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 Index score (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 schedule followed by surgery. CRS score was analyzed in all of them. A CRS score 1 and 2 indicates partial chemotherapeutic 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

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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 CLINICO-PATHOLOGICAL AND RADIOLOGICAL CORRELATION OF SUSPICIOUS CARDIOPHRENIC LYMPH NODES IN ADVANCED OVARIAN CANCER

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Introduction/Background Pathological and radiological correlation of suspicious cardiophrenic lymph nodes in advanced ovarian cancer is a well-known problem. In this retrospective study, we correlated clinical-pathological and radiological findings in these lymph nodes.

Methodology This study included 128 patients with advanced ovarian cancer evaluated at Tata Medical Centre, Kolkata, India between January 2019 and December 2022. Clinical and radiological correlates were compared using Chi-squared test and Fisher’s exact test. A p-value of less than 0.05 was considered statistically significant.

Results Out of the 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.

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