Advanced FIGO stage, being employed, dysplipidemic and anxiolytic are significant predictors for AD use.

IGCS19-0335

333 IMPACT OF EXTENT OF CYTOREDUCTIVE SURGERY (CRS) ON SURVIVAL IN EPITHELIAL OVARIAN CANCER (EOC), PRIMARY PERITONEAL CARCINOMATOSIS (PPC), AND FALLOPIAN TUBE CANCER (FTC) AT THE AMERICAN UNIVERSITY OF BEIRUT (AUBMC)

[1]M Seoud*, [1]A El Housheimi, [1]I Jaafar, [1]K Hamed, [2]F Jamali, [1]R Abdallah, [1]A Khalil.
[1]*American University of Beirut Medical Center, Obstetrics and Gynecology, Beirut, Lebanon*; [2]*American University of Beirut Medical Center, General surgery, Beirut, Lebanon*

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Objectives To study the impact of the extent of CRS [complete Debulking (CD), optimal Debulking (OD)<1cm, or suboptimal Debulking (SOD) >1cm residual disease] on progression free (PFS) and overall survival (OS) in advanced EOC, PPC and FTC treated at AUBMC 1998–2018.

Methods We retrospectively reviewed all patients with advanced disease who underwent either Primary debulking surgery (PDS) or if they had large tumor burden/multiple comorbidities/poor performance status, they received neoadjuvant chemotherapy and interval debulking surgery (NACT+IDS).

Results Of 300 patients with EOC/PPC/FTC, 220 had advanced stages (IIIB-IV). 66.4% had CD, 29.7% OD and 2.6% SOD. Results are shown in image 1 and tables 2 and 3. Median survival is expressed in months. In stage IIIC, CD led to a significantly higher PFS compared to OD (image 1) (P-value=0.015). However, this increase in PFS was only seen after IDS (table 2) (P-value in IDS=0.009). Once a CD was reached, There was no statistically significant increase in PFS regardless of timing of CRS (Image 3) (Pvalue=0.775). OS was not affected by extent of CRS (Image 1).

Abstract 333 Figure 1 Extent of CRS and PFS and OS in stages IIIC and IV

Stage	Extent	Number	PFS	P-value	OS	P-value
IIIC	CD	101	26.0	*0.015*	46.0	0.241
	OD	56	19.0		38.0	
	overall	157	22.0		43.0	
IV	CD	33	16.0	0.190	31.0	0.112
	OD	14	16.0		21.0	
	overall	47	16.0		30.0	

Abstract 333 Table 1 CD in the primary versus interval setting in stage IIIC

Timing	Extent	PFS	P-value
PDS	CD	30.0	0.693
	OD	22.0	
IDS	CD	26.0	0.009
	OD	17.0	

Abstract 333 Table 2 PFS of patients with CD in PDS versus IDS in stage IIIC

	PFS	P-value
PDS	30	0.936
IDS	26	

Conclusions The extent of CRS significantly prolonged PFS but not OS in stage IIIC but not IV. This increase in PFS is only seen after IDS. Patients having CD have similar PFS and OS regardless of the timing of CRS.

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334 A PROSPECTIVE NON-RANDOMIZED STUDY COMPARING THE OUTCOMES FOLLOWING COMPLETE VERSUS SELECTIVE PARIETAL PERITONECTOMY DURING CRS+HIPEC FOR ADVANCED EPITHELIAL OVARIAN CANCER

[1]S Somashekar*, [1]C Rohit Kumar, [1]K Ashwin, [1]S Zaveri, [2]VK Ahuja, [3]A Rauthan, [1]Y Ramya.
[1]*Manipal Comphrensive Cancer Centre, Surgical Oncology, Bengaluru, India*; [2]*Manipal Comphrensive Cancer Centre, Gynec-Oncology, Bengaluru, India*; [3]*Manipal Comphrensive Cancer Centre, Medical Oncology, Bengaluru, India*

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Objectives The aim of this study was to assess the morbidity & mortality, recurrence pattern & oncological outcomes of extent of parietal peritonectomy done during CRS & HIPEC for advanced ovarian cancer.

Methods Patients diagnosed with stage IIIc epithelial carcinoma ovary underwent selective parietal peritonectomy (SPP) or complete parietal peritonectomy (CPP) with CRS–HIPEC. All peri operative data were analysed with focus on morbidity, mortality, recurrence pattern and oncological outcomes.

Results Of 110 cases,20, 55 & 35 were upfront, interval & secondary cancers respectively. 50 & 60 patients underwent CPP & SPP respectively. TPP group had longer duration of surgery (10.7 vs 8.9), more blood loss (1062 vs 655 ml) increased hospital stay (16 vs 11). Number of diaphragmatic resections, bowel resections, anastomosis and stoma were comparable but TPP group required more multivisceral resections. Overall G3-G5 morbidity was TPP 55% vs SPP 30%. TPP group had increased pulmonary complications, intra-pleural & intra-abdominal collections. With a median follow up of 35 months DFS was 33 vs 25 months for TPP & IPP group respectively however median OS was yet to be achieved in both group. 25 out of 70 patients (35.7%) had presence of disease on pathological assesment which was normal looking on visual assesment.

Conclusions Patients who underwent TPP had decreased peritoneal & overall recurrence translating to significantly higher DFS & trend towards improved OS. Aggressive CRS benefits patient with manageable morbidity. However, longer follow-up and a prospective multi-institutional randomized study need to be designed for more evidence of the same.