

EPV208/#485

THE CLINICAL DEMAND FOR PRESSURIZED INTRAPERITONEAL AEROSOL CHEMOTHERAPY IN SOUTH KOREA: AN ELECTRONIC SURVEY-BASED STUDY

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Objectives Pressurized intraperitoneal aerosol chemotherapy (PIPAC) is effective for treating solid tumors with peritoneal metastasis. However, PIPAC is not a standard treatment globally and is currently only used in the limited areas. Thus, we performed a survey of surgical oncologists related to PIPAC to evaluate the clinical desire for PIPAC in South Korea, one of the many countries where PIPAC has not yet been introduced. **Methods** We performed an online survey of Korean surgical oncologists between November and December 2019. The questionnaire consisted of 20 questions related to PIPAC, which were divided into comprehensive inquiry (5 questions), procedure inquiry (13 questions), and cost inquiry (2 questions).

Results A total of 164 respondents answered the questionnaire. Among all respondents, 41.7–50% majoring in ovarian cancer, pseudomyxoma peritonei, and malignant mesothelioma preferred PIPAC for the curative treatment of primary diseases, whereas 32.7–33.3% majoring in colorectal and hepatobiliary cancers chose PIPAC for the palliative treatment of recurrent diseases. Moreover, 66.7–95.2% of the respondents considered PIPAC appropriate for the cancers the specialized in. About 70% expected a treatment response of more than 50% through the repeated implementation of PIPAC under general anesthesia. Respondents also considered grade 1 or 2 minor surgical complications an acceptable risk. Finally, respondents considered the reasonable costs to purchase and implement PIPAC once at between 1,000,000–5,000,000 KRW.

Conclusions Although the treatment scope for applying PIPAC was different among Korean surgical oncologists, most of them expected relatively high tumor response rates with minor toxicities through the repeated implementation of PIPAC.

EPV209/#49

SURVIVAL IN CASE OF CARDIOPHRENIC LYMPHADENOPATHY IN ADVANCED STAGE EPITHELIAL OVARIAN CANCER PATIENTS WHO UNDERWENT CYTOREDUCTIVE SURGERY; A SYSTEMATIC REVIEW AND META- ANALYSIS

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Objectives Favorable survival outcomes for patients with advanced stage epithelial ovarian cancer (ASEOC) is associated with complete cytoreduction. In this meta-analysis we evaluate the therapeutic role of cardiophrenic lymph nodes (CPLNs) resection ASEOC who have undergone cytoreductive surgery.

Methods Embase, Medline, Web of science, Cochrane Library and Google scholar were searched for articles published in English from their inception to November 2020. Meta-analysis was conducted to determine the prognostic impact of surgical outcome, postoperative complications and survival.

Results Fifteen relevant articles, 727 patients with CPLNs adenopathy and 981 patients without CPLNs adenopathy, were analyzed. Higher percentage of ascites, intra and extra abdominal metastases was observed in CPLNs adenopathy group. The mean size of pre-operative CPLNs was 9.1 ± 3.75 mm. Eighty-two percent of enlarged CPLN were histological confirmed. No difference in surgical outcome and perioperative complication was observed between both groups. Meta-analysis showed that patients with CPLNs adenopathy had a significantly increased risk of disease recurrence (OR 4.56, 95% CI 1.98–10.51, $P < 0.001$) and dying from disease (OR 2.96, 95% CI 2.08–4.22, $p < 0.001$) in comparison to those without CPLNs adenopathy.

Conclusions Patients with CPLNs adenopathy had higher tumor burden intra and extra-abdominally and decreased survival compared to patients without CPLNs adenopathy. There is not enough available data to confirm the therapeutic role of CPLNs resection. Therefore, a randomized controlled trial should be conducted to demonstrate the benefit of CPLNs resection in cytoreductive surgery.

EPV210/#490

PROGNOSTIC IMPLICATIONS OF HEMODYNAMIC INSTABILITY DURING OVARIAN CANCER SURGERY

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Objectives To evaluate the impact of intraoperative hypotension and hemodynamic instability on survival outcomes in patients with high-grade serous ovarian carcinoma (HGSOC).

Methods We retrospectively identified patients with HGSOC, who underwent primary or interval debulking surgery between August 2013 and December 2019. We collected anesthesia-related variables, including the arterial blood pressure measurements (at 1-min interval) during surgery of patients. The cumulative duration of mean arterial blood pressure (MAP) readings under 65 mmHg and two performance measurements (median performance error [MDPE] and wobble) were calculated. We investigated associations between the factors indicating hemodynamic instability and prognosis.

Results In total, 338 patients were included. Based on the cumulative duration of MAP under 65 mmHg, we divided patients into two groups: ≥ 30 min and < 30 min. The progression-free survival (PFS) was worse in the ≥ 30 min group ($n=107$) than the < 30 min group ($n=231$) (median, 18.2 vs.

23.7 months; $P=0.014$). In multivariate analysis adjusting for confounders, a duration of ≥ 30 min of MAP under 65 mmHg was identified as an independent poor prognostic factor for PFS (adjusted HR, 1.376; 95% CI, 1.035–1.830; $P=0.028$). Shorter PFS was observed in the group with a MDPE $<4.0\%$ (adjusted HR, 1.351; 95% CI, 1.024–1.783; $P=0.033$) and a wobble $\geq 7.5\%$ (adjusted HR, 1.445; 95% CI, 1.100–1.899; $P=0.008$). However, no differences were observed in overall survival.

Conclusions The three intraoperative variables for hemodynamic instability, cumulative duration of MAP <65 mmHg, MDPE, and wobble, might be novel prognostic biomarkers for disease recurrence in patients with HGSOc.

EPV211/#493 INCOMPLETE CYCLES OF CHEMOTHERAPY USING WEEKLY GEMCITABINE AFFECTING PROGNOSIS OF PLATINUM-RESISTANT OVARIAN CANCER

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Objectives To evaluate the risk of incomplete cycles of weekly gemcitabine on survival for patients with platinum-resistant ovarian cancer (PROC).

Methods We collected patients with PROC who received weekly gemcitabine (1000mg/m²; D1, D8 every 3 weeks or D1, D8, D15 every 4 weeks) between 2006–2018. We investigated rates of completed cycles, skipped cycles, dose reduction (DR) and prophylactic granulocyte colony-stimulating factor (G-CSF) usage, tumor response and factors affecting progression-free survival (PFS) and overall survival (OS).

Results A total of 101 patients with PROC received weekly gemcitabine. 58(57.4%) completed scheduled cycles without skip and 86 (85.1%) completed more than 80% of scheduled cycles. DR and the use of G-CSF were observed in 34(33.7%) and 25 patients (24.8%), respectively. Weekly gemcitabine was skipped because of grade 3 or more hematologic toxicity (31.7%). Complete response, partial response, stable disease and progressive disease were identified in 1(1%), 12 (11.9%), 26 (25.7%) and 61 (60.4%). In terms of survival, the completion rate of scheduled cycles $\geq 80\%$ was a factor for better OS (median OS, the completion rate of scheduled cycles $\geq 80\%$ vs. $<80\%$, 39.23 months vs. 8.97months, $p=0.011$), but not for better PFS (median PFS, the completion rate of scheduled cycles $\geq 80\%$ vs. $<80\%$, 2.89months vs. 2.43months, $p=0.238$). Use of G-CSF was factor for better PFS and OS (median PFS, G-CSF group vs. non-G-CSF group, 2.53month vs. 2.07month, $p=0.023$; median OS, 39.23months vs. 14.72months, $p=0.011$).

Conclusions Incompletion of scheduled cycles of weekly gemcitabine may be associated with prognosis, and especially, the completion rate of scheduled cycles $<80\%$ may not improve survival in patients with PROC.

EPV212/#496 SURVIVAL IMPACT OF INTERNAL MAMMARY OR SUPRACLAVICULAR LYMPHADENECTOMY ON STAGE IVB OVARIAN CANCER WITH SUPRADIAPHRAGMATIC LYMPH NODE METASTASIS

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Objectives To evaluate the survival impact of extensive lymphadenectomy as part of debulking surgery in stage IVB ovarian cancer with supradiaphragmatic lymph node metastasis.

Methods We retrospectively enrolled patients with stage IVB ovarian cancer who had 5 mm or larger lymph nodes in the supradiaphragmatic area including cardiophrenic, internal mammary and supraclavicular lymph nodes on computed tomography (CT) between January 2010 and January 2020, which were resectable evaluated by thoracic surgeon. Optimal debulking surgery (ODS) was defined as residual disease less than 5mm in both abdominal and thoracic cavities, and sub-optimal debulking surgery (SDS) was defined as residual disease more than 5mm in abdominal or thoracic cavities.

Results A total of 121 patients underwent primary debulking surgery (PDS, n=68) and interval debulking surgery after neoadjuvant chemotherapy (IDS, n=53). Patients who underwent ODS showed better progression-free survival (PFS) than those who underwent SDS during PDS (median, 23.7 vs. 14.1 mons; $p=0.035$) despite no difference of PFS between ODS and SDS in those treated with IDS. Moreover, internal mammary or supraclavicular lymphadenectomy, bevacizumab administration and abdominal optimal cytoreduction were favorable factors for PFS in patients who underwent PDS (adjusted hazard ratios, 0.169, 0.185, 0.154; 95% confidence intervals, 0.059–0.484, 0.061–0.557, 0.043–0.550; $p=0.001$, 0.003, 0.004) despite no factors affecting PFS in those treated with IDS.

Conclusions Internal mammary or supraclavicular lymphadenectomy for ODS during PDS may have the potential to improve PFS in patients with stage IVB ovarian cancer with supradiaphragmatic lymph node metastasis.

EPV213/#503 PLATINUM-SENSITIVE OR RESISTANT RELAPSED OVARIAN CANCER: WHICH PREDICTIVE FACTORS?

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Objectives The platinum-free interval (PFI) in epithelial ovarian cancer is a major factor that guides the management and predicts prognosis of the disease. We aimed to study predictive