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)]. SUURCA (Surface Under the Cumulative Ranking curve Area) analysis ranking showed that PCEA had the highest chances to be ranked as first-choice (SUURCA=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 SUURCA score of all options (SUURCA=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 SUURCA score (SUURCA=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
27/31 (87%) had complete or optimal cytoreduction. When assuming KELIM as a binary index test with the value 1 as the cut-off point, the sensitivity was 0.86, 95% CI (0.64–0.97), and the specificity 0.83, 95% CI (0.59–0.96). On the other hand, when assuming KELIM as a continuous index test, the AUC was 81% and the optimal threshold, using the Youden index, was identified as 1.03 with a sensitivity of 85.7%, and a specificity of 83.3%.

Conclusion KELIM score seems to be a new, cheaper and faster tool to identify patients that can benefit from PARPi maintenance therapy. Further prospective trials are needed to validate these results.

Disclosures No disclosures

#990 IMPACT ON OVERALL SURVIVAL OF CRS SCORE IN OVARIAN CANCER TREATED WITH NEOADJUVANT CHEMOTHERAPY

Maria Laseca-Modrego, Andrés Rave-Ramírez*, Octavio Arencibia-Sánchez, Daniel González-García-Can, Beatriz Navarro-Santana, Alicia Martín-Martínez, Avinash Ramchandami. Maternal and Child University Hospital of Canary Islands, Las Palmas De Gran Canaria, Spain

Introduction/Background Neoadjuvant chemotherapy (NACT) followed by surgery has been shown to be an alternative treatment in patients with advanced ovarian cancer who are unlikely to achieve optimal cytoreduction with primary surgery. Successful stratification tools have been created to determine cytoreduction prognosis. The Chemotherapy Response Index is intended to be one of them.

Objective To evaluate the impact on overall survival at 3 and 5 years of patients treated with NACT according to the Chemotherapy Response Score 5 (CRS).

Methodology Retrospective analysis of a longitudinal cohort study. All patients diagnosed with FIGO stage IIIIC ovarian cancer who received NACT followed by surgery as treatment during the study period 2017–2022 were included. All patients received between 4–6 cycles of chemotherapy, carboplatin and paclitaxel schedule followed by surgery. CRS score was analyzed in all of them. A CRS score 1 and 2 indicated partial chemotherapy response while CRS score 3 indicated very good response to chemotherapy. 3- and 5-year survival was analyzed according to the CRS score.

Results A total of 57 patients met the inclusion criteria, representing 40.7% of all stage IIIIC ovarian cancers in that period. The mean age of the patients was 62 years, and 75.4% were menopausal. The most frequent tumor type was serous carcinoma (93%). A CRS 1–2 was present in 80.7% (n= 46).

Clinicopathological characteristics were compared between the CRS 1–2 and CRS 3 groups and no statistically significant differences were found between the two groups.

Survival of patients at 3 and 5 years in the CRS 3 group was 100%, while in the CRS 1–2 group it was 68.9% and 53.3% respectively, these differences being statistically significant (Long Rank of 0.04 and 0.009).

Conclusion In our study, presenting a CRS 3 after treatment with NACT followed by surgery is a good prognostic factor with a 3- and 5-year survival of 100%.

Disclosures No disclosures

#992 THE USE OF CA-125 KELIM TO IDENTIFY WHICH PATIENTS CAN ACHIEVE COMPLETE CYTOREDUCTION AFTER NEOADJUVANT CHEMOTHERAPY IN ADVANCED OVARIAN CANCER

1Dimitrios Zouzoulas*, 2Panagiotis Tzitzis, 1Dimotiris Tsoulakidis, Vasileios Theodoulidis, 1Kimon Chatzistamatiou, 2Maria Topalidou, 1Grigoris Grimbizis. 1st Department of Obstetrics and Gynecology, ATTίH, Thessaloniki, Greece, 2Radiotherapy Department, Thessaloniki, Greece

Introduction/Background Neoadjuvant chemotherapy followed by interval debulking surgery is used in the treatment of advanced ovarian cancer. However, no tool can safely predict if complete cytoreduction after 3–4 cycles can be achieved. KELIM is a modeled kinetic parameter based on CA-125 values measured during the first 100 days of neoadjuvant chemotherapy. This study aims to investigate if KELIM score can be a tool in the identification of patients that can achieve a complete interval debulking surgery (IDS).

Methodology We retrospectively analyzed the records of patients with advanced ovarian cancer that were treated in the 1st Department of Obstetrics – Gynecology Clinic from 2012 – 2022 with neoadjuvant chemotherapy followed by IDS. Patient characteristics, oncological and follow-up information were collected. KELIM score was measured with the online tool, biomarker-kinetics.org. The primary outcome was the association of KELIM score and residual disease.

Results Out of 128 patients, 83 had the available data to be included in the final analysis. Patients were categorized into two groups: Group A (51 patients) favorable (≥1) and Group B (32 patients) unfavorable (<1) KELIM scores. There was no statistically significant difference in age, BMI, comorbidities, postoperative complications, and hospital stay between the two groups. However, statistically significant correlation between KELIM and residual disease (p<0.05) exists, showing that patients with a favorable KELIM score can achieve a complete IDS. There was only one case with favorable KELIM that led to an optimal cytoreduction, because of milliary disease in the small bowel. Concerning survival rates, there was a statistically significant difference in overall survival (p=0.0176), but no difference was observed in progression-free survival (p=0.143).

Conclusion KELIM seems to be a tool to safely triage patients after neoadjuvant chemotherapy and decide who can undergo IDS, while patients with unfavorable KELIM score can undergo diagnostic laparoscopy, to assess tumor resectability.

Disclosures No disclosures

#995 SURGICAL MANAGEMENT WITH CLINICOPATHOLOGICAL AND RADIOLOGICAL CORRELATION OF SUSPICIOUS CARDIOPHRENIC LYMPH NODES IN ADVANCED OVARIAN CANCER

Neha Agarwal*, Jagnnath Mishra, Arunava Roy, Jaydip Bhunuk, Priya Ghosh, Basumita Chakraborti, Anik Ghosh, Sonia Mathai, Subhashree Rout, Upasana Palo, Jyoti Bhajju Llama, Paromita Roy, Richa Kumar, Pragati Tripathi, Padmini Kumari. Tata Medical Centre, Kolkata, India

Introduction/Background The presence of suspicious cardiophrenic lymph nodes is a surgical challenge. These nodes are located at the intersection of the diaphragm and the posterior abdominal wall, and they are often associated with advanced ovarian cancer. Surgery is the primary treatment option for this condition, and the goal is to achieve complete cytoreduction (CRS). Preoperative staging and the use of radiological imaging are crucial in planning the surgical approach. The aim of this study was to evaluate the clinicopathological and radiological correlation of suspicious cardiophrenic lymph nodes in advanced ovarian cancer.

Methodology This was a retrospective study conducted at the Tata Medical Centre, Kolkata, India, between November 2019 and October 2021. The study included patients with advanced ovarian cancer who underwent surgery with cardiophrenic lymph node dissection (CLND). Preoperative imaging (CT scan and MRI) was performed to identify suspicious cardiophrenic lymph nodes. The surgical approach was planned based on the preoperative imaging findings. Postoperative pathological examination was performed to correlate the surgical findings with the preoperative imaging results.

Results A total of 52 patients were included in the study. Preoperative imaging showed suspicious cardiophrenic lymph nodes in 40% of the patients. During surgery, complete cytoreduction was achieved in 90% of the patients. Postoperative pathological examination confirmed the surgical findings in 95% of the cases. There was a strong correlation between the preoperative imaging findings and the surgical outcomes. The use of a combination of CT scan and MRI improved the accuracy of identifying suspicious cardiophrenic lymph nodes.

Conclusion The surgical management of advanced ovarian cancer with suspicious cardiophrenic lymph nodes requires a multidisciplinary approach. Preoperative imaging is crucial in planning the surgical approach, and the use of imaging techniques such as CT scan and MRI can improve the accuracy of identifying suspicious cardiophrenic lymph nodes. Surgical outcomes can be predicted based on the preoperative imaging findings, and postoperative pathological examination is essential in validating surgical outcomes.

Disclosures No disclosures