

Oral Abstract 6: Second look laparoscopy after frontline therapy in advanced ovarian cancer: Updated clinical outcomes

Presenting Author: Anne Knisely, MD, The University of Texas MD Anderson Cancer Center

Topic
Ovarian

Objectives

Minimal residual disease, which cannot be detected on routine imaging studies, is thought to be a key barrier to achieving cures in advanced stage ovarian cancer. The purpose of this study is to evaluate the detection rates and prognostic value of minimal residual disease (MRD) detection by second look laparoscopy (SLL) at completion of frontline therapy.

Methods

This is a single center, observational study that includes patients with high-grade epithelial ovarian cancer with complete radiologic response and normal CA-125 tumor marker after frontline therapy who underwent SLL from 3/2018 to 2/2026. Chi-square tests were used to compare categorical variables. Progression free survival (PFS) and overall survival (OS) from the time of SLL were estimated using the Kaplan-Meier method and compared using Cox proportional hazards regression.

Results

A total of 119 patients underwent SLL and 52 (44%) were found to have residual cancer on pathologic evaluation (SLL positive). Compared to SLL negative patients, those who were SLL positive were more likely to have received neoadjuvant chemotherapy (77% vs. 51%; $p=0.003$), to have homologous recombination proficient (HRP) tumors (77% vs 60%; $p=0.047$), and to have residual disease at debulking surgery (only 58% R0 vs. 82%; $p=0.008$). Median progression-free survival was significantly shorter for SLL positive compared to SLL negative patients (7.4 vs. 24.6 months, $p< 0.0001$). The same was true for overall survival (28.6 months vs. not reached; $p< 0.0001$) (Figure 1). In a multivariable model accounting for confounding variables, SLL positivity was found to be an independent predictor of death (HR 4.21, 95% CI 1.81-9.79, $p< 0.001$).

Conclusions

In this updated analysis, SLL continues to be a key prognostic marker for advanced stage ovarian cancer patients who have completed upfront treatment and have a presumed complete response based on imaging and CA-125. Patients who are SLL positive have a median OS of only 28.6 months; this constitutes a particularly poor prognostic group who may benefit from additional treatment. These outcomes justify clinical trials for the MRD+ population.

Uploaded File(s)

Abstract Table or Graph

[INEXBPJK-2396449-1-ANY.pdf](#)