(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

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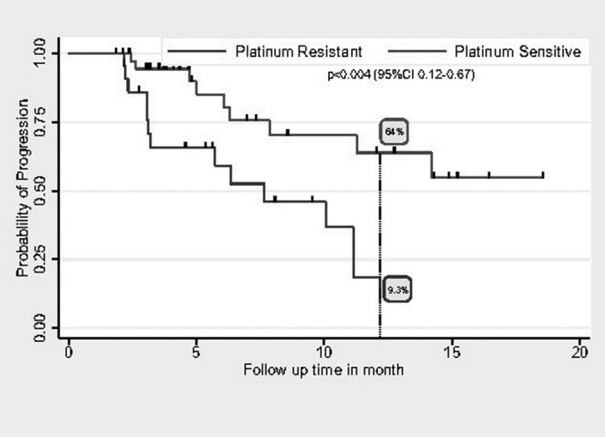
Objectives Bevacizumab, an anti-vascular endothelial growth factor antibody with chemotherapy improved the progression-free survival (PFS) in relapsed ovarian cancer. There is a paucity of data regarding the use of bevacizumab from the Indian subcontinent.

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

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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.