Abstract EP262/#530 Table 2

Parameter		Hazard Ratio (95% CI, P value)		
		Overall Survival	Progression Free Survival	Time to Recurrence
Age at diagnosis	1 year	1.01 (0.98-1.05, 0.51)	1.02 (0.98-1.05, 0.36)	1.01 (0.98-1.04, 0.56)
Chemo	IV vs IP	1.45 (0.65-3.24, 0.37)	1.48 (0.76-2.89, 0.24)	1.47 (0.74-2.92, 0.27)
Stage	II vs I	2.11 (0.91-4.89, 0.08)		
BRCA status	+ vs -	0.75 (0.23-2.39, 0.11)	1.03 (0.42-2.55, 0.06)	0.87 (0.33-2.26, 0.05)
	Unk vs -	**0.37 (0.14-0.93, 0.03)**	**0.36 (0.15-0.85, 0.02)**	**0.30 (0.11-0.81, 0.01)**

Results 77 and 60 patients received IP/IV and IV chemotherapy, respectively. Those who received IP/IV were significantly younger. Stage distribution was similar between treatment groups. There were 24.7% and 5% confirmed BRCA mutation carriers, but 13% and 26.7% with unknown BRCA status in the IP/IV and IV groups, respectively. Five-year kaplan-meier outcomes were 77.7% vs. 67.7% TTR (p=0.49), 77.7% vs. 64.9% PFS (p=0.44), and 93.4% vs. 85.1% OS (p=0.29) in the IP/IV and IV groups, respectively. In multivariate analysis, IV chemotherapy trended towards shorter TTR, and worse PFS and OS. Those with unknown BRCA status had significantly better outcomes than confirmed BRCA negative (see tables 1 and 2).

Conclusion/Implications There are improved outcomes for patients with early stage HGSC who received IP/IV chemotherapy, although not statistically significant. The unknown BRCA status group could have unrecognized BRCA mutation carriers, possibly accounting for better outcomes than those without BRCA mutations.

EP263/#236 ACCURACY OF INTRAOPERATIVE FROZEN SECTION DIAGNOSIS IN OVARIAN TUMORS

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Introduction Diagnosis of ovarian tumors are challenging and requires a pathologist expertise in its diagnosis process. Intraoperative frozen section serves as an important diagnostic tool for intraoperative settings. However, accuracy remains an important factor in frozen section diagnosis. This study is comparing frozen section diagnosis to paraffin block as the gold standard in Prof. Dr. R.D. Kandou Regional Hospital.

Methods This cross-sectional study is conducted in Prof. Dr. R.D. Kandou Regional Hospital during June 2021 to June 2022 obtained by medical records of all patients undergoing intraoperative frozen section and will be compared with paraffin block. Data are then analyzed in IBM Statistics SPSS 25.

Results Comparison of each category between frozen section and paraffin block revealed sensitivity of 83,5%, 100.0%, and 76.9% with specificity of 90.4%, 90.0%, and 95.5% for benign, borderline, and malignant diagnosis respectively. A 100% sensitivity for borderline diagnosis is the result of no false negative results in all 13 borderline cases. All results are found to be significant (p<0.001). Among 28 patients who were diagnosed with borderline cases by frozen section, the final pathological diagnosis was upgraded to malignant 14.3%, 46.4% remained borderline diagnosis and 39.3% diagnosed benign.

Conclusion/Implications Intraoperative frozen section is an important tool that can help manage the patient. But intraoperative frozen section must be calibrate to ensure the accuracy.

EP264/#775 GENOMIC ALTERATION BEFORE AND AFTER PROGRESSION ON FIRST EXPOSURE TO PARP INHIBITOR (PARPI) AMONG OVARIAN CANCER PATIENTS

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Introduction Nowdays, PARP inhibitor(PARPi) is frequently used as maintainace treatment in ovarian cancer patients. Due to the DNA repair defect, BRCA1/2 deficient tumor cells are more sensitive to PARP inhibitors (PARPi) through the mechanism of synthetic lethality. When progressed after using the parp inhibitor, the genomic alteration of the tumor and the reuse of the parp inhibitor were not considered.

Methods A slide was producted for patients who started 1st parp inhibitor from February 2018 to May 2022, and for patients with tissues before and after 1st parpinhibitor treatment. We analyzed 20 matched tissue samples before and after progression on first exposure to PARPi among patients undergoing re-treatment with PARPi to understand the genomic changes, potential implication in resistance mechanism and response to PARPi re-treatment.

Results 10 patients were platinum sensitive and 10 patients were platinum resistant.

The histological type was identified as High grade serous carcinoma at 90% and endometrioid carcinoma at 10%.

LOH score increased in 15 patients (88%). TMB increased in 13 patients (76%). The average PARP inhibitor usage period in the platinum sensitive group was 14.65 months which is longer than that of platinum resistant group 6.15 months. Analyzing the period of use, the shorter the first PARP inhibitor, the shorter the period of use of the 2nd PARP inhibitor. The most frequently detected gene was MYC amplification and RAD 21 amplification. (n=2)

Conclusion/Implications Post-specific mutations occur and LOH and TMB increase upon progression with PARP inhibitor. Further research on resistance mechanism in case of recurrence using PARP inhibitor is needed.

EP265/#388 TIMP3 ATTENUATES AGGRESSIVENESS OF OVARIAN CANCER CELLS AND ENHANCES THE SENSITIVITY TO PACLITAXEL

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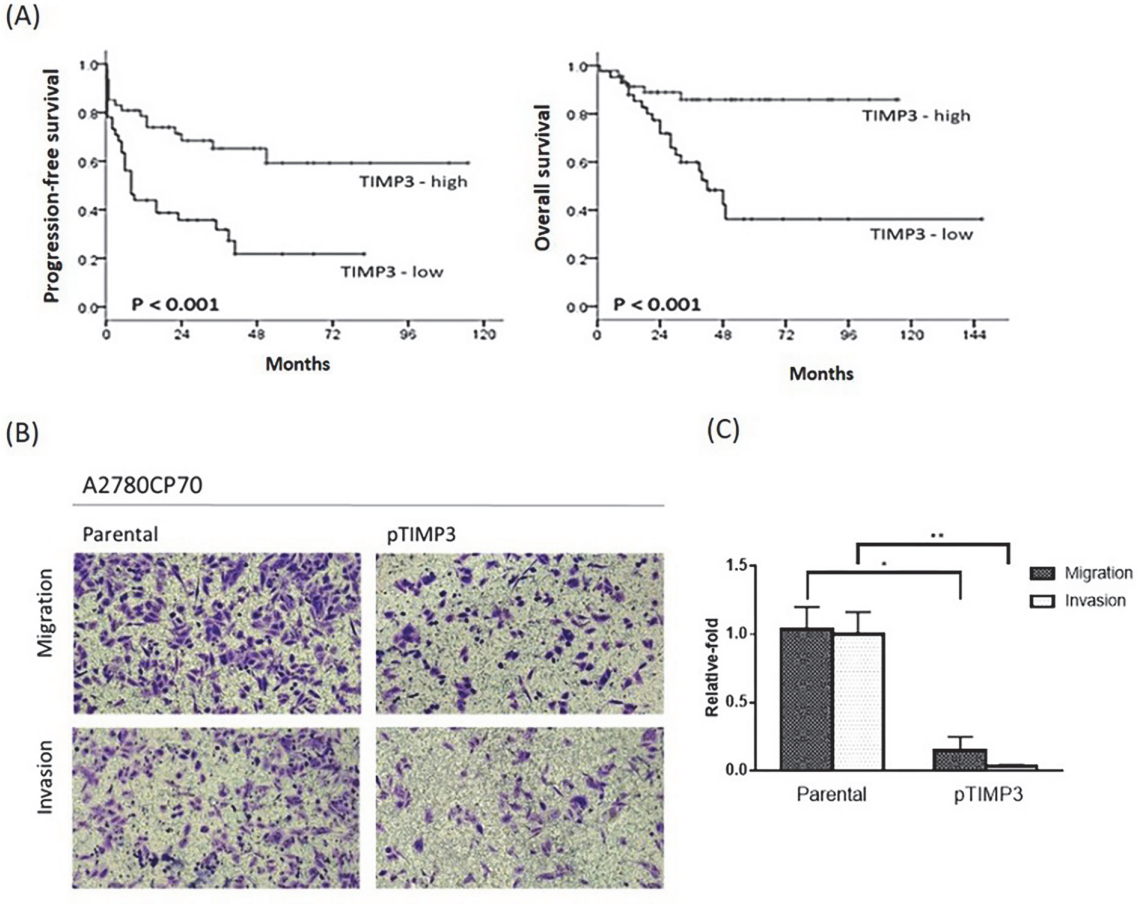
Introduction Epithelial ovarian cancer (EOC) frequently recurs and develops chemo-resistance, resulting in cancer mortality. TIMP3 has been described as a tumor suppressor in several human malignancies, but limited scientific literature focus on the role of TIMP3 in regulating EOC progression or chemoresistance.

Methods Both progression-free survival (PFS) and overall survival (OS), stratified by TIMP3 level were estimated using the Kaplan-Meier method and compared using log-rank tests. To increase the expression level of TIMP3 in A2780CP70 cells, the cells were transfected with the TIMP3 expression vector. The migration and invasion abilities of the transfected cells were estimated using transwell assay. The sensitivity of transfected cells to paclitaxel and apoptotic population were evaluated by MTT assay and flow cytometry assay, respectively. A



Abstract EP265/#388 Figure 1