Poster (O36)

Epithelial Ovarian Cancer including Borderline Tumor

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Visceral fat-to-muscle ratio is an independent factor to predict overall survival of the patients with epithelial ovarian, fallopian tube, or primary peritoneal cancer

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Objective: This study aimed to investigate the clinical significance of body composition in Korean women with epithelial ovarian, fallopian tube, or primary peritoneal cancer.

Methods: A total 153 consecutive patients who underwent primary or interval cytoreductive surgery in Chung-Ang University Hospital, Seoul, Korea were retrospectively identified. The visceral and subcutaneous fat areas, skeletal muscle area and skeletal muscle index (SMI), were measured based on the pre-treatment computed tomography scans at the third lumbar vertebra. Fat-to-muscle ratios were calculated using total fat area (tFMR) or visceral fat area (vFMR). Sarcopenia was defined as a SMI <38.7 cm²/m² and tFMR and vFMR were divided into high or low groups based on the median value.

Results: Univariate survival analysis showed that serous type, older age, higher International Federation of Gynecology and Obstetrics (FIGO) stage, neoadjuvant chemotherapy, suboptimality of debulking surgery, chemoresistance and high vFMR group were significantly associated with poor overall survival (OS), while sarcopenia and tFMR were not associated with OS. Multivariate survival analysis revealed that FIGO stage (hazard ratio [HR]=2.24; p=0.025), chemo-responsiveness (HR=4.89; p=0.006), and vFMR (HR=3.55; p=0.013) were independent factors to predict OS. High vFMR group were significantly associated with old age, high body mass index, the present diabetes mellitus or hypertension, menopausal status, serous type, and neoadjuvant chemotherapy compared with those in low vFMR group.

Conclusion: In conclusion, the pretreatment vFMR could be independent prediction factor of the prognosis of Korean patients with epithelial ovarian, fallopian tube, or primary peritoneal cancer.

Poster (O37)

Gynecologic Cancer Screening

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Clinicopathological characteristics of epithelial ovarian cancer in elderly patients

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Objective: To evaluate the clinicopathological characteristics and treatment of epithelial ovarian cancer (EOC) in elderly patients. Prognostic factors for survival were also studied.

Methods: The study included EOC patients who aged 60 years or older and who received treatment in our institution between January 2010 to December 2019. Demographic data, clinicopathological characteristics, treatments and their outcomes were compared between the elderly (60–69 years old) and extremely elderly patients (>70 years old). Prognostic factors for overall survival (OS) and progression-free survival (PFS) including age group of the patients were also studied.

Results: A total of 144 patients were included in this study. Median ages of 109 patients in the elderly and 35 patients in the extremely elderly were 63 years (interquartile range [IQR], 61–65 years) and 76 years (IQR, 73–82 years) respectively. The extreme elderly patients had significantly higher frequency of co-morbidity particularly metabolic disease and less optimal primary surgery: 51.4% vs. 19.3% (p<0.0001) and 28.6% vs. 47.7% (p=0.047) respectively. Although worse prognostic features including poor performance status, advanced stage, non-endometrioid histology were demonstrated more frequently in the extreme elderly patients, the differences were not statistically significant. The overall response rates between the 2 groups were not significantly different 54.3% in the extreme elderly vs 62.4% in the elderly (p=0.121). With a median follow-up of 32.1 months, 3-year PFS and 3-year OS were not significantly different between the 2 groups: 50.7% in elderly (95% confidence interval [CI]=40.09%–60.34%) vs. 56.8% (95% CI=36.16%–73.01%) (p=0.714) in the extremely elderly for PFS and 93.9% (95% CI=86.86–97.23) vs. 86.2% (95% CI=66.77–94.64) (p=0.201) for OS. Multivariate analysis reviewed only advanced stage and adjuvant therapy were independent prognostic factors for survivals.

Conclusion: Extremely elderly (>70 years) EOC patients had more co-morbidity and less optimal primary surgery than the elderly patients (60–69 years). No significant differences of clinicopathological factors and survivals were found between the 2 age groups.

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Investigation of PARP inhibitor resistance through the analysis of serially collected circulating tumor DNA (ctDNA) in ovarian cancer patients