Abstract 298 Table 1 Post-operative complications according to The Clavien-Dindo classification

Post-operative complications according to The Clavien-Dindo classification	
Grade	% (n)
No Complications	21% (n=8)
Grade I	29% (n=11)
Grade II	44% (n=17)
Grade III	2% (n=1)
Grade IV	2% (n=1)
Grade V	2% (n=1)

Median blood loss was 800mls. Median length of hospital stay was 9 days. One patient died in the first 28 days post-surgery. The postoperative complications are presented in table 1 using the Clavien-Dindo classification.

Conclusions Our data favours a multidisciplinary structured MES service for advanced ovarian cancer and this could be a more effective approach than a unidisciplinary approach. It minimises the morbidity, enables the development interdisciplinary surgical skills and improves the quality of surgery.

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PRECISION ONCOLOGY IN SURGERY: PATIENT SELECTION FOR OPERABLE RECURRENT HEPATIC OVARIAN CANCER

¹V Gallotta, ¹C Conte, ²M D'Indinosante, ³E Capoluongo, ⁴M Angelo, ⁵A De Rose Maria, ⁵F Ardito, ⁶F Giuliani, ⁷A Di Giorgio, ⁸GF Zannoni, ⁹C Margreiter, ¹⁰G Scambia, ¹¹G Ferrandina*. ¹Fondazione 'Policlinico Universitario A. Gemelli'- IRCCS, Department of Women's and Children's Health, Rome, Italy; ²Catholic University of the Sacred Heart, Department of Women's and Children's Health, Rome, Italy; ³Fondazione 'Policlinico Universitario A. Gemelli'- IRCCS- Università Cattolica del Sacro Cuore, Dipartimento di Diagnostica di Laboratorio, Rome, Italy; ⁴Fondazione 'Policlinico Universitario A. Gemelli'- IRCCS, Dipartimento di Diagnostica di Laboratorio, Rome, Italy; ⁵Fondazione 'Policlinico Universitario A. Gemelli'- IRCCS, Department of Surgical Sciences- Hepatobiliary Unit, Rome, Italy; ⁶Fondazione 'Policlinico Universitario A. Gemelli'- IRCCS- Catholic University of the Sacred Heart, Department of Surgical Sciences- Hepatobiliary Unit, Rome, Italy; ⁷Fondazione 'Policlinico Universitario A. Gemelli'- IRCCS, Division of General Surgery, Rome, Italy; ⁸Fondazione 'Policlinico Universitario A. Gemelli'- IRCCS- Università Cattolica del Sacro Cuore, Istituto di Istopatologia-, Rome, Italy; ⁹Medical University of Innsbruck, Department of Visceral- Transplant- and Thoracic Surgery-, Innsbruck, Austria; ¹⁰Fondazione 'Policlinico Universitario A. Gemelli'- IRCCS- Università Cattolica del Sacro Cuore, Division of Gynecologic Oncology, Rome, Italy; ¹¹Fondazione 'Policlinico Universitario A. Gemelli'- IRCCS- Università Cattolica del Sacro Cuore, Division of Gynecologic Oncology-, Rome, Italy

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Objectives To describe accurately the oncological outcomes after hepatic resection (HR) in recurrent ovarian carcinoma (ROC) evaluating clinic-pathological variables and mutational status of BRCA1/2. Although HR is considered a challenging situation in ROC patients, assessment of BRCA1/2 mutational status seems to have a relevant clinical value to guide surgical therapy.

Methods Patients who underwent HR for ROC at the Catholic University of Rome, between June 2012 and October 2017 were included. Exclusion criteria were represented by extra-abdominal disease and presence of diffuse peritoneal carcinomatosis requiring more than 2 bowel resections. Details

relative to HR were collected and BRCA analysis was performed. Predictive factors for of post-relapse progression free survival (PHR-PFS) were assessed by univariate analyses using Cox-proportional hazard regression models.

Results Thirty-four patients underwent HR within secondary cytoreductive surgery (SCS). Six patients (17.6%) presented with hepatic relapse only, while the remaining 28 patients (82.4%) had concomitant extra-hepatic disease. In the whole series, the 3-yr PHR-PFS was 49.1% and the 3-yr progression free survival overall survival was 72.9%. Univariate analysis of variables conditioning PHR-PFS showed that only BRCA mutational status played a statistically significant favourable role: the 3-yr PHR-PFS rate was 81.0% in BRCA mutated patient compared to 15.2% in wild type ones (p value: 0.001).

Conclusions Our clinical analyses suggest that in ROC patients with liver disease the assessment of BRCA mutational status can help to select patients eligible for SCS.

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CORRELATION OF SURGEON RADIOLOGY ASSESSMENT WITH LAPAROSCOPIC DISEASE SITE SCORING IN PATIENTS WITH ADVANCED OVARIAN CANCER

¹N Fleming*, ¹S Westin, ¹L Meyer, ¹A Rauh-Hain, ¹A Shafer, ¹M Onstad, ¹L Cobb, ²B Fellman, ¹M Bevers, ¹B Zand, ¹A Jazaeri, ¹C Levenback, ¹R Coleman, ¹P Soliman, ¹A Sood. ¹The University of Texas MD Anderson Cancer Center, Gynecologic Oncology, Houston, USA; ²The University of Texas MD Anderson Cancer Center, Biostatistics, Houston, USA

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Objectives To determine the correlation between surgeon radiology assessment with laparoscopic scoring in patients with newly diagnosed advanced ovarian cancer.

Methods Following IRB approval, 14 gynecologic oncology surgeons from a single institution performed a blinded review of radiology imaging from 20 patients with advanced ovarian cancer. All patients previously underwent laparoscopic scoring using a validated scoring method from April 2013 to December 2017. Surgeons viewed contrasted CT imaging reports and images in a blinded fashion and recorded PIV scores using the validated scoring method. Linear mixed models (LMM) were conducted to calculate the correlation between radiology and laparoscopic score for each surgeon and the group, and the inter-class correlation (ICC) was calculated.