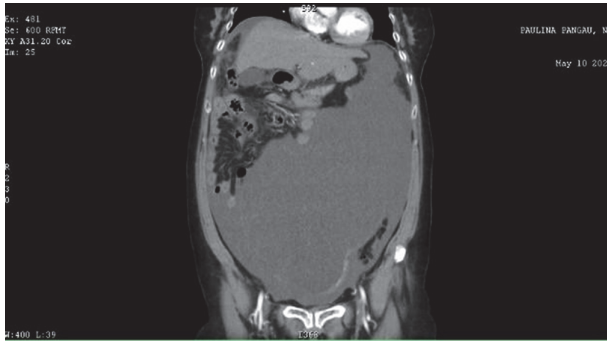
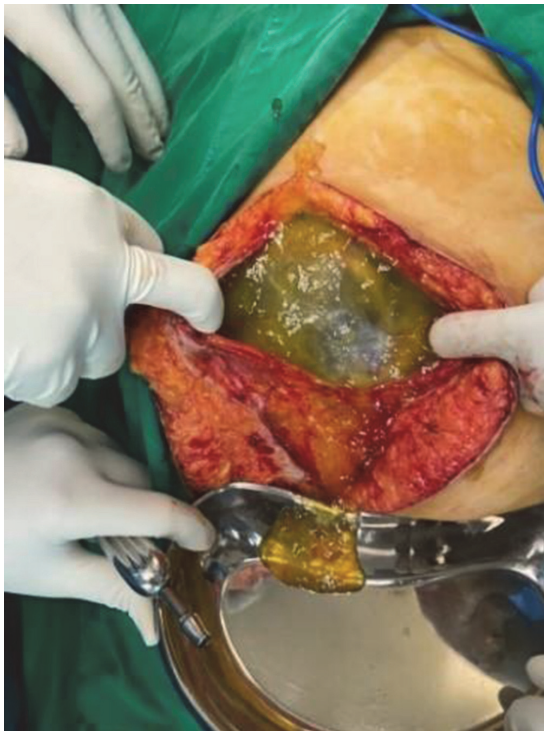


Results



Abstract 2022-RA-770-ESGO Figure 1



Abstract 2022-RA-770-ESGO Figure 2

Conclusion Histopathological result showed benign PMP with a metastatic process to the inguinal. We did only cytoreductive surgery and after 6 months, the patient showed no complaints.

2022-RA-785-ESGO

RADICAL SURGICAL PROCEDURES IN ADVANCED OVARIAN CANCER AND DIFFERENCES BETWEEN PRIMARY AND INTERVAL DEBULKING SURGERY

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Introduction/Background We aimed to identify differences in cytoreduction rates and procedures performed in patients with advanced ovarian cancer undergoing primary (PDS) or interval debulking surgery (IDS).

Methodology Data were collected prospectively on 110 consecutive patients from June 2016 to Mar 2020.

Results Forty-nine patients (44.5%) underwent diaphragmatic peritonectomy (34 in PDS and 15 in IDS, $p=0.005$), while 38 (34.5%) underwent large bowel resection (29 in PDS and 9 in IDS, $p<0.001$). Complete cytoreduction was achieved in 39 patients in PDS and 29 in IDS (65% vs. 58%, $p=0.22$). Longer operations with more blood loss and extended hospital stay were performed in the PDS group. Ten patients (9.1%) experienced severe complications and in eight patients (7.2%) chemotherapy was delayed.

Conclusion More bowel resections and diaphragmatic stripping were performed in the PDS group. End surgical results were similar between groups, with a trend for more complete cytoreduction in PDS.

2022-RA-791-ESGO

PRIMARY DEBULKING SURGERY VERSUS NEOADJUVANT CHEMOTHERAPY AND INTERVAL DEBULKING SURGERY FOR ADVANCED EPITHELIAL OVARIAN CANCER

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Introduction/Background To compare the long-term survival outcomes for patients with stage IIIC or IV epithelial ovarian cancer who was treated with neoadjuvant chemotherapy (NAC) followed by interval debulking surgery (IDS) or primary debulking surgery (PDS) at a single community center.

Methodology We performed a retrospective review of 39 patients with stage IIIC or IV high-grade ovarian cancer who received NAC or PDS between December 2011 to November 2019 treated at Torrejon University Hospital in Madrid. Clinicopathologic and treatment data were analysed for factors associated with response to NAC, outcomes at IDS, and their impact on progression-free survival (PFS) and overall survival (OS).

Results A total of 28 patients (71.80%) received NAC and 11 patients (28.20%) underwent PDS. Women who received NAC have the same probability for no residual tumour surgery than those with PDS (76.92% vs. 70%; NS). Difference was observed in PFS and OS between NAC group and PDS group (PFS: 15,32 vs. 23,56 months $p = 0.033$; OS: 14, 81 vs. 21,56 months, $p = 0.078$). No statistically significance differences were seen concerning age (60 years vs 53 years), IMC (25.7 vs. 27.4), operating time (282.8 minutes vs. 319.5 minutes) and hospital stay (5.9 days vs.7.2 days) between NAC and PDS group. Hemoglobin operative balance was lower in NAC group than PDS group (2.08 mg/dL vs. 3.25 mg/dL; $p=0.022$). CA125 levels at cancer diagnosis were lower at NAC group than at PDS group (median: 2243.2 vs. 246.9 U/mL; $p=0.048$). With an overall median follow-up of 54 months (3–120), 23 (69.7%) disease progressions/recurrences and 20 deaths(58.8%) occurred.

Conclusion Among women with advanced ovarian cancer, those who underwent primary cytoreductive surgery had better survival than those who received neoadjuvant chemotherapy.