Abstracts

#986 Efficacy of postoperative patient controlled epidural analgesia in the management of acute post-operative pain control in gynecological cancer patient: a network meta-analysis

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Introduction/Background Gynecological oncological surgery is highly complex and, together with the extension of surgical incision, is responsible for the surgical stress response. Both surgery and anesthesia cause immunodepression, compromising cell-mediated and innate immunity. Pain increases tumor-promoting effects of surgery, suppresses cell-mediated immunity and activates endocrine-metabolic responses, contributing to organ dysfunctions. A reduction in surgical-stress response and pain could lead to surgical outcomes improvement.

Methodology We performed a network meta-analysis based on random effects model for mixed multiple treatment. MEDLINE was searched for all articles containing text-words epidural analgesia (EA) and gynecological cancer (1989-October 2022), comparing EA versus other methods of postoperative pain control. Primary outcome was the mean postoperative pain after 0–24 and 48-hours in patients operated for gynecological cancer by laparotomy, according to different methods of postoperative pain control. Secondary outcome was postoperative complications rate.

Results Five studies (1150 women) analyzed postoperative pain within 24 hours. Patient-controlled EA (PCEA), patient-controlled analgesia (PCA), transversus abdominis plane (TAP) block and EA were directly and indirectly evaluated. A significant reduction of pain was achieved with PCEA relative to PCA [MD -2.28 (95%CI -3.58 to -0.97)]. SUCHARA (Surface Under the Cumulative Ranking curve Area) analysis ranking showed that PCEA had the highest chances to be ranked as first-choice (SUCHARA=69.9%). No significant differences related to treatment options after 24h and 48h (12 and 7 studies respectively) were highlighted. In postoperative pain after 48h, PCEA received the greatest SUCHARA score of all options (SUCHARA=69.4%), indicating that it had the best possibility of being rated first. Thirteen studies reported on post-operative complications. No appreciable differences were detected. PCEA had the highest SUCHARA score (SUCHARA=89.2%) of all the options, showing less postoperative complications.

Conclusion PCEA showed a significant reduction in post-operative pain control within 24 hours. Although not significant, PCEA had the greatest possibility of being rated as best option for pain-control after 48h and showed less post-operative complications rate.

Disclosures None

#988 CA-125 KELIM as a tool to identify which patients can benefit from PARPi in high grade serous advanced ovarian cancer: a retrospective diagnostic accuracy study

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Introduction/Background BRCA mutation and homologous recombination deficiency (HRD) are used to administrate PARPi maintenance therapy. It is known that PARPi efficacy and platinum sensitivity have some relationship and that the latter can be demonstrated from the CA-125 elimination rate constant (KELIM). KELIM is a modeled kinetic parameter based on CA-125 values measured during the first 100 days of neoadjuvant or adjuvant chemotherapy. This study aims to investigate if KELIM can be another tool in the identification of patients that benefit from PARPi therapy.

Methodology We retrospectively analyzed the records of patients with high-grade serous advanced ovarian cancer that were treated in the 1st Department of Obstetrics – Gynecology Clinic and further tested for HRD status. The HRD status was tested either by myChoice HRD CDx assay or by RediScore assay. KELIM score was measured in both neoadjuvant and adjuvant settings with the online tool biomarker-kinetics.org.

Results Thirty-nine patients had available data for both HRD and KELIM. The mean age of the patients was 60 years old and 22 (56.4%) underwent neoadjuvant, while 17 (43.6%) underwent adjuvant chemotherapy. From the available data,