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.

Table 1: Patients’ characteristics:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>CRS</th>
<th>CRS 1</th>
<th>CRS 2</th>
<th>CRS 3</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (yrs)</td>
<td>59±10.7</td>
<td>64±10.8</td>
<td>64±10.8</td>
<td>P=0.002</td>
<td></td>
</tr>
<tr>
<td>Stage</td>
<td>1 (20%)</td>
<td>1 (10%)</td>
<td>1 (10%)</td>
<td>1 (10%)</td>
<td>P=0.70</td>
</tr>
<tr>
<td>Chemotherapy cycles</td>
<td>12 (29%)</td>
<td>17 (17%)</td>
<td>15 (15%)</td>
<td>14 (15%)</td>
<td>P=0.77</td>
</tr>
<tr>
<td>BRCA status</td>
<td>19 (70%)</td>
<td>29 (70%)</td>
<td>35 (88%)</td>
<td>30 (86%)</td>
<td>P=0.43</td>
</tr>
<tr>
<td>CA125 at diagnosis</td>
<td>125 (40-360)</td>
<td>125 (40-360)</td>
<td>125 (40-360)</td>
<td>125 (40-360)</td>
<td>P=0.67</td>
</tr>
</tbody>
</table>

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).
Through the treatment, the pathologic chemotherapy response score (CRS), examined on the omental specimen in the interval debulking surgery, have been validated as an OS prognostic factor. The inspection of tumor- macrophages infiltration characterizing the higher score CRS specimens (CRS3) led to the investigation of the relationship between hematologic indices at diagnosis, and the CRS achieved in the surgery.

**Methodology** Retrospectively from 2016 to 2022, at a single center, data regarding cases diagnosed with advanced serous ovarian carcinoma, who were referred to NACT and underwent surgery, were extracted from electronic records and analyzed statistically.

**Results** 116 women were included, and divided into three groups of CRS: 1, 2 and 3, there were no differences in their characteristics: age, primary tumor site, stage, preoperative bevacizumab administration or BRCA status mutation (table 1): OS and PFS were found significant in CRS 1+2 vs CRS 3, median time 53.9 vs. 71.6 months to OS, and 15.2 vs. 51.33 median time to PFS; (p=0.003) and (p<0.001) respectively (figure 1). NRL and monocytes% at diagnosis were found prognostic variables to OS with HR: 1.17, 0.859; (p=0.006; diabetes, OR 6.048, p=0.026) in a multivariate logistic regression analysis. Considering the individual surgical interventions, abdominal peritoneum stripping (major complications, OR 2.466, p=0.015; death, OR 4.538, p=0.026) and large bowel resection (major complications, OR 4.309, p=0.002; death, OR 4.416, p=0.028) were significantly associated with increased risk. Surgeries with a high complexity, age and small bowel resections had an unfavorable impact on long-term survival. Multivariate Cox regression analysis identified age (DFS, HR per year 1.032, p<0.001; OS, HR per year 1.036, p<0.001), SCS (DFS, HR intermediate vs. high 0.608, p<0.002; OS, HR intermediate vs. High 0.660, p=0.013) and, particularly, small bowel resection (DFS, HR 1.624, p=0.011; OS, HR 1.953, p=0.001) as significant prognostic factors. A detailed analysis showed best survival for patients without small bowel resection and complete tumor removal. Limitation: Information on response to chemotherapy was not available for all patients yet.

**Conclusion** Tumor spread should initially be considered for treatment stratification, particularly with respect to age, in order to reduce morbidity and increase long term survival, even if complete tumor resection appears technically feasible.

**Disclosures** The authors have no potential conflict of interest to report.

**Abstracts**

#804 NECESSITY OF PATIENT STRATIFICATION FOR HIGH SURGICAL COMPLEXITY IN PRIMARY ADVANCED OVARIAN CANCER TO REACH A MORE FAVORABLE PROGNOSIS WITH MACROSCOPIC COMPLETE TUMOR RESECTION

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**Introduction/Background** Although current literature shows a clear advantage of complete primary cytoreduction in treatment of ovarian cancer, oncological outcome overall remains unsatisfactory. Proven prognostic factors for selection of the appropriate individual treatment strategy are necessary.

**Methodology** In our 15-year retrospective study, a detailed analysis was conducted concerning postoperative Clavien-Dindo categorized complications and long-term outcome in a single-center all-comer cohort of patients (n=309, 01/2006–03/2019) with FIGO III or IV ovarian cancer after primary maximum effort cytoreductive surgery. The impact of particular surgical steps using the Surgical Complexity Score (SCS) was studied.

**Results** Age, surgical complexity and diabetes significantly increased the risk for major complications (SCS per point, OR 1.210, p=0.001) or death within 30 days after surgery (age per year, OR 1.068, p=0.048; SCS per point, OR 1.274, p=0.006; diabetes, OR 6.048, p=0.026) in a multivariate logistic regression analysis. Considering the individual surgical interventions, abdominal peritoneum stripping (major complications, OR 2.466, p=0.015; death, OR 4.538, p=0.026) and large bowel resection (major complications, OR 4.309, p=0.002; death, OR 4.416, p=0.028) were significantly associated with increased risk. Surgeries with a high complexity, age and small bowel resections had an unfavorable impact on long-term survival. Multivariate Cox regression analysis identified age (DFS, HR per year 1.032, p<0.001; OS, HR per year 1.036, p<0.001), SCS (DFS, HR intermediate vs. high 0.608, p<0.002; OS, HR intermediate vs. High 0.660, p=0.013) and, particularly, small bowel resection (DFS, HR 1.624, p=0.011; OS, HR 1.953, p=0.001) as significant prognostic factors. A detailed analysis showed best survival for patients without small bowel resection and complete tumor removal. Limitation: Information on response to chemotherapy was not available for all patients yet.

**Conclusion** Tumor spread should initially be considered for treatment stratification, particularly with respect to age, in order to reduce morbidity and increase long term survival, even if complete tumor resection appears technically feasible.

**Disclosures** The authors have no potential conflict of interest to report.

**Abstracts**

#805 AN UPDATE OF A SYSTEMATIC LITERATURE REVIEW OF HEALTH STATE UTILITY VALUES IN PATIENTS WITH PLATINUM-RESISTANT OR -REFRACTORY OVARIAN CANCER

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**Introduction/Background** Platinum-resistant or -refractory ovarian cancer (PROC) confers a substantial symptom burden and cost. Health state utility values (HSUVs) provide summary measures of health-related quality of life (HRQoL) and are used in economic analyses. We aimed to comprehensively characterize HSUVs in PROC.

**Methodology** Two systematic literature reviews (SLRs) were conducted to characterize the economic burden and HRQoL in PROC recurring within 6 months of platinum-based chemotherapy. The original SLRs and SLR updates identified studies reporting HSUVs published between January 2010 and March 2, 2023, according to the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses statement. MEDLINE®, Embase®, EconLit, Cochrane, relevant conference proceedings, and health technology assessments were searched.

**Results** Overall, 13 studies reporting HSUVs in patients with PROC met the inclusion criteria. Among them, four were HRQoL studies and nine were economic analyses. The studies occurred in the United States (n=8), multiple countries (n=2), and the United Kingdom, Thailand, and Belgium (n=1 each). Reported HSUVs were heterogeneous, ranging from a high of 0.81 pre-progression to a low of 0.07 in hospitalized patients receiving end-of-life care. Mean HSUV for PROC was 0.62 (n=7; range 0.40–0.78; figure 1). Among HSUVs reported with treatment regimens (range 0.56–0.84), paclitaxel or doxorubicin alone and vistusertib + paclitaxel had the lowest and highest values, respectively.