2022-RA-1102-ESGO A COMPARISON OF END-TO-END AND END-TO-SIDE ANASTOMOSIS FOLLOWING RECTOSIGMOID RESECTION IN OVARIAN CANCER CYTOREDUCTIVE SURGERY

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Introduction/Background Rectosigmoid resections are performed commonly during cytoreductive surgery for ovarian cancer. The two most common approaches to reconstruction are end-to-end (EE) and end-to-side (ES) anastomosis. Data from colorectal studies, including a meta-analysis of randomised controlled trials, suggest a significantly lower anastomotic leak rate following end-to-side compared to end-to-end anastomosis. Here we present the experience from a single gynaecological oncology centre.

Methodology Retrospective data regarding surgery was collected from electronic records for all patients who underwent primary cytoreductive surgery for stage III/IV ovarian cancer during the study period.

Results Over a period of 51 months (01/01/2018–01/04/2022), 243 cytoreductive surgeries were undertaken. A recto-sigmoid resection was performed in 80 (32.9%) patients. Fifteen (18.8%) patients had an end colostomy and five (6.3%) an end ileostomy following total colectomy. A reconstruction with an end-to-end anastomosis was undertaken in 34 (42.5%) patients, and an end-to-side anastomosis in 26 (32.5%). The rate of defunctioning ileostomy was 4 (15.4%) in the ES group and 12 (35.3%) in the EE group and was not significantly different between the two groups. There were two cases (5.9%) of anastomotic leak in the EE group, and no leaks in the ES group. Both leaks were small, and successfully conservatively managed. There was no statistically significant difference in leak rate found between the two groups.

Conclusion This study reports successful implementation of the end-to-side anastomosis technique in ovarian cancer cytoreductive surgery. Additional prospective randomised trials, specifically focussed in this group, are warranted.

2022-RA-1103-ESGO POLY ADP RIBOSE POLYMERASE INHIBITORS AS MAINTENANCE THERAPY FOR OVARIAN CANCER: UNCOVERING CLINICAL GAPS IN PHYSICIAN KNOWLEDGE AND APPROACHES TO CLINICAL PRACTICE

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Introduction/Background The treatment of newly diagnosed ovarian cancer has changed significantly over recent years, with innovations in poly ADP ribose polymerase (PARP) inhibitors playing a major role in shifting clinical approaches. This activity was designed to understand the current level of knowledge and assess competence/confidence of physicians regarding the use of PARP inhibitors as maintenance therapy for ovarian cancer.

Methodology A 27-question, online, continuing medical education (CME) self-assessment was developed that included a range of demographic, knowledge, confidence and practice-based multiple-choice questions on PARP inhibitors for maintenance therapy in ovarian cancer. The activity was launched for oncologists practicing outside of the US on September 16, 2021 and data was collected to December 3, 2021.

Results At the time of analysis, 37 oncologists and 79 gynecologists completed the activity: 95% of oncologists and 81% of gynecologists were unable to determine the appropriate tests for high-grade serious ovarian cancer. Knowledge was varied amongst oncologists and gynecologists in regards to the appropriate maintenance strategy for differing clinical scenarios (incorrect answers between 38–78% for the two specialties). Between 27–78% answered various questions incorrectly regarding clinical data with PARP inhibitors for maintenance therapy. Oncologists and gynecologists showed a lack of competence (incorrect answers between 47–62%) on the appropriate approach to managing adverse events while on therapy. 27% of oncologists and 41% of gynecologists were not/slightly confident in their ability to select an appropriate PARP inhibitor maintenance regime. 20% of oncologists and 40% of gynecologists were not/slightly confident in their ability to manage AEs in patients receiving PARP inhibitors.

Conclusion The findings reveal important knowledge, competence and confidence gaps amongst physicians who manage ovarian cancer. These focus on selection of an appropriate maintenance regimen, the latest clinical trial data and managing AEs while on treatment. Addressing these gaps is critical to improve the management of patients.

2022-RA-1104-ESGO EIGHT YEARS SURVIVORS OF ADVANCED OVARIAN CANCER

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Introduction/Background For patients with epithelial ovarian cancer (EOC), relative 5-year survival rate over all stages is 40%. Long-term survival in advanced disease is observed only in a small proportion of patients with little improvements over the past years. We aimed to identify tumor and patient characteristics of FIGO stage III or IV patients in our cohort, who survived at least 8 years.

Methodology Monocentric retrospective study at a tertiary care university hospital center. Between 2006 and 2012, maximum effort primary debulking surgery at the Department of Gynecology of Jena University Hospital was conducted in 156 advanced stage ovarian carcinoma patients. Follow up data were screened to identify patients, who were still alive 8 years after diagnosis.

Results 16 patients with stage III or IV disease and complete medical records were still alive 8 years after diagnosis. Of these, 15 had tumors with serous histology (high grade: 9, low grade: 4, unknown grade: 3) and one had adenocarcinoma of unknown origin. FIGO stage IIIC was found in 10 patients, stage IV in 4 patients and two patients presented with stage IIIB. Complete cytoreduction (CC0) was achieved at primary debulking surgery in 12 patients, while in 4 patients there was macroscopic residual tumor (CC3). Of these, 3 had high grade carcinoma. At primary surgery, tumor was detected in lymph nodes of 10 long survivors (missing information in 4 patients). Recurrence (at 2.4, 2.9 and 5.0 years after diagnosis, resp.) occurred in three patients (19%).