IGCS19-0543

294 REVIEW OF PRACTICE PATTERNS IN POST-TREATMENT SURVEILLANCE OF PRIMARY EPITHELIAL OVARIAN CANCER

[1]J Demari, [2]M Vetter, [3]S Chandra*, [4]J Hays, [2]R Salani. *[1]The Ohio State University- James Cancer Hospital, Obstetrics and Gynecology, Columbus, USA; [2]The Ohio State University-James Cancer Hospital, Gynecologic Oncology, Columbus, USA; [3]The Ohio State University, Obstetrics and Gynecology, Columbus, USA; [4]The Ohio State University- James Cancer Hospital, Medical Oncology, Columbus, USA*

10.1136/ijgc-2019-IGCS.294

Objectives The purpose of this study is to determine practice patterns for surveillance of primary ovarian cancer after complete response to therapy and to identify the percentage of clinicians who follow the surveillance guidelines endorsed by the Society for Gynecologic Oncology (SGO).

Methods This is a single-institution retrospective chart review of all patients with epithelial ovarian cancer with a complete response to primary therapy between January 2012 and January 2015. Descriptive statistics were performed due to the exploratory nature of the study.

Results CA-125 was followed in 48/50 (96%) of patients. Clinical follow up was scheduled according to SGO guidelines (defined as ± 1 month) in 82% of patients. Of those that were non-compliant, 3/9 were patient initiated and 6/9 were for unknown reasons. Scheduled imaging was ordered in 2% of patients, while imaging due to CA-125, symptoms, or both was performed in 32%, 28%, and 10% respectively. No imaging was performed in 22% of patients and 6% of patients had unknown reasons for imaging performed. Mean time to recurrence was 11.8 months, with 23/28 (82.1%) first detected by CA-125, 3.6% first detected by exam findings and 14.3% first detected by imaging. Stage and histology were not associated with noncompliance of frequency of surveillance.

Conclusions The vast majority of clinicians in our cohort are compliant with SGO guidelines regarding the use of routine imaging for surveillance of ovarian cancer, however, a significant percentage of patients are followed with clinical visits at a different frequency of that recommended by current guidelines.

IGCS19-0415

295 OVARIAN CANCER CARE DELIVERY: DIVERSITY IN PUBLIC PERCEPTION AND ACCESS TO CARE

[1]R Cowan*, [2]P Esposito-Amery, [3]K Seier, [3]A Iasonos, [4]R O'Cearbhaill, [4]W Tew, [1]E Jewell, [1]C Brown, [1]O Zivanovic, [1]Y Sonoda, [1]K Long Roche, [1]N Abu-Rustum, [1]D Chi, [1]G Gardner. *[1]Memorial Sloan Kettering Cancer Center, Department of Surgery, New York, USA; [2]T.E.A.L. Organization, Executive Office, Brooklyn, USA; [3]Memorial Sloan Kettering Cancer Center, Epidemiology-Biostatistics, New York, USA; [4]Memorial Sloan Kettering Cancer Center, Department of Medicine, New York, USA*

10.1136/ijgc-2019-IGCS.295

Objectives To assess public perceptions regarding ovarian cancer (OC) care delivery.

Methods The 2018 Empire State Poll, conducted by the Survey Research Institute of Cornell University (February-April/2018), was the 16th annual survey of New York State residents. We contributed questions regarding OC care delivery.

Results 800 residents were surveyed: median age 48 years (range 18–94), 50% female, 47% married, 64% White. 55% of respondents with an OC diagnosis would seek evaluation by an oncologist first. Those with household incomes > $75,000 were more likely to do so (OR=1.43, 95% CI1.04–1.95); those who identified as 'Other' race (OR=0.48, 95%CI 0.32–0.73) or unmarried (OR=0.73, 95%CI 0.54–1.0) were less likely.

81% were willing to travel >2 hours for surgery, 55% >4 hours. Older (OR=1.67, 95%CI 1.13–2.46) and unemployed (OR=1.58, 95%CI 1.07–2.34) respondents were less willing to travel.

46% relied on referral from primary care physicians (PCPs) in choosing an OC doctor; 21% relied on internet research. Females (OR 0.61, 95%CI 0.46–0.81) and those with some college education (OR 0.65, 95%CI 0.47–0.88) were less likely to depend on physician referral; respondents >48 years of age (OR 1.49, 95%CI 1.12–1.98) were more likely.

Conclusions Despite data demonstrating improved outcomes for women with OC seeking treatment with high-volume providers, only half of respondents recognize the importance of subspecialty care. Historically disenfranchised populations are less likely to seek subspecialty care and are less likely to travel. PCPs significantly influence patient decision-making. These data identify vulnerable populations, providing a springboard for public awareness and access initiatives.

IGCS19-0418

296 FREQUENCY OF INTRAOPERATIVE CONSULTATION FOR UPPER ABDOMINAL PRIMARY DEBULKING SURGERY IN ADVANCED OVARIAN CANCER

[1]R Cowan*, [2]J Tseng, [1]HF Dearie, [3]Q Zhou, [3]A Iasonos, [1]K Long Roche, [1]O Zivanovic, [1]G Gardner, [1]Y Sonoda, [1]D Chi. *[1]Memorial Sloan Kettering Cancer Center, Department of Surgery, New York, USA; [2]University of California Irvine, Surgery, Irvine, USA; [3]Memorial Sloan Kettering Cancer Center, Epidemiology-Biostatistics, New York, USA*

10.1136/ijgc-2019-IGCS.296

Objectives To gauge the learning curve of gynecologic oncologist (GOs) by measuring their need for intraoperative consultants in upper abdominal primary debulking surgery for advanced ovarian cancer (OC).

Methods Patients with bulky upper abdominal disease (UAB) undergoing primary debulking surgery (PDS) for OC from 1/2001–12/2013 were included. UAB was defined as tumor >1 cm cephalad to the omentum. Extensive procedures included diaphragm resection/peritonectomy, splenectomy, distal pancreatectomy, partial liver resection, resection of tumor from the porta hepatis, partial gastrectomy, and cholecystectomy.

Results Of 585 patients identified, 452 (77%) underwent UAS. The most common procedures were diaphragm resection (n=413), splenectomy (n=141), and liver resection (n=97). Over the 13-year period, the rate of patients undergoing UAS increased from 77% to 84% (p=0.019). Median number of UAS procedures was 1 (range, 1–7), remaining constant over time (p=0.129). The percentage of UAS procedures performed by consultants decreased over time, from 100% in the first quartile to 50% in the last (p<0.001). Procedures most commonly performed by consultants were cholecystectomy (89%), porta hepatis (76%) and liver resection (76%). The complete gross resection (CGR) rate increased from 18% to 46%

Int J Gynecol Cancer: first published as 10.1136/ijgc-2019-IGCS.296 on 18 September 2019. Downloaded from http://ijgc.bmj.com/ on November 10, 2024 by guest. Protected by copyright.

(p<0.001). Median 3-year OS increased from 56% (95% CI, 45.9–65%) to 77% (95% CI 70.2–82%), p<0.001. OS was similar among patients who underwent UAS by a consultant versus a GO (p=0.308).

Conclusions GOs who attain the learning curve perform UAS with maximal cytoreduction, with a success rate similar to that of intraoperative consultants. Including UAS in the surgical armamentarium contributes to increased rates of CGR.

IGCS19-0380

297 BEVACIZUMAB IN RELAPSED OVARIAN CANCER: AN INDIAN TERTIARY CARE CANTER EXPERIENCE

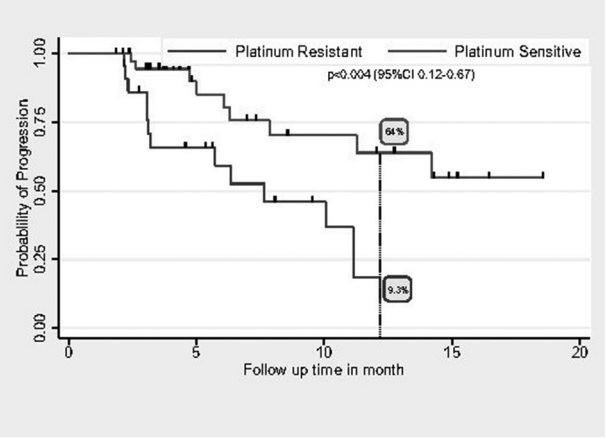
[1]CK Das*, [2]B Rai, [3]A Rajwanshi, [3]P Dey, [3]R Srinivasan, [4]J Kalra, [4]R Bagga, [4]G Prasad, [4]V Jain, [4]V Suri, [4]SC Saha, [2]S Ghoshal. *[1]Post Graduate Institute of Medical Education and Research, Medical Oncology, Chandigarh, India; [2]Post Graduate Institute of Medical Education and Research, Radiation Oncology, Chandigarh, India; [3]Post Graduate Institute of Medical Education and Research, Cytology and Gynae-Pathology, Chandigarh, India; [4]Post Graduate Institute of Medical Education and Research, Obstetrics and Gynaecology, Chandigarh, India*

10.1136/ijgc-2019-IGCS.297

Objectives Bevacizumab, an anti-vascular endothelial growth factor antibody with chemotherapy improved the progression-free survival (PFS) in relapsed ovarian cancer. There is a paucity of data regarding the use of bevacizumab from the Indian subcontinent.

Methods We retrospectively reviewed the clinical data of patients with epithelial ovarian cancer (EOC) from the hospital database treated during 2016–2019. The progression-free survival (PFS), overall response rate (ORR) and toxicity profile analysed using IBM SPSS software version 25.0 (IBM Corp., Armonk, NY).

Results Sixty-two women with relapsed ovarian cancer were treated with bevacizumab (15mg/kg) and chemotherapy. The median age was 60 years (IQR 36–64). Platinum sensitive (PS) relapse constitutes 38/61(62.3%) and platinum resistant (PR) disease in 23/61(37.7%). The ORR in PS and PR groups are 59% and 26% respectively. Compared with the PR group, the PS group achieved a significantly longer one-year PFS (64% vs 9.3%, P<0.004). The toxicity profile is not statistically significant between the two groups.



Abstract 297 Figure 1 Progression free survival

Abstract 297 Table 1

Toxicity	Platinum Sensitive Ca Ovary	Platinum Resistant Ca Ovary
Hypertension Any Grade	25/38(65.7%)	14/23(60.8%)
Proteinuria Any Grade	5/38(13.1%)	5/23(21.7%)
Bleeding Any Grade	12/38(31.5%)	7/23(30.4%)
Intestinal Perforation Any Grade	1/38(2.6%)	2/23(8.6%)
Soft Tissue Infection	5/38(13.1%)	1/23(4.3%)
Hand Feet Syndrome Any Grade	0/38(0%)	3/23(13%)
Anaemia Grade 3/4	4/38(10.5%)	2/23(8.6%)
Neutropenia Grade 3/4	10/38(26.3%)	7/23(30.4%)
Thrombocytopenia Grade 3/4	1/38	2/23(8.6%)

Conclusions The present study is the first Indian data on the outcome of relapsed ovarian cancer treated with bevacizumab-based therapy. Progression-free survival significantly higher in platinum-sensitive ca ovary patients as compared to platinum-resistant patients with an acceptable toxicity profile.

IGCS19-0655

298 MULTIDISCIPLINARY MAXIMUM EFFORT CYTO-REDUCTIVE SURGERY (MES) FOR ADVANCED OVARIAN CANCER IN LEICESTER: OUTCOMES

[1]A Ismail, [2]O Ofinran, [1]Q Davies*, [1]E Moss, [1]R Bharathan, [3]K Boyle, [3]M Thomas, [4]D Malde, [4]N Bhardwaj, [5]E Camacho, [1]S Chattopadhyay. *[1]University Hospitals of Leicester NHS Trust, Gynaecological Oncology, Leicester, UK; [2]Royal Wolverhampton Hospitals NHS Trust, Gynaecological Oncology, Wolverhampton, UK; [3]University Hospitals of Leicester NHS Trust, Colorectal surgery, Leicester, UK; [4]University Hospitals of Leicester NHS Trust, Hepatobiliary surgery, Leicester, UK; [5]University Hospitals of Leicester NHS Trust, Anaesthesia, Leicester, UK*

10.1136/ijgc-2019-IGCS.298

Objectives It is recognised that adequate debulking in ovarian cancer surgeries does improve the survival rate; In Leicester, we have implemented a structured multidisciplinary surgical approach to offer Maximum effort surgery (MES) to our patients with advanced ovarian cancer. The surgical team includes gynae-oncologists, hepatobiliary/colorectal surgeons, and anaesthetic team. This approach has helped us develop effective skills in extensive complex abdominal surgeries, and optimising the intraoperative decision making, hence improving the outcomes.

Methods A retrospective evaluation of prospectively collected data was performed to assess the surgical outcomes of all consecutive patients who underwent ultra-radical surgery for advanced ovarian cancer, from January 2016 to February 2019.

Results 39 consecutive women had MES. Median age was 65 (range 27–86). 19(49%) had PDS and 18(46%) had IDS while 2(5%) had secondary cytoreduction. The majority of the patients were stage IIIC or above (92%) and most were high grade serous histology (85%). The median surgical duration was 297 minutes. Complete cytoreduction with no gross residual disease (GRD) was achieved in 87% of the patients, 8% had GRD <1cm and only 5% had suboptimal cytoreduction.

Int J Gynecol Cancer: first published as 10.1136/ijgc-2019-IGCS.296 on 18 September 2019. Downloaded from http://ijgc.bmj.com/ on November 10, 2024 by guest. Protected by copyright.