

26.5% > 64 years), and worse CRS (24% CRS 1–2 vs 15% CRS 3), similar to PIK3CA (mainly single nucleotide variants [SNVs] or insertion/deletions [Indels]) (37% CRS 1–2 vs 19% CRS 3). MYC amplifications and PIK3CA alterations were associated with a more advanced stage (respectively 37.5% and 39% stage IV vs 27% and 25% stage III). However, MYC was associated to with a better response to NACT (28% CRS 1–2 vs 42% CRS 3).

Conclusion CCNE1, MYC and PI3KCA genomic alterations seem to be associated with stages and response to chemotherapy, however, a sample size of 365 patients is required to obtain statistical significance. The enrollment is ongoing and results are expected in 2025.

Disclosures The authors declare no disclosures.

#832

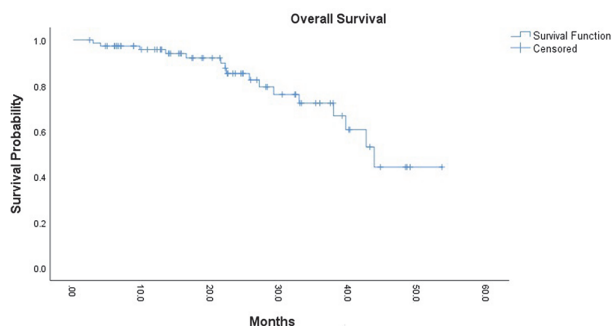
HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY WITH INTERVAL DEBULKING SURGERY FOR ADVANCED EPITHELIAL OVARIAN CANCER: A REAL-WORLD EXPERIENCE FROM AN INDIAN CENTRE

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Introduction/Background Hyperthermic intraperitoneal chemotherapy (HIPEC) has improved survival in advanced epithelial ovarian cancer (EOC) in randomised controlled trials when administered with interval debulking surgery (IDS). There is limited data on IDS HIPEC in EOC from India. This study aimed to assess the perioperative and survival outcomes of IDS HIPEC in Indian women with EOC.

Methodology In this prospective observational study, women who underwent IDS HIPEC for advanced EOC between March 2018 and December 2022 at Tata Medical Center were included. HIPEC (cisplatin 100 mg/m²) was offered to eligible women as per institutional protocol and multidisciplinary team recommendation. The Clavien-Dindo classification and Common Terminology Criteria for Adverse Events (CTCAE) version 5.0 were used for complications. Appropriate descriptive and survival statistics were used in the analysis.



Abstract #832 Figure 1 Overall Survival

Results A total of 77 women (median age 54; IQR 46–63) underwent IDS HIPEC during the study period. The majority

had stage IIIC (92.2%) and high-grade serous histology (94.8%). All had optimal cytoreduction at IDS (CC0 94.8%, CC1 5.2%) before HIPEC. Bowel resection and diversion rates were 20.8% and 11.7%, respectively. Surgical complications of Clavien-Dindo grade 3 or higher occurred in 19.5% of patients. CTCAE grade 3 or higher anaemia and hypokalaemia developed in 32.5% and 13%, while 39% had postoperative infections. Thirty-day readmission and 30-day death rates were 19.5% and 3.9%, respectively. The median hospital stay was 11 days (IQR 8–13) and the median time to adjuvant chemotherapy was 30 days (IQR 25–35). The median progression-free survival was 26.4 months (95% CI 22.4–30.4), and the median overall survival was 43.7 months (95% CI 37.7–49.8).

Conclusion HIPEC administered at the time of IDS in women with advanced EOC had acceptable safety and encouraging survival outcomes.

Disclosures none

#841

GENETIC ALTERATIONS IN EPITHELIAL OVARIAN CARCINOMA

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Introduction/Background Ovarian carcinoma results from a succession of genetic alterations involving proto-oncogenes and tumor suppressor genes, which have a critical role in normal cell growth regulation. Alterations of the c-erbB-2 and c-Myc proto-oncogenes and p53 and BRCA1 tumor suppressor genes, have been frequently observed in a sporadic ovarian carcinoma. The aim of this study was to investigate the frequency of heterozygosity loss (LOH) in the p53 and BRCA1 genes regions, so as the frequency of the c-Myc and c-erbB-2 oncogenes amplification in the sporadic epithelial ovarian carcinomas, together with the association of this alterations with the stage and prognosis of the disease.

Results LOH in the p53 gene region was detected in 31% of tumor samples of which all were in the FIGO IIIC stage. In the BRCA1 gene region, LOH was detected in 39% of tumor samples. By the FIGO classification 60% of this cancers were in the stage IIIC. LOH in both of the analyzed regions was detected in 7.7% of samples, in the FIGO IIIC stage.

Both the amplification of the c-myc and c-erbB-2 oncogenes were found in 27% of the analyzed samples, ranging from 50% to 250%. It is worth to mention that erb was deleted in four samples (27%). In one of them, amplifications of both myc and erb genes were found at the same time (6.6%). Most of the ovarian carcinomas (60%) with alterations in c-Myc and c-erbB-2 belonged to advanced FIGO stages (IIIC).

Conclusion Both types of gene alterations, LOH in the p53 and BRCA1 genes and amplification of c-Myc and c-erbB-2 oncogenes, are most likely late events in pathogenesis of the sporadic epithelial ovarian cancers that correlate with an

advanced stage of the disease and are considered as unfavorable prognostic parameter.

Disclosures Loss of heterozygosity in the p53 and BRCA1 genes and amplification of c-Myc and c-erbB-2 oncogenes correlate with an advanced stage of the epithelial ovarian cancers and are considered as unfavorable prognostic parameter.

#844 EVALUATION OF THE PROGNOSTIC ROLE OF DSPG3 IN OVARIAN CANCER

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Introduction/Background Previously, we identified a multigene signature significantly related to differential survival of patients with high-grade serous ovarian cancer (OC).¹ One out of differentially expressed genes was DSPG3, coding for dermatan sulfate proteoglycan 3 (DSPG3, epifican). DSPG3 protein is mainly considered as related to the structure and function of cartilage. However, our preliminary results showed that DSPG3 is expressed in ovarian cancer and may have prognostic potential.

Methodology Kaplan-Meier Plotter and Microarray Gene Expression Database of OC Subtype (CSIOVDB; Cancer Science Institute of Singapore) online tools were used for survival analysis. Immunohistochemical (IHC) analysis was performed on 20 formalin-fixed paraffin-embedded OC samples and on tissue arrays (ovarian and fallopian tissues; US Biomax), using anti-DSPG3 antibody (NBP2-33445, Novus Biologicals); results were analyzed using Statistica-v.13.1 (StatSoft).

Results Kaplan-Meier Plotter and CSIOVDB analysis confirmed that DSPG3 mRNA level is significantly related to survival of OC patients. Additionally, multivariate analysis showed that higher expression of DSPG3 increased the risk of relapse. Next, we evaluated expression of DSPG3 protein by immunohistochemistry. However, there was no significant correlation of DSPG3 staining intensity with survival of OC patients. Nevertheless, the higher DSPG3 expression was more frequently observed in cancer cells in comparison to stroma ($p = 0.001$, 12,19 OR). Moreover higher level of this protein dominated in metastatic OC samples as compared to primary tumors (Fisher exact test, $p = 0.017$). Interestingly, we observed intense DSPG3 staining in tumor infiltrating lymphocytes. Higher DSPG3 expression was also more frequently observed in chronic inflammation of fallopian tube than in adenocarcinoma of the fallopian tube.

Conclusion DSPG3 mRNA level may have prognostic significance in ovarian cancer, however, DSPG3 protein level does not significantly correlate with patients' survival. In addition, our IHC results suggest a new role of DSPG3 in inflammation.

REFERENCE

1. K.M. Lisowska, et al. (2016) DOI: 10.1007/s00432-016-2147-y

Disclosures No COI

#845 CLINICOPATHOLOGIC AND SURGICAL ANALYSIS OF 1090 PATIENTS WITH BORDERLINE OVARIAN TUMORS: A TURKISH SOCIETY GYNECOLOGIC ONCOLOGY (TRSGO) MULTI-INSTITUTIONAL RETROSPECTIVE TRIAL

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Introduction/Background To investigate the clinicopathological and surgical characteristics and to determine the factors affecting recurrence and survival rates in Turkish women with borderline ovarian tumors (BOTs).

Methodology We retrospectively investigated the data of 1090 patients with BOTs treated in 21 institutions for approximately the last 10 years. Some clinical, pathological and surgical data were evaluated. The clinicopathological, surgical data and recurrence and survival rates were evaluated using logistic regression analyses and Kaplan-Meier method.

Results The median age at diagnosis 42 years (range 13–94) and 65.1% of patients were premenopausal. Majority of cases were Stage I (77.5%) and unilateral (80.6%). The most common histologic types were serous and mucinous. Stromal microinvasion and micropapillary pattern were seen in 15,5% and 22.8%, respectively. 16.8% of patients operated via laparoscopy and 47.6% of cases were undergone conservative surgery (unilateral oophorectomy or cystectomy). Lymphadenectomy, omentectomy (or biopsy), appendectomy and peritoneal biopsies were done in 35.2%, 58.5%, 35.5% and 26.9% of cases, respectively. The median follow-up time was 66.5 months (range 6 – 238 months). Overall, 62 patients (6.1%) experienced recurrence and 14 (1.3%) died within the observation period. Five-year survival rate was 100% and median survival time was 234 months. Univariate analysis showed young age (<40 years), laparoscopic surgery and cystectomy were associated in disease free survival (DFS), lymphadenectomy, omentectomy, appendectomy, micropapillary pattern and stromal microinvasion were not. None factors revealed no statistically significant association in DFS in multivariate analysis.