PDS after VATS demonstrated either no intrathoracic tumor (n=25, 50%) or thoracic disease that was resected to ≤1cm (n=25, 50%). The outcomes of these 50 patients with subsequent abdominal PDS were: complete gross resection, 17 (34%); ≤1cm residual, 25 (50%); and >1cm residual, 8 (16%). In 40 patients (44%), VATS demonstrated chest disease that was not amenable to optimal resection. These patients were treated with NACT and interval debulking surgery (IDS). With a median follow-up time of 36 months, the 3-year survival rate was 79.2% for PDS and 54.4% for NACT/IDS. Median overall survival was 61.6 months and 39.1 months, respectively (p=0.024).

Conclusion In patients with ovarian cancer and moderate to large pleural effusions, optimal resection in both the chest and abdomen is possible with PDS. VATS can be used to effectively triage patients in this setting.

Disclosure Outside the submitted work, Dr. Chi reports personal fees from Bovie Medical Co., Verthermia Inc., C Surgeries, and Biom 'Up, as well as recent stock ownership from Intuitive Surgical, Inc. and TransEnterix, Inc.

P123 CHEMOTHERAPY RESPONSE SCORE PREDICTS SURGICAL OUTCOME AND PROGNOSIS IN TUBO-OVARIAN CANCER

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Introduction/Background Bohm's 3 tier CRS is a histopathological score for assessing tumour regression in omentectomy specimens after neoadjuvant chemotherapy(NACT).Bohm *et al* has concluded that CRS is more important prognostic factor than completeness of cytoreduction(CC) in IDS, but this has not been proved by other validation studies. There is a conflict in evidence regarding improvement of overall survival (OS) with CRS-3 in available literature(Bohm *et al*, Coghlan *et al*,Lee *et al* no significant difference vs significant difference-Rajkumar *et al*). Evidence of association of CRS with radiological and biochemical(CA-125 decline) response is lacking and conflicting.

Methodology Patients who underwent IDS between 2010 and 2017 at NGOC were retrospectively analysed. Omental disease was scored by pathologists as per CRS reporting system described by Bohm. Surgical end result and clinico-pathological data was collected and correlated with CRS. Recurrence was assessed radiologically, OS and progression free survival (PFS) calculated in the 3 histopathological sub-groups, and compared with clinical variables using Cox proportional hazard model and log-rank test.

Results 201 patients who underwent IDS were included in the analysis(table 1). CC was possible in 35 patients with CRS-3 (65%) vs 24 patients in CRS-2(37%) and 18 patients in CRS-1(22%)(p<0.0001), and this is seen after adjusting for stage (stage IV B-2 sided p:0.02, for stage IIIC, p=0.0012).

Significant increase in PFS in patients with CRS 3 vs CRS1 +2(log rank test for trend;χ^2:41.75,HR:2.8, p<0.0001) as well as in OS in patients with CRS3 vs CRS1+2(χ^2:28.4, HR:2.6, p<0.0001)

Biochemical response(CA-125 decline after NACT) and radiological response were predictors of chemotherapy response scores.

Conclusion CRS is an independent prognostic factor and a post NACT pre-IDS omental biopsy may help predict completeness of surgery at IDS and overall good prognosis. Future prospective trials will be useful to identify and understand whether CRS-3 tumours are a different disease entity.

Disclosure Nothing to disclose.

Abstract P123 Table 1 Patient characteristics and distribution

CRS groups	CRS-1,N=82(40.8%)	CRS-2,N=65(32.3%)	CRS-3,N=54(26.9%)
Number of NaCT cycles	3 cycles,n=48(23.9%)	4 cycles,n=136(67.7%)	Greater than 4 cycles n=17(8.4%)
Extent of cytoreduction	Complete n=77(38.3%)	Optimal n=100(49.7%)	Suboptimal n=24(12%)
Radiological response	Good response n=88(43.8%)	Partial response n=82(40.8%)	Poor response n=31(15.4%)
Stages	III C n=113(56%)	IV A n=37(18%)	IV B n=47(23%)
Histology	HGSC n=187(93%)	Other histology n=14(7%)	
Type of NaCT	3 weekly carbo/taxol n=189(94%)	weekly carbo/taxol n=12	carbo/taxol/bevacizumab n=10

P124 STUDY OF DNA REPAIR GENE POLYMORPHISMS IN OVARIAN CANCER

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Introduction/Background Ovarian cancer (OC) is proven to be influenced by alterations in some DNA repair genes (e.g. BRCA1/2). In our work, we analyzed in DNA repair genes polymorphisms (SNPs) by TaqMan genotyping in OC peripheral blood samples.

Methodology An association study of SNPs rs1799782, rs25487, rs1130409, rs13181, rs11615, rs1799794, rs861539, rs1042522, rs1799977 and rs1800734 of genes XRCC1, APEX1, ERCC2, ERCC1, XRCC3, MLH1 and TP53 was performed in the germinal DNA of 185 patients and 129 healthy controls.

Results The GA genotype of XRCC1 polymorphism rs1799782, the CC genotype of TP53 polymorphism rs1042522 and the GG genotype of MLH1 polymorphism rs1800734 were associated with increased susceptibility to OC. The T allele of APEX1 polymorphism rs1130409 was associated with a later onset of the disease and hereditary OC. In relation to XRCC3 gene (rs1799794), the TT genotype was associated with increased OC susceptibility in aging patients and patients with familial OC. In relation to MLH1 gene (rs1800734), the GG genotype was associated with greater OC susceptibility in old patients and in patients with