2022-RA-1043-ESGO CT-GUIDED PERCUTENOUS RADIOLOGIC GASTROSTOMY IN HEAVILY PRETREATED PATIENTS WITH LATE STAGE OVARIAN CANCER: -THE CHARITÉ EXPERIENCES-

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Introduction/Background Peritoneal carcinomatosis-associated ileus is frequent in advanced-recurrent ovarian/peritoneal/fallopian cancer and affects the quality of life due to severe symptoms of obstruction.CT-guided insertion of percutaneous gastrostomy (CT-PG) is a new minimal-invasive treatment option within the palliative management of gynaecological cancer patients.

Methodology Based on retrospective analysis we evaluated 18 patients undergoing percutaneous radiologic gastrostomy between September/2015 and April/2022. Clinical characteristics,complications, symptom-relief,need of secondary interventions and surgery for ileus,ability of receiving chemotherapy and mortality were identified.CT-guided gastrostomy was applied by Seldinger technique in local anesthesia.

Results The indication of CT-PG was peritoneal carcinomatosis-associated ileus in all patients. 15-patients had already undergone a frustrating endoscopic gastrostomy (PEG) placement or ileus operation prior CT-PG insertion.CT-PG could be successfully placed at 14 patients without any major interventional complication other than a local bleeding which was conservatively managed. The commonly observed metabolic complication after insertion was hypokalaemia requiring parenteral substitution. **Symptom relief:**10 of 14 patients who had successful CT-PG showed considerable symptom relief without need of any other subsequent invasive interventions other than one CT-PG re-insertion. Almost in all patients (13) surgery for ileus could be safely omitted.Only 3 patients needed additional PEG-insertion by gastroscopy due to inefficient flow-rate of radiologically inserted gastric-tube.**Prognosis:** 30-days mortality including patients who lost-to-follow-up in all intention-to-threat-population was 72% (13/18) with observed 5-events. Mean hospital stay after successful placement was 9.9 days(2–27 days). Chemotherapy could be administrated in 3 patients; however only 1 patient with primary diagnosis could receive 3-cycles of neoadjuvant chemotherapy.All other patients had been managed according to best-supportive-care principles due to high frailty and were placed on hospice/palliative station shortly after receiving gastrostomy.

Abstract 2022-RA-1043-ESGO Table 1

Per. carcinomatosis Histology, (n=18)	
HGSOC	10
LGSOC	5
Mucinous	2
Clear cell	1
Ascites	10
Status of disease, (n=18)	
Recurrent disease	15
Primary diagnosis	3

Interventions before CT-guided Gastrostomy, (n=18)	
PEG-Gastroscopy	13
Ileus Surgery	3
none	3
Cytotoxic therapy at time of CT-guided Gastrostomy, (n=18)	
Chemotherapy within the last 2 months	5
Maintenance therapy	4
None	9

Interventions after successful CT-guided Gastrostomy, (n=14)	
PEG-Gastroscopy	3
Ileus Surgery	1
none	9
Re-CT Gastrostomy	1
Chemotherapy after CT-guided Gastrostomy, (n=14)	
Platinum-based	2
Platinum-free	1
None (Best-supportive care)	11

Conclusion The CT-PG is minimal invasive, safe, highly symptom-oriented palliative procedure in advanced/recurred peritoneal cancer. CT-PG procedure should be a routine instrument in the palliative management of bowel obstruction in patients with heavily-pretreated ovarian cancer.

2022-RA-1238-ESGO STEREOTACTIC ABLATIVE RADIOTHERAPY IN OLIGOMETASTATIC GYNAECOLOGICAL MALIGNANCIES

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Introduction/Background Stereotactic Ablative Body Radiotherapy (SABR) is emerging as a treatment option for patients with oligometastatic solid tumours. The primary aim of this approach is to prolong disease free survival and delay the initiation of systemic therapies. We report a single institution clinical outcomes.

Methodology 71 lesions from 51 patients with relapsed oligometastatic (1 -3 lesions) gynaecological cancers (endometrium = 23, ovary = 16, cervical = 10, vulva = 1 and Vagina = 1) were treated with SABR, delivered using both cyberknife and VMAT. Treatment was delivered using a median of 4 fractions to a median dose of 45 Gy. Response was assessed with repeat imaging 10 – 12 weeks post-SABR. CTCAE system version 5.0 was used to assess acute and late toxicity.

Results Mean age was 67 years. Target lesions were pelvic node = 22, para-aortic node = 18, lung = 16, liver = 4, brain = 3, peritoneal mass = 2, porta-hepatis node = 2, bone =2, right adnexa = 1, vaginal vault = 1. After a median follow-up of 17 months, 48% of the lesions had a partial response (PR), 12% had a complete response (CR), 26.5% were stable (SD), and 13.5% has progressive disease. Lesions greater than 30 mm had unfavourable outcome. Median progression free survival (PFS) was 11.2 months. Median survival (OS) has not been reached. Treatment was generally well tolerated, 2 patients experienced grade 3 toxicity.

Conclusion SABR for patients with relapsed oligometastatic gynaecological cancers is a safe treatment with promising results in terms of local control and PFS. As distant progression remains the primary mode of failure in these patients, the combination of SABR and systemic therapies requires evaluation in randomized controlled trials.

Pathology

2022-RA-162-ESGO BREAST CANCER IN YOUNG WOMEN UNDER 30 YEARS OLD IN WESTERN ALGERIA; EXPERIENCE OF RADIOTHERAPY ONCOLOGY DEPARTMENT OF CANCER CENTER TLEMCEN

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