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

Radha Graham, Ioannis Kotsopoulos. *Gynaecological Oncology, UCLH, London, UK*

10.1136/ijgc-2022-ESGO.635

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

[1]Ben Johnson, [1]Megan Cannon, [2]Juliette Vandenbroucque, [3]Yelena Parada, [4]Katie Lucero. *[1]MedScape Oncology Global, Den Haag, Netherlands; [2]MedScape Oncology Global, London, UK; [3]Medscape Oncology, Medscape Educational Global, London, UK; [4]Medscape Audience Engagement and Outcomes, New York, NY*

10.1136/ijgc-2022-ESGO.636

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

Davit Bokhua, Angela Kather, Valentina Auletta, Norman Häfner, Ingo B Runnebaum. *Gynaecology and Reproductive Medicine, Jena University Hospital, Jena, Germany*

10.1136/ijgc-2022-ESGO.637

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%).

Conclusion Tumor characteristics of long-term survivors of advanced stage ovarian carcinoma are unfavorable in some cases. Currently we work on characterization of genetic and medical specifics of these patients in order to understand the reasons for their resilience.

2022-RA-1105-ESGO CAN PREOPERATIVE FDG-PET/CT HELP TO PREDICT COMPLETE RESECTION AT PRIMARY CITORREDUCTIVE SURGERY IN HIGHLY PRE-SELECTED PATIENTS?

[1]Felix Boria, [2]Ignacio Zapardiel, [3]Monica Gutierrez, [2]Maria Carbonell, [4]Lidia Sancho, [5]Enrique Chacón, [5]Nabil Manzour, [2]Alicia Hernandez, [6]Luis Chiva. *[1]Gynecologic oncology department, Clinica universidad de Navarra, MAdrid, Spain; [2]Hospital Universitario La Paz, Madrid, Spain; [3]Clinica Universidad de Navarra, Madrid, Spain; [4]Nuclear medicine department, Clinica Universidad de Navarra, Madrid, Spain; [5]Gynecologic oncology, Clinica Universidad de Navarra, Pamplona, Spain; [6]Gynecologic oncology, Clinica Universidad de Navarra, Madrid, Spain*

10.1136/ijgc-2022-ESGO.638

Introduction/Background The objective of this study was to assess the value of preoperative PET/CT scan,combined with clinical variables, in predicting complete resection in highly pre-selected patients operated in centers with high rate of complete resection.

Methodology This multicentric, observational, retrospective study evaluated ovarian cancerpatients who underwent primary cytoreductive surgery for advanced ovariancancer in two Spanish centers between January 2017 and January 2022. AllPET/CT were reviewed, and a modified PCI score was calculated. Clinicalvariables and preoperative findings in the PET/CT were analyzed and amultivariate model was built. A predictive value score based on the OR of thevariables was constructed.

Results 45 patients underwent upfront primary cytoreductive surgery. The completeresection rate was 80% (36 patients).On multivariate analysis, 2 clinical variables and 2 preoperative PET/CT findingswere associated with no-complete resection surgery: Presence ofextraabdominal lymph node, modified PCI value of 6 or more, Age 58 years andASA score 3. The predictive score value of each variable was 11, 2, 2 and 1,respectively.For this multivariate model predictive of non-complete cytoreduction, the AUCwas 0.881. A predictive value of 5 or more was the most predictive cutoff fornon-complete cytoreduction. Complete resection rate was 91.7% in patientswith a score of 4 or less and 33.3% in patients with 5 or more points in thepredictive value score.

Conclusion In highly pre-selected cohorts of patients, a predictive score value can beconsider as a cut-off for sending patients to neoadjuvant chemotherapy.

2022-RA-1110-ESGO IMPACT OF COMORBIDITIES, POSTOPERATIVE COMPLICATIONS AND CENTER VOLUME ON OVERALL SURVIVAL IN A REAL-LIFE COHORT OF 29,879 OVARIAN CANCER PATIENTS

[1,2]Floriane Jochum, [1]Anne-Sophie Hamy Petit, [1]Enora Laas, [1]Eric Daoud, [1]Elise Dumas, [1]Amyn Kassara, [1]Paul Gougis, [1]Thomas Gaillard, [2]Lise Lecointre, [2]Cherif Akladios, [1]Fabrice Lecuru, [1]Fabien Reyal. *[1]Institut Curie, Paris, France; [2]Strasbourg University Hospital, Strasbourg, France*

10.1136/ijgc-2022-ESGO.639

Introduction/Background The primary objective of this study was to analyze the impact of comorbidities, postoperative complications and center volume on overall survival in a real-life cohort of ovarian cancer patients in France.

Methodology All French women aged 18 years or over, with an ovarian cancer newly diagnosed between January 2013 and December 2019, registered in the general health insurance coverage plan were included in the cohort. Ovarian cancer treatments, comorbidities, postoperative complications and death were extracted from hospital discharge reports. The characteristics of the centers were also collected.

Results We included 29,879 patients with ovarian cancer in the cohort. The median age was 66 [57–74] years, and 24,783 (82.9%) presented an advanced stage at diagnosis (FIGO IIB-IVB). A total of 16,048 (53.7%) patients had at least one comorbidity at the time of diagnosis, with mainly hypertension (n=6,800) and obesity (n=2,505). Patients received primary surgery, interval surgery, or chemotherapy alone in 31.5%, 30.4%, and 38.1% of cases, respectively. A total of 3,031 (16.1%) patients presented a postoperative complication Clavien-Dindo III or more within 90 days of cytoreduction surgery, mainly digestive (60.4%). For advanced stage, the median overall survival was 47 [45.9–48] months. The number of comorbidities, the occurrence of a complication and low center volume had a significant negative impact on the overall survival.

Conclusion Real-life data give the opportunity to study the key health indicators in ovarian cancer. In order to improve quality of care, a personalization of the care pathway for patients with comorbidities and at risk of postoperative complications must be carried out.

2022-RA-1111-ESGO CASE STUDIES AS A VALUABLE TOOL TO IMPROVE PHYSICIAN COMPETENCE REGARDING IDENTIFICATION OF PATIENTS AND SELECTION OF TREATMENT FOR NEWLY DIAGNOSED ADVANCED OVARIAN CANCER

[1]Ben Johnson, [1]Megan Cannon, [2]Juliette Vandenbroucque, [3]Yelena Parada, [4]Katie Lucero. *[1]MedScape Oncology Global, Den Haag, Netherlands; [2]MedScape Oncology Global, London, UK; [3]Medscape Oncology, Medscape Educational Global, London, UK; [4]Medscape Audience Engagement and Outcomes, New York, NY*

10.1136/ijgc-2022-ESGO.640

Introduction/Background Poly ADP-ribose polymerase (PARP) inhibitor maintenance has helped shift the clinical landscape for patients with newly diagnosed advanced ovarian cancer over recent years. With an influx of clinical data and approvals within Europe it is paramount that physicians are aware of practically how to incorporate these treatment options into their clinical protocol to benefit eligible patients.

Methodology Oncologists and gynecologists participated in an online, interactive clinical case-based educational activity providing clinicians with practical guidance on the optimal implementation of new PARP inhibitor maintenance regimens in clinical practice. Educational effect was assessed using a repeated-pair design with pre-/post-assessment. 3 multiple choice questions assessed competence, and 1 question rated on a Likert-type scale assessed confidence. Data were collected from 20/05/21 to 04/11/22.

Results The responses of 97 oncologists and 286 gynecologists, who answered all questions as part of the pre- and