Feasibility Analysis of Ovarian Cancer
Peritoneal Washings or Ascites as a Sample Source for Molecular Testing and Its Value in Predicting Peritoneal Metastasis

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Introduction/Background To investigate whether preoperative peritoneal irrigation fluid or ascites circulating tumor DNA (ctDNA) detection in ovarian cancer patients can be used as a substitute or supplement for tumor tissue when it is not desirable; Whether preoperative peritoneal irrigation fluid or ascites ctDNA testing is more sensitive than cytology and can be used to aid diagnosis of metastasis and clinical staging.

Methodology A total of 24 patients with stage I-IV ovarian cancer who underwent surgery in the Department of Gynecologic Oncology, Beijing Obstetrics and Gynecology Hospital from November 1, 2021 to August 31, 2022 were enrolled. Preoperative peritoneal irrigation fluid or ascites and blood and tumor tissue samples were taken. The patient's tumor tissue, blood and peritoneal irrigation fluid or ascites were sequenced by gene chip target area capture and high-throughput sequencing detection technology, and 520 genes highly related to tumor development and personalized treatment were sequenced, and the consistency of circulating tumor DNA detection rate in peritoneal fluid with genetic mutations in tissue samples was evaluated, whether peritoneal irrigation fluid or ascites next-generation sequencing (NGS) was more sensitive than blood NGS, and the consistency of peritoneal irrigation fluid.

Results A total of 24 patients with ovarian cancer were screened according to the inclusion exclusion criteria, and a total of 70 samples (including 24 tissue samples, 24 blood samples, 22 peritoneal irrigation fluid or ascites samples) from 24 patients were included in the follow-up analysis. The mutation detection rate was 100% (24/24) in tumor tissue samples, 82% in abdominal irrigation fluid or ascites samples, and 62% in blood samples.

Abstract #825 Figure 1

Conclusion The detection of ctDNA in peritoneal washing fluid or ascitic fluid can be used as a priority replacement or supplement when tumor tissue is not desirable, and can also be used for auxiliary diagnosis of metastasis and clinical staging.

Disclosures The authors declare no disclosures.

#825 FEASIBILITY ANALYSIS OF OVARIAN CANCER PERITONEAL WASHINGS OR ASCITES AS A SAMPLE SOURCE FOR MOLECULAR TESTING AND ITS VALUE IN PREDICTING PERITONEAL METASTASIS

#965 FIRST IMPRESSIONS OF PATIENTS’ PERSPECTIVES OF PREHABILITATION AS PART OF THE KORE-INNOVATION TRIAL: THE FIRST PROSPECTIVE CLINICAL TRIAL TO ASSESS A PERIOPERATIVE PATHWAY TO REDUCE POSTOPERATIVE COMPLICATIONS IN OVARIAN CANCER

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Introduction/Background Preferred treatment for ovarian cancer is a primary debulking surgery associated with surgical stress and high levels of morbidity.

Implementing the Enhanced Recovery After Surgery (ERAS) pathway has shown improved postoperative outcomes. However, preoperative screening for risk factors and optimization of general health status is not widely implemented, even though they could increase postoperative recovalescence by improving baseline health status. Patient’s compliance is critical for a successful implementation, which makes understanding their perspective valuable. We report preliminary results of patients’ perspective on prehabilitation.

Methodology As part of our ongoing clinical trial, we implement an innovative multimodal perioperative care pathway consisting of a trimodal prehabilitation in combination with the established ERAS pathway for ovarian cancer patients undergoing primary debulking surgery. The trimodal prehabilitation consists of a personalized, targeted nutrition-, physical fitness-, and mental health intervention, following a comprehensive baseline assessment. At the end of prehabilitation, before undergoing surgery, patients are asked about their perspective on prehabilitation by a closed questionnaire.

Results Data of 131 patients were available for preliminary analysis. When asked which part of prehabilitation was most supportive, 53% reported the overall package, 36% physical activity, and 12% the nutrition intervention to be most helpful. 11% felt most supported by the mental health coaching, and only 4% did not feel supported by
prehabilitation. Furthermore, 40% reported feeling more physically capable after prehabilitation, vs. 56% who felt the same, and 4% felt less physically capable. Furthermore, 59% reported feeling mentally strengthened by prehabilitation, 37% reported the same level as before, and only 3% reported feeling worse.

Conclusion Preliminary results suggest that patients seem to respond well to a trimodal prehabilitation program. The overall package seems best received, followed by physical fitness and nutrition advice. A lot of patients report feeling physically more capable, as well as mentally strengthened after prehabilitation.

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Introduction/Background The aim of the All Wales Ovarian Cancer Prehabilitation Project (AWOCPP) was to develop and deliver a standardised, personalised, multimodal framework of prehabilitation to all patients being offered surgery for advanced ovarian cancer in Wales.

The benefits of prehabilitation prior to surgery are well documented. Collaborative guidance from Macmillan, the Royal College of Anaesthetists and the NIHR states that ‘pre-habilitation should be integral in the management and support of patients diagnosed with cancer’.

Methodology The objectives were to, develop an evidence based framework of prehabilitation to standardise delivery and provide equality of care to all patients across Wales and to assess the impact the program had on patient outcomes, specifically; length of stay in hospital, post operative complications and surgery to chemotherapy interval (SCI).

All patients with stage 3 or 4 ovarian cancer were identified at MDT who were to be scheduled for primary cytoreductive surgery or interval cytoreductive surgery and were invited to take part in AWOCPP.

The programme consisted of a baseline appointment prior to commencement of treatment, to assess patients requirements and refer to appropriate AHPs. There were additional follow up appointments, at pre-operative time point and at the end of treatment. Please see attached image for prehabilitation pathway.

Results On average the length of hospital stay following surgery in Wales reduced from 7.8 days (National Ovarian Cancer Audit 2019) to 5.6 days. 2 out of 3 cancer sites in Wales saw a reduction in surgery to chemotherapy interval time. There was no change in complications rates. Patient feedback forms demonstrated patients found AWOCPP acceptable and a manageable part of their treatment plan.

Conclusion We have demonstrated a significant reduction in hospital stay for patients who participated in AWOCPP when compared to historical data, that the programme is feasible and will mean significant cost saving and improved patient experience.

Disclosures None

Abstract #994 Figure 1 Prehabilitation Patient Pathway