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NEUTROPHIL-TO-LYMPHOCYTE RATIO AND PLATELETS-LYMPHOCYTES RATIO AS RESPONSE MARKERS IN OVARIAN CANCER PATIENTS TREATED WITH NEOADJUVANT CHEMOTHERAPYAref Zribi*, Ikram Burney. *The Sultan Qaboos Comprehensive Cancer Care and Research, Medical Oncology, muscat, Oman*

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Introduction Systemic inflammatory responses are closely associated with cancer initiation, progression and metastasis, consequently, inflammatory markers, including the neutrophil-lymphocyte ratio (NLR) and platelet-lymphocyte ratio (PLR), have been studied in many cancers. The objective of this study was to evaluate the impact of the NLR and PLR as a response indicator to the neoadjuvant chemotherapy (NACT) in high grade serous localized ovarian cancer (HGSOC)

Methods A total of 30 patients who had received NACT followed by interval debulking surgery were eligible for retrospective analysis. The pretreatment and post-treatment PLR, NLR in all patients were calculated based on complete blood counts

Results The median age of our patient was 50 ± 9 years, 10% were stage II and 90% were stage III the pretreatment NLR and PLR were correlated with response to NACT, Patients with lower $NLR < 2.5$ and $PLR < 185$ had a significantly better response rate to NACT versus those with a higher NLR and PLR. the decrease in NLR and PLR rates after chemotherapy can be considered as an early prediction of response to treatment. PLR and NLR are high in the presence of residual tumor after surgery. $PLR > 200$ and $NLR > 2.6$ were biomarkers of suboptimal surgery. PLR and NLR levels are well correlated with serum CA125 levels.

Conclusion/Implications Our results suggested that NLR and PLR were well-connected with response to NACT in patients with HGSOC. As a response indicator, NLR and PLR may predict benefit from chemotherapy. Relationship between NLR, PLR and CA125 may provide new information about the pathogenesis of ovarian cancer.

AS12. Palliative care

EP336/#874

SEMIQUANTITATIVE LYMPHOSCINTIGRAPHY IN GYNECOLOGIC CANCER PATIENTS WITH LOWER EXTREMITY LYMPHEDEMA: PREDICTION OF SHORT-TERM OUTCOME AFTER LYMPHATICOVENOUS ANASTOMOSIS

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Introduction We aimed to evaluate the predictive value of semiquantitative lymphoscintigraphy in patients who underwent lymphovenous anastomosis (LVA) for lower extremity lymphedema (LEL).

Methods We retrospectively reviewed patients with LEL who underwent preoperative lymphoscintigraphy and LVA. From

the lymphoscintigraphy, the transport index in 120 min (TI₁₂₀) and 240 min (TI₂₄₀) were respectively calculated by visual assessment of 5 criteria: lymphatic transport kinetics, distribution pattern, time to appearance of lymph nodes, visualization of lymph nodes, and visualization of vessels. The volume differential (VD) between the affected and the contralateral unaffected lower extremities (LEs) was calculated and the volume differential reduction at 1 (VDR₁), 3 (VDR₃), and 6 months (VDR₆) were respectively calculated to evaluate the postoperative outcome.

Results In total, 46 patients were included. According to Campisi's stage, the majority of patients (76%) had stage III disease. In the lymphoscintigraphy, the mean TI₁₂₀ and TI₂₄₀ of 46 affected LEs were 26.8 ± 11.4 and 25.9 ± 11.3 , respectively. The mean preoperative VD was $26 \pm 14\%$ (range, 2–59). Campisi's stage increased with BMI, TI, and preoperative VD. There were significant positive correlations of TI with BMI and preoperative VD, respectively ($p < 0.05$). In postoperative assessment, the mean VDR₁, VDR₃, and VDR₆ were $60 \pm 99\%$ (range, -9–526), $78 \pm 121\%$ (range, 5–572), and $74 \pm 116\%$ (range, -92–499), respectively. There was significant negative correlation between preoperative VD and each VDR ($p < 0.05$). Both TI₁₂₀ and TI₂₄₀ showed significant negative correlation with VDR₃ and VDR₆ ($p < 0.05$), although not VDR₁.

Conclusion/Implications This study suggests that semiquantitative lymphoscintigraphy using TI can be valuable as an effective tool for assessment of preoperative severity.

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A PROSPECTIVE COHORT STUDY OF NINJIN-YO'EITOU FOR FATIGUE, MALAISE, ANOREXIA AND ANEMIA IN OLAPARIB TREATMENT FOR THE PATIENTS WITH OVARIAN CANCER; KCOG-G1904 STUDY

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Introduction Olaparib is an oral poly (ADP-ribose) polymerase inhibitor that has shown antitumor activity in patients with advance or recurrent ovarian cancer. It is associated with adverse side effects, including fatigue, malaise, anorexia and anemia, which may force its discontinuation. Ninjin'yoeitou (NYT) is a herbal medicine that can effectively treat these adverse events. However, the efficacy of NYT in reducing these side effects with Olaparib is not clear.

Methods The present study included 45 patients who received Olaparib for newly diagnosed advanced or platinum sensitive recurrent ovarian cancer at eight Kansai Clinical Oncology Group (KCOG)-related institutions. Treatment-related adverse events were graded with use of the National Cancer Institute Common Terminology Criteria for Adverse Events, version 5.0. Quality of life was assessed with the Functional