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CORRELATION BETWEEN PREOPERATIVE PCI IMAGING, INTRAOPERATIVE PCI MEASUREMENT, AND OVERALL SURVIVAL IN PERITONEAL CARCINOMATOSIS SECONDARY TO OVARIAN, TUBAL, AND PRIMARY PERITONEAL CARCINOMA

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Introduction PCI is widely used to evaluate peritoneal carcinomatosis. This study aims to assess the correlation between preoperative and intraoperative PCI. The secondary objectives were determining whether PCI could predict surgical oncologic outcomes and overall survival.

Methods In a retrospective cohort study, women with advanced-stage epithelial ovarian cancer, primary peritoneal cancer, or fallopian tube cancer who underwent primary cytoreductive surgery or interval debulking were included. The preoperative CT scan findings and intraoperative measurement of the peritoneal carcinomatosis were evaluated using PCI, and their correlation was determined using the Spearman coefficient. The overall survival was calculated using the Kaplan-Meier method.

Results 55 women were enrolled, and 52 patients were eligible and analyzed. Mean preoperative and intraoperative PCI were 5.04 and 7.27, orderly. Twenty-nine patients achieved optimal surgery (55.8%). A moderate correlation exists between the PCI obtained from the CT image and surgical findings ($r=0.510$, $P<0.001$). The significant cutoff values of preoperative PCI and intraoperative PCI to predict optimal surgical outcomes could be 7 and 8, respectively. In multivariate analysis, preoperative CA125 < 416 U/mL and intraoperative PCI < 8 were the only independent factors for optimal surgery. The overall survival was significantly improved in patients with an intraoperative PCI score of less than 8 (14 to 36 months, $p=0.015$).

Conclusion/Implications The lesser PCI that would predict the optimal surgical outcome, the preoperative PCI from practical imaging would be beneficial as a predictive method to assess the possibility of optimal cytoreduction and the optimal time for surgery.

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RETROSPECTIVE ANALYSIS COMPARING THE SURVIVAL OUTCOME OF NIRAPARIB AND OLAPARIB IN ADVANCED OVARIAN CANCER PATIENTS

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Introduction Targeted therapy has become the mainstay maintenance treatment for patients with advanced ovarian cancer, including those with BRCA1 or BRCA2 mutations. Poly ADP

ribose polymerase (PARP) inhibitors, including Niraparib and Olaparib, have demonstrated effectiveness in treating patients in complete or partial remission. However, there is a lack of research comparing the survival outcomes between these two agents. We aimed to compare the survival outcomes associated with niraparib and olaparib in patients with advanced ovarian cancer.

Methods We conducted a single institution, retrospective study on patients with stage III and IV ovarian cancer who had received either Niraparib or Olaparib from November 2019 to February 2023. Patients were stratified according to which PARP inhibitor they received. Our primary objective was to assess the progression-free survival (PFS) and overall survival (OS).

Results A total of 104 patients received a PARP inhibitor during the study timeframe. Thirty-four (32.7%) of patients received niraparib and 70 (67.3%) of patients received olaparib. Median age of patients was 56.8 ± 7.5 years in niraparib group and 57.2 ± 8.8 years in olaparib group. Median PFS was 31.8 months (28.8–34.9) for the olaparib group and 24.8 months (23.095–26.409) for the niraparib group ($p=0.247$). The median OS was 36.5 months (34.638–38.459) for olaparib group and 25.5 months (24.448–26.476) for the niraparib group ($p=0.599$), with no significant difference.

Conclusion/Implications This study compared the survival outcomes of two most commonly prescribed PARP inhibitors. Our results show that olaparib and niraparib were comparable in terms of survival outcome in patients with advanced ovarian cancer.

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THE ROLE OF ITERATIVE CYTOREDUCTIVE SURGERY IN RECURRENT OVARIAN CANCER: SURVIVAL OUTCOMES: BEYOND SECONDARY CYTOREDUCTIVE SURGERY

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Introduction The optimal timing and number of cytoreductive surgery (CRS) procedures in patients with multiple recurrences are still under debate. The aim of study is to evaluate the outcomes and safety of tertiary cytoreductive surgery in secondary relapsed ovarian cancer patients.

Methods We retrospectively reviewed the medical records of secondary relapsed recurrent ovarian cancer patients between January 2000 and March 2023.

Results A total of 123 patients (26 patients who underwent tertiary cytoreductive surgery (TCS) followed by chemotherapy vs. 97 patients who received chemotherapy alone after secondary relapse) were included. The median age was 46.8 years, and the median follow-up time was 64.8 months. Among the patients with TCS, 5 (19.2%) and 1 (3.8%) patients received quaternary and quinary CRS, respectively. 24(92.3%) patients received complete resection in TCS, and post operative adjuvant chemotherapy was administered to 22(84.6%) patients. Out of 26 patients, 18(69.2%) experienced recurrence after TCS, with a median time to recurrence of 22.1 months. Patients with complete tertiary cytoreductive surgery had a significantly longer overall survival (median overall survival (OS): 93 months, $p=0.001$) compared to those with chemotherapy alone group. (median OS: 47 months, 95% CI 39.0 – 54.9).