

## IGCS19-0412

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**EXPERIENCE OF THE USE OF LAPAROSCOPIC RESECTABILITY INDEX IN PATIENTS WITH ADVANCED OVARY EPITHELIAL CARCINOMA IN THE INSTITUTO NACIONAL DE CANCEROLOGIA. BOGOTA, COLOMBIA**

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**Objectives** Describe the experience of the laparoscopic resectability index (Fagotti score) to define primary cytoreduction versus neoadjuvant chemotherapy in patients with suspected advanced ovarian cancer from January 2017 to February 2019.

**Methods** Descriptive, retrospective study. Patients with stage III-IV advanced ovarian epithelial cancer were included. Clinical, histopathological and surgical variables related to the procedure were analyzed. An univariate analysis was performed in the statistical program SPSS version 21.

**Results** 14 cases are presented. The mean age was 58 years (+/- 8.2). 12 patients had stage IIIC and 2 stage IV. All were serous histological type, with 85.7% of high grade. The mean BMI was 24 ( $\pm 3.4$ ). All patients had ECOG between 0 and 1. In 85.7% of the cases the computed tomography was the preoperative image of choice. The score was  $\geq 8$  in 64% of the cases and <8 in 36%. In this last group, complete primary debulking was achieved in the same surgical time. The median time was 157 minutes (60–540), the median bleeding was 50 cc (5–2000). The median hospital stay was 2 days (1–14). There were no intraoperative complications in the first 30 days. There were 2 deaths not associated with the procedure. These were secondary to atrial fibrillation and pleural effusion.

**Conclusions** The laparoscopic resectability index is a useful tool to define the primary treatment in patients with advanced ovarian cancer, with low morbidity in our institution. It is necessary to perform prospective validation of these results.

## IGCS19-0704

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**OVARIAN CANCER CARE AT A HOSPITAL WITH AN IGCS GLOBAL CURRICULUM FELLOWSHIP**

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**Objectives** To determine the impact of implementation of an IGCS global curriculum fellowship on cancer care.

**Methods** We performed a retrospective review of consecutive ovarian cancer cases treated since the start of the IGCS Global Curriculum fellowship on July, 2017 and March, 2019

at Danang Oncology Hospital (DOH). There were 2 groups of patients- those who underwent surgery for ovarian cancer at a general hospital then referred to DOH and those who were diagnosed and treated at DOH primarily. Clinical parameters of the 2 groups were compared. Chi-Squared analysis was used to compare the 2 groups.

**Results** Between July, 2017 and March, 2019, 65 consecutive ovarian cancer cases were treated at DOH. 27 patients were initially treated at a general hospital and referred, and 38 patients were diagnosed and treated at DOH. Correct diagnosis was rendered in 55% of referred patients compared to 97% of patients diagnosed initially at DOH ( $p=0.000003$ ).

Correct staging surgery was done in 7.4% of referred patients compared to 42% of patients operated primarily at DOH ( $p<0.000001$ ). There was a trend towards optimal debulking favoring DOH. Time to chemotherapy did not differ between the 2 groups. Germ cell tumors were more likely to be diagnosed at a general hospital than at DOH ( $p=0.04$ ). **Conclusions** Receiving care for ovarian cancer at a hospital affiliated with IGCS Global Curriculum Fellowship more often resulted in correct diagnosis and surgery. There are still opportunities to improve. There is a need to educate non oncology surgeons about clinical presentation of adnexal masses in the young patient.

## IGCS19-0749

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**IS LYMPHADENECTOMY NECESSARY TO REDUCE RECURRENCE RATE OF BORDERLINE OVARIAN TUMOR PATIENTS?**

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**Objectives** many studys may concentrate on concervative surgery just because of the younger age and good survival rate of BOT patients, but their high recurrence rate can't be ignored. among many kinds of surgery methods, lymphadenectomy is till on controversy, is lymphadenectomy necessary for BOT patients, in other word, is it good for reducing recurrence rate? So my study just focus on analyzing the relationship between lymphadenectomy and recurrence rate of BOT patients.

**Methods** We performed a retrospective cohort study of women with BOT at our hospital between September 2014 and September 2017. The chi-square testmethod was used to calculate the correlation of variables, and Cox regression analysis was performed to define the effects of risk factors on recurrence.

**Results** A total of 74 BOT patients were included in the study. The median follow-up time was 45 months., the median time to recurrence is 25 months after first surgery, the 3-year RFS is 2.7%.Cox regression analysis showed thatpathological typesand pelvic lymphadenectomy was associated with favorable RFS ((hazard ratio 7.806; 95% CI 1.349–45.160;  $P=0.022$ ;hazard ratio 0.077; 95% CI 0.009–0.624;  $P=0.016$ ,respectively). Sub-grouped by pathological types, there is no relationship

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between pelvic lymphadenectomy and RFS, either mBOT or sBOT.

**Conclusions** Hisotological type is definitely one of factors which effects recurrence rate, sBOT is more likely to recurrence than mBOT. But for sBOT, mBOT separately in my study, lymphadenectomy is not related with lower recurrence rate, this part may need to be further studied.

### IGCS19-0120

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#### PREDICTIVE VALUE OF BIOMARKERS DURING CHEMOTHERAPY IN PATIENTS WITH EPITHELIAL MALIGNANT OVARIAN CANCER

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**Objectives** At present there is no predictive value univocally associated with the success of chemotherapy. Biomarkers produced by ovarian cancer (HE4 and Ca125) could have a good prognostic significance. The aim of this study is to prove the ability of biomarkers to identify patients with the highest risk of not optimal response during the chemotherapy and to predict which patients will most probably develop recurrence of disease.

**Methods** We analyzed 78 patients with EOC who underwent surgery in the biennium 2016–2017. All the patients performed chemotherapy after surgery or interval debulking surgery following neoadjuvant therapy. Serum levels of HE4 and Ca125 were measured at the diagnosis and at each cycle of chemotherapy. We established the degree of response to the treatment by CT-scan and the patients were followed up (FU median: 10 months). The parameters PFS and DFS were related to serum levels of biomarkers.

**Results** The average markers values became both negative at the fourth cycle in the patients with good response to chemotherapy. HE4 compared earlier than Ca125. The parameters that best correlated with a long PFS were: negativization of the marker after the third cycle of chemotherapy (HE4: OR 5.5; Ca125: OR 9.1) and biomarker serum levels lower than the mean value in the affected population at the time of diagnosis (HE4: OR 3.4; Ca125: OR 3.7).

**Conclusions** We can conclude that the monitoring of HE4 and Ca125 during chemotherapy, especially at the third cycle, is recommended, because their variation is a good prognostic factor.

### IGCS19-0179

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#### CLINICAL AUDIT ON QUALITY OF CANCER CARE WITHIN THE ONCOLOGICAL NETWORK OF PIEDMONT AND VALLE D'AOSTA: OVARIAN CANCER TREATMENT

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**Objectives** The aim of this study is to assess the management of patients affected by ovarian cancer at first diagnosis in the Oncological Network of Piedmont and Valle d'Aosta.

Specific objectives of this audit are: description of first line treatment, evaluation of adherence to international guidelines, description of overall survival and assessment of clinical and organisational factors that could influence the outcome.

**Methods** This audit includes a retrospective and a prospective part. The retrospective analysis concerns incident cases between January and June 2016, which are useful to describe structure and process indicators at baseline.

The prospective analysis concerns patients with ovarian cancer treated in the hospitals of the oncological network from May 2017 until today and will last three years. The outcomes are shared with the operators every six months.

**Results** There has been a significant improvement in adherence to the correct treatment pathways: the percentage of patients following the correct diagnostic-therapeutic pathway increased from 2.3% in 2015 to 68.2% in 2017 with a further improvement in the last year. Focusing on retrospective analysis, a comparison with a similar previous study (COROP 2009) shows a centralisation of treatments, an increase in early diagnosis, a better adherence to protocols with a significant improvement in overall survival.

**Conclusions** Retrospective data showed an improvement in care pathways confirmed by a preliminary analysis of prospective data. If these results will be confirmed at the end of the Audit, it could be possible to exporting this system also outside the Oncological Network in order to set improvement strategies.

## Palliative Care

### IGCS19-0401

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#### PERCEIVED KNOWLEDGE IMPACTS INTENTION TO PREPARE ADVANCE DIRECTIVES IN THAI GYNECOLOGIC CANCER PATIENTS

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**Objectives** Advance Directives (AD) have not been widely discussed or used in Thailand. The objectives of the study were to assess knowledge, attitude and factors impact intention to prepare of AD among Thai gynecologic cancer patients.

**Methods** Gynecologic cancer patients were approached for recruitment at a tertiary-care hospital in the city area of Bangkok, Thailand. We conducted paper-and-pencil survey on self-perceived and objective knowledge, decision for oneself, intention to prepare the AD, influential person, past experiences of illness and loss. Multiple regression analysis was used to identify the indicators that were associated with the intention to prepare the AD.

**Results** One hundred and one participants were enrolled. Six participants (5.9%) had completed their AD. Twenty-two (21.8%) planned to prepare later, 18 (17.8%) did not have an intention to prepare and fifty-five (54.5%) were unsure. Sixty-two participants (61.4%) never heard about AD, 36 (35.7%) knew at some level and 3 (3.0%) reported that they knew