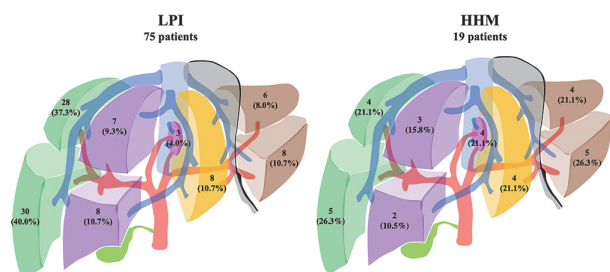


The median size of liver metastases was 10mm in LPI and 20mm in the HHM($p=0.02$)

Atypical resections were significantly more frequent in LPI (92%), while segmentectomy in the HHM group (78.9%, $p<0.001$).



Abstract #1025 Figure 1

Conclusion LPI was significantly associated with localizations on liver segments that are in contact with peritoneal recess or peritoneal fold where neoplastic cells can easily settle and implant, along the clockwise circulation of the peritoneal fluid.

HHM demonstrated a more heterogeneous and diffuse anatomical distribution, were significantly larger and required a higher rate of liver 'anatomical' resections.

Disclosures None

#1028 IMPACT ON SURVIVAL OF CRS SCORE IN OVARIAN CANCER TREATED WITH NEOADJUVANT CHEMOTHERAPY

Andres Rave Ramirez*, Maria Laseca Modrego, Octavio Arencibia Sanchez, Daniel Gonzalez Garcia-Cano, Beatriz Navarro Santana, Alicia Martin Martinez, Avinash Ramchandani Vaswani. *Complejo Hospitalario Universitario Insular Materno Infantil de Canarias, Las Palmas De Gran Canaria, Spain*

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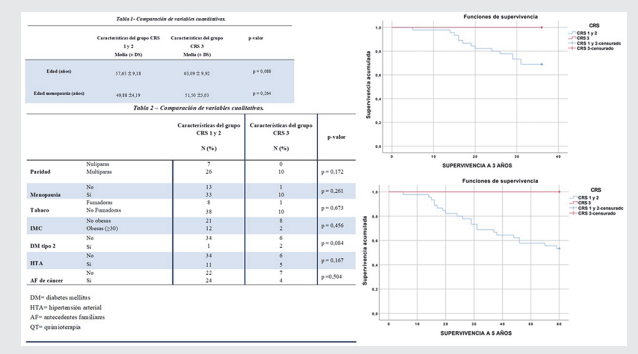
Introduction/Background Ovarian cancer remains the most common cause of mortality in pelvic gynecologic cancer. Neoadjuvant chemotherapy (NACT) followed by surgery has been shown to be an alternative treatment in patients with advanced ovarian cancer who are unlikely to achieve optimal cytoreduction with primary surgery. Successful stratification tools have been created to determine cytoreduction prognosis. The Chemotherapy Response Score (CRS) is intended to be one of them. We will evaluate the impact on OS at 3 and 5 years of patients treated with NACT followed by surgery according to the CRS

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

Results A total of 57 patients met the inclusion criteria, representing 40.7% of all stage IIIC ovarian cancers in that period. Mean age was 62 years, 75.4% were menopausal and 32.6% of them had a BMI in the obese range. Regarding personal

history, 28.6% were hypertensive and 7% were diabetic. Regarding clinicopathological characteristics, 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 (Log Rank of 0.04 and 0.009).

Abstract #1028 Table 1



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

Disclosures No disclosures

#1036 COMPARISON OF GEMCITABINE OR LIPOSOMAL DOXORUBICIN IN PATIENTS WITH HIGH GRADE SEROUS OVARIAN CANCER WITH PARTIAL PLATINUM RESPONSE

Tugba Tekelioglu*, Emre Günakan, Ozden Altundag, Serife Sivridemir, Hüseyin Akilli, Ali Haberal, Ali Ayhan. *Baskent Üniversitesi Hastanesi, Ankara, Turkey*

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Introduction/Background Gemcitabine or liposomal doxorubicin are well-accepted chemotherapy modalities in management of recurrent high grade serous ovarian cancer (HG-SOC) with partial platinum response. In this study we aimed to evaluate the progression free intervals after the secondline gemcitabine or liposomal doxorubicin treatments in this group.

Methodology This is a descriptive retrospective study including 67 patients with recurrent high grade serous ovarian cancer (HG-SOC) with partial platinum response. Partial response was defined as recurrence after 6 first-line therapies with platinum derives in 6–12 months. Patients who underwent gemcitabine + platinum derives ± bevacizumab was defined as Group I and liposomal doxorubicin + platinum derives ± bevacizumab as Group II.

Results The median recurrence time of the whole group was 8 months. The mean initial recurrence times were 7.4 ± 2.6 and 8.5 ± 2.3 months for group I and II, respectively. The mean progression free survival time after in Group I and II were 13.6 ± 6.1 and 13.7 ± 19.7 months, ($p:0.344$), respectively. The estimated overall survival for groups were 59.0 ± 7.2 months and 45.7 ± 3.5 months but this was not statistically significant ($p:0.135$).

Conclusion In our study, we found that progression free intervals after the secondline gemcitabine or liposomal doxorubicin

treatments in patients recurrent high grade serous ovarian cancer (HG-SOC) with partial platinum response are similar. This finding may support use of liposomal doxorubicin with longer treatment intervals and less hospital admission for the patient.
Disclosures none

#1041 A SUCCESS STORY OF PEMBROLIZUMAB IN A WOMAN WITH SMALL CELL CARCINOMA OF THE HYPERCALCEMIC TYPE OF THE OVARY

Judith Altmann*, Nathalie Bashian, Wolfgang Schmitt. *Charité University Hospital, Berlin, Germany*

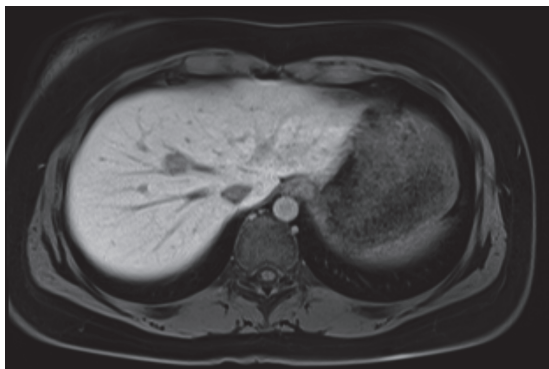
10.1136/ijgc-2023-ESGO.696

Introduction/Background We present the rare case of a 23 year old woman with small cell carcinoma of the right ovary of the hypercalcemic type (SCCOHT). Initial diagnosis was at 20 years of age in September 2019, she presented with severe abdominal pain and a 16cm tumor of the right ovary. Electrolytes, including calcium were normal. First, oophorectomy of the right ovary performed. Following histological diagnosis of SCCOHT and staging via positron emission tomography (PET)-scan was done, en-bloc resection of the uterus and left adnexa, peritonectomy, omentectomy and bowel resection with anastomosis of colon descendens and rectum was performed via laparotomy. TNM stage was pT3c N1 (3/7) L0 V0.

She received 4 cycles of adjuvant chemotherapy with cisplatin, etoposide and ifosfamid. Unfortunately, computertomography scan and magnetic resonance imaging (MRI) after chemotherapy revealed a new liver metastasis.

High-dosage chemotherapy with cyclophosphamide, followed by carboplatin and etoposide was applied followed by autologous stem cell transplantation. Despite extensive treatment MRI in October 2020 showed new disseminated liver metastases. PDL-1 testing showed a CPS (combined positive score) of 2. In November 2020 immunotherapy with pembrolizumab q21d was started. MRI in December 2020 showed remission of hepatic metastases under therapy with pembrolizumab [see image 5]. Additionally, brachytherapy of 20Gy with Iridium-192 in afterloading technique of hepatic segments IVa/VIII and VIII was done. Alternating PET-scan and MRI every 3 months showed no tumor recurrence.

To date, in April 2023, therapy with pembrolizumab is being continued without any sign of recurrence.



Abstract #1041 Figure 1 MRI prior to therapy with pembrolizumab

Methodology Case report

Results Our patient, a 23 year old woman with SCCOHT with hepatic metastases, is currently 29 months under treatment with pembrolizumab.

Conclusion This is the longest survival under pembrolizumab reported in the literature so far.

Disclosures None

#1049 SURVIVAL ANALYSES IN PATIENTS WITH PLATINE RESISTANT RECURRENT HIGH GRADE SEROUS OVARIAN CANCER WHO UNDERWENT PACLITAXEL RECHALLENGE

Tugba Tekelioglu*, Özden Altundag, Emre Günakan, Serife Sivridemir, Hüseyin Akilli, Esra Kuşçu, Ali Ayhan. *Baskent Üniversitesi Hastanesi, Ankara, Türkiye*

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Introduction/Background In our clinical practice we began to plan paclitaxel rechallenge earlier (in thirdline) in patients with platine resistant recurrent high grade serous ovarian cancer (HG-SOC) and our aim is to evaluate the outcome of this approach with other prognostic factors.

Methodology This retrospective study included 49 patients. Patient data including age, recurrence time, histopathological results, chemotherapy protocols, were obtained from the hospital database. Early paclitaxel rechallenge was defined as paclitaxel rechallenge in the thirdline after the secondline liposomal doxorubicin, late paclitaxel rechallenge was defined as treatment in further lines.

Results The median age of the was 54 (range, 27–77). Median overall survival (OS) was 45 (range, 21–186) months. In survival analyses patients who underwent late rechallenge had worse overall survival (58.9 vs. 64.4 months, p:0.219) but this finding did not reach a statistical significance. In evaluation of challenges agent types patients who underwent single agent (only paclitaxel) had better OS when compared to two agents (paclitaxel + carboplatine); 67.6 vs 54.4 months (p:0.713) whereas this also did not reach a statistical significance.

Conclusion Despite the later onset of approach and low number of patients the results of our study supports that early paclitaxel rechallenge may be promising in management of platine resistant recurrent high grade serous ovarian cancer. Also, single agent rechallenge may be a better option to avoid the chemotherapy related side effects with better overall survival results.

Disclosures none

#1052 HYPERTHERMIC INTRAOPERATIVE INTRAPERITONEAL CHEMOTHERAPY (HIPEC) WITH PRIMARY OR INTERVAL CYTOREDUCTIVE SURGERY IN THE TREATMENT OF ADVANCED EPITHELIAL OVARIAN CANCER

¹Dogan Vatanserver*, ¹Burak Giray, ¹Emin Erhan Donmez, ¹Emre Balik, ²Tonguc Arslan, ²Macit Arvas, ¹Cagatay Taskiran. ¹Koc University School of Medicine, Istanbul, Türkiye; ²American Hospital, Istanbul, Türkiye

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Introduction/Background Ovarian cancer has the highest mortality rate among gynecologic malignant tumors. Data are lacking on the survival benefit of hyperthermic intraperitoneal