metastases, and pathological ultra-staging for SLNs could improved the detaction rate of LNs metastasis in ovarian cancer.

EP332/#492 EXOSOMAL MIR-148A-3P SERVES AS TUMOR SUPPRESSOR FOR OVARIAN CANCER

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Introduction Exosome is associated with chemoresistance in various cancers, whereas such a role in OVCA is not yet clear.

Methods The exosomes were extracted by ultracentrifugation. High-Throughput sequencing was used to measure miRNA levels in exosomes isolated by A2780 and A2780-DDP. Integrated with public databases, exosomal miRNAs associated with cisplatin-resistance, prognosis were identified using computational studies. The crucial miR-148a-3p were selected for further investigation. Gain- or loss-functional assays were performed to define the function of miR-148a-3p. The plasma exosomes and surgical tissues were collected to detect the expression level.

Results The exosomes were characterized by measuring protein markers, performing nanoparticle tracking analyses and transmission electron microscopy. 126 differentially expressed and 12 prognostic exosomal miRNAs were observed. The prognostic exosomal miRNAs-related cluster and signature were established and validated, indicating their clinical and biological significance. Comprehensive bioinformatics approaches demonstrated crucial role of miR-148a-3p in prognosis and cisplatin-resistance. Low expression of miR-148a-3p was observed in cell and tissues, especially cisplatin-resistant samples. Nevertheless, miR-148a-3p was overexpressed in plasma exosome and cisplatin-resistant cell exosomes. We confirmed the findings in both publicly available expression profiling and the samples we collected. We found that miR-148a-3p suppressed proliferation, migration, invasion, cisplatin-resistance, and induced apoptosis, indicating the role of tumor suppressor for miR-148a-3p. Ulteriorly, the inhibition of exosome release induced miR-148a-3p intracellular accumulation, the opposite was observed in the stimulative of exosome.

Conclusion/Implications Our data elucidated an unappreciated mechanism of miR-148a-3p in tumor suppressing and cisplatin resistance for OVCA. We uncovered that exosome exclusion of miR-148a-3p to promotes malignancy and cisplatin resistance of OVCA.

EP333/#110 STAGE IVB EPITHELIAL OVARIAN CANCER WITH ISOLATED DISTANT LYMPH NODE METASTASES: SHOULD A NEW SUBSTAGE BE CREATED? A MULTI-INSTITUTIONAL ANALYSIS

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Introduction We aimed to evaluate the prognostic impact in patients with the isolated distant lymph node metastases for stage IVB epithelial ovarian cancer.

Methods We conducted a multi-institutional retrospective analysis of patients with stage IV ovarian cancer. We compare OS in women with lymph node as only distant metastatic site to those with pleural metastases only and to patients with other/multiple stage IV ovarian cancer.

Results All 618 eligible patients were screened. These patients were diagnosed with stage IVA (n =135, 21.8%), stage IVB only due to distant lymph node metastases (stage IVB-LN) (n = 163, 26.4%), stage IVB with other/multiple sites of distant metastases (stage IVB-other/multiple) (n =320, 51.8%). The age, histological type, cell differentiation, performance status, postoperative residual tumor, first line chemotherapy among the different stages were balanced (each, $P > 0.05$). The median OS for patients with stage IVB-LN was 48.62 months (95% CI: 31.25 - 54.29) compared to 29.82 months (95% CI: 23.24- 34.48) for those with stage IVA ($p < 0.001$) and 21.27 months (95% CI: 15.43 - 28.46) for those with stage IVB-other/multiple ($p < 0.001$). Multivariable analysis revealed that stage IVB-other/multiple was an independent indicator of increased risk of mortality compared with stage IVB-LN (HR: 2.15, 95% CI: 1.67 - 2.23, $p < 0.001$); Patients with stage stage IVA had a worse survival compared to those with stage IVB-LN (HR: 1.68, 95% CI: 1.25 -1.84, p=0.019).

Conclusion/Implications Stage IVB-LN is associated with better survival compared to stage IVB-other/multiple and stage IVA.

EP334/#226 BEVACIZUMAB COMBINED WITH CHEMOTHERAPY IS SUPERIOR TO CHEMOTHERAPY IN OVARIAN CANCER AFTER PARPI: EVIDENCE FROM A RETROSPECTIVE ANALYSIS

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Introduction With the increasing use of PARPi, clinical cases of PARPi resistance and recurrence among OC patients have become more common. Traditional chemotherapy has proven effective in cases of OC recurrence after PARPi treatment. However, the effectiveness of combining bevacizumab with chemotherapy for this purpose remains uncertain, as comparative trials of the two treatments have yet to be widely published. In this study, we conducted a retrospective evaluation of both treatment strategies.

Methods The study enrolled 41 OC patients who experienced relapse after PARPi treatment and subsequently received chemotherapy, with or without Bevacizumab, at a single institution. Baseline levels were found to be balanced between the two groups. Kaplan-Meier analysis and Cox regression were employed to compare progression-free survival (PFS) and overall survival (OS) for both treatments.

Results Both groups were well matched in all parameters. The hazard ratio (HR) for PFS events in patients was 0.482 (95% CI, 0.247 to 0.942; unstratified log-rank P=0.020). The median PFS was 11 months for the bevacizumab arm vs. 5 months for chemotherapy alone. Median OS was 11 months with chemotherapy alone versus 15 months with bevacizumab-