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340 EXPERIENCE OF THE USE OF LAPAROSCOPIC RESECTABILITY INDEX IN PATIENTS WITH ADVANCED OVARY EPITHELIAL CARCINOMA IN THE INSTITUTO NACIONAL DE CANCEROLOGIA. BOGOTA, COLOMBIA

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Objectives Describe the experience of the laparoscopic resectability index (Fagotti score) to define primary cytoreduction versus neoadjuvant chemoterapy in patients with suspected advanced ovarian cancer from January 2017 to February 2019.

Methods Descriptive, retrospective study. Patients with stage III-IV advanced ovarian epithelial cancer were included. Clinical, histopathological and surgical variables related to the procedure were analyzed. An univariate analysis was performed in the statistical program SPSS version 21.

Results 14 cases are presented. The mean age was 58 years (+/- 8.2). 12 patients had stage IIIC and 2 stage IV. All were serous histological type, with 85.7% of high grade. The mean BMI was 24 (±3.4). All patients had ECOG between 0 and 1. In 85.7% of the cases the computed tomography was the preoperative image of choice.The score was $\geq$ 8 in 64% of the cases and <8 in 36%. In this last group, complete primary debulking was achieved in the same surgical time. The median time was 157 minutes (60–540), the median bleeding was 50 cc (5–2000). The median hospital stay was 2 days (1–14). There were no intraoperative complications in the first 30 days. There were 2 deaths not associated with the procedure. These were secondary to atrial fibrillation and pleural effusion.

Conclusions The laparoscopic resectability index is a useful tool to define the primary treatment in patients with advanced ovarian cancer, with low morbidity in our institution. It is necessary to perform prospective validation of these results.

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341 OVARIAN CANCER CARE AT A HOSPITAL WITH AN IGCS GLOBAL CURRICULUM FELLOWSHIP

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Objectives To determine the impact of implementation of an IGCS global curriculum fellowship on cancer care.

Methods We performed a retrospective review of consecutive ovarian cancer cases treated since the start of the IGCS Global Curriculum fellowship on July, 2017 and March, 2019 at Danang Oncology Hospital (DOH). There were 2 groups of patients- those who underwent surgery for ovarian cancer at a general hospital then referred to DOH and those who were diagnosed and treated at DOH primarily. Clinical parameters of the 2 groups were compared. Chi-Squared analysis was used to compare the 2 groups.

Results Between July, 2017 and March, 2019, 65 consecutive ovarian cancer cases were treated at DOH. 27 patients were initially treated at a general hospital and referred, and 38 patients were diagnosed and treated at DOH. Correct diagnosis was rendered in 55% of referred patients compared to 97% of patients diagnosed initially at DOH (p=0.000003).

Correct staging surgery was done in 7.4% of referred patients compared to 42% of patients operated primarily at DOH (p<0.000001). There was a trend towards optimal debulking favoring DOH. Time to chemotherapy did not differ between the 2 groups. Germ cell tumors were more likely to be diagnosed at a general hospital than at DOH (p=0.04).

Conclusions Receiving care for ovarian cancer at a hospital affiliated with IGCS Global Curriculum Fellowship more often resulted in correct diagnosis and surgery. There are still opportunities to improve. There is a need to educate non oncology surgeons about clinical presentation of adnexal masses in the young patient.

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342 IS LYMPHADENECTOMY NECESSARY TO REDUCE RECURRENCE RATE OF BORDERLINE OVARIAN TUMOR PATIENTS?

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Objectives many studys may concentrate on concervative surgery just because of the younger age and good survival rate of BOT patients, but their high recurrence rate can't be ignored. among many kinds of surgery methods, lymphadenectomy is till on controversy, is lymphadenectomy necessary for BOT patients, in other word, is it good for reducing recurrence rate? So my study just focus on analyzing the relationship between lymphadenectomy and recurrence rate of BOT patients.

Methods We performed a retrospective cohort study of women with BOT at our hospital between September2014 and September 2017. The chi-square testmethod was used to calculate the correlation of variables, and Cox regression analysis was performed to define the effects of risk factors on recurrence.

Results A total of 74 BOT patients were included in the study. The median follow-up time was 45 months., the median time to recurrence is 25 months after first surgery, the 3-year RFS is 2.7%.Cox regression analysis showed thatpathological typesand pelvic lymphadenectomy was associated with favorable RFS ((hazard ratio 7.806; 95% CI1.349–45.160; P=0.022;hazard ratio 0.077; 95% CI 0.009–0.624; P=0.016,respectively). Sub-grouped by pathological types, there is no relationship