVING APPROACH RISKY IN BORDERLINE OVARIAN TUMOR?

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Introduction/Background To determine the probability of increase in recurrence risk of Fertility-Sparing Surgery (FSS) in Borderline Ovarian Tumors (BOT).
Methodology Our retrospective study looks back between November 2015- February 2023. We evaluated 52 patients, diagnosed with BOT and had their first surgery, demographic features, treatments and follow-up datas. The prior objective was to determine the recurrence risk of FSS in patients diagnosed with BOT.
Results Median age of the patients included in the study is 40 (min: 19-max: 78). 71.2% of the patients were in reproductive ages and 18 patients(34.6%) were nulliparous women. The median values were found as CA 125: 58.8(min:9-max:5668), CA 19–9: 12.3(min:0-max: 6821).

Total hysterectomy with bilateral salpingo-oophorectomy procedure was performed to the 48.1% of the patients. 24 out of 37 patients in reproductive ages were treated with FSS. According to follow-up datas, in 11.4% of 44 cases(5/44)

recurrence occurred. Median follow-up duration is 46 months (min:2-max: 96). While recurrence rate was 17.4% in FSS performed cases, it was 4,8% in other group. Even though there was a threefold increase in recurrence rate in FSS performed cases, it's not statistically significant due to small number of cases. Log Rank test was used in analysis of disease-free survival time and no significant difference was seen (p=0,134).

Conclusion In Fertility-Sparing Surgery recurrence rate of BOT is three times higher than classical approach.

Disclosures The authors have no conflict of interest related this research

#796 MIRNA PANEL FAILED TO DISTINGUISH BETWEEN EAOC (ENDOMETRIOSIS ASSOCIATED OVARIAN CANCER) AND HIGH GRADE OVARIAN CANCER

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Introduction/Background Endometriosis is one of the most common gynaecological diseases affecting approximately 6–10% of women in reproductive age. Despite its benign character it poses a 0,7–1% risk of malignant transformation particularly due to ovarian endometriosis. Endometriosis associated ovarian cancer (EAOC) consisting of endometrioid cancer and clear cell ovarian cancer could be promoted by many factors. miRNAs which are small, non-coding molecules of RNA are among them. The aim of this study was to detect miRNAs connected with malignant transformation of endometriosis and to assess if miRNA panel can be helpful in distinguishing ovarian cancers according to their pathological origin.

Methodology FFPE (formalin fixed paraffin embedded) of 179 patients operated on endometriosis and different types of ovarian cancer were studied. High grade ovarian cancer was choosen as comparator. From expression panel of 754 miRNAs, 7 were identified for further tests according to their ROC curves and at least 2-fold change in expression comparing to the reference gene: miR-1–3p, miR-125b-1–3p, miR-31–3p, miR-200b-3p, miR-502, miR-503, miR-548d. Furthermore, other potentially important clinical data were analysed, which included: age, BMI, Ca125 concentration, FIGO stage, miscarriages and deliveries, concomitant diseases such as hypertension, type 2 diabetes and smoking.

Results Examined miRNA panel distinguished significantly different types of endometriosis, normal ovarian tissue and endometriosis, normal ovarian tissue and cancer, endometriosis and cancer. miRNA expression was not dependent on FIGO stage or Ca125 concentration. The panel has no potential to differentiate types of ovarian cancer according to their origin.

Conclusion Transformation in malignant cells are dependent on expression of different miRNA of pleiotropic function, therefore examination of broader miRNA panel and correlation between different miRNA molecules is needed and might prove itself advantageous in clinical practise.

Disclosures as attached

#802 THE PROGNOSTIC VALUE OF HEMATOLOGIC INDICES IN OVARIAN CARCINOMA PATIENTS TREATED BY NEOADJUVANT CHEMOTHERAPY, IS IT MEDIATED BY CHEMOTHERAPY RESPONSE SCORE?

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Introduction/Background In gynecologic cancer some hematologic indices have been evaluated for their prognostic value: thrombocytosis, platelet to lymphocyte ratio (PLR) and neutrophil to lymphocyte ratio (NLR), and were found positive inconsistently to overall survival (OS). We examine their predictive value in advanced serous ovarian carcinoma patients treated by neoadjuvant chemotherapy (NACT).

Table 1: Patients' characteristics:

CRS	CRS 1; N=24	CRS 2; N=38	CRS 3; N=53	P value
Age	70.5±10.7	64.9±9.8	64.06±12.8	P=0.068
Site				P=0.70
Ovary	22 (92%)	36 (95%)	46 (88%)	
Tube	0	1 (3%)	2 (4%)	
PPC	2 (8%)	1 (3%)	4 (8%)	
Stage				P=0.18
3	21 (87.5%)	32 (84%)	38 (72%)	
4	3 (12.5%)	6 (16%)	15 (28%)	
Bevacizumab pre-operation				P=0.38
Yes	8 (33%)	10 (26%)	21 (40%)	
No	16 (67%)	28 (74%)	31 (60%)	
Chemotherapy cycles				P=0.27
≤3	7 (29%)	19 (50%)	22 (41.5%)	
>4	17 (71%)	19 (50%)	31 (58.5%)	
BRCA status				P=0.43
Negative	19 (79%)	29 (76%)	35 (66%)	
Positive	5 (21%)	9 (24%)	18 (34%)	
CA125 at diagnosis	1125 [459-3166]	1257 [271-2667]	1089 [431-4065]	P=0.07

Figure 1: OS for the CRS groups

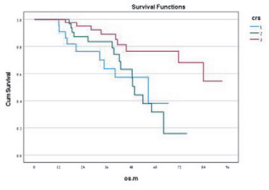
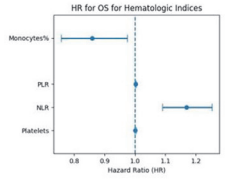


Figure 2:



Abstract #802 Figure 1