

## IGCS19-0231

## 331 PREOPERATIVE NUTRITIONAL STATUS ASSESSED BY CT SCAN IN PATIENTS WITH NEWLY-DIAGNOSED ADVANCED OVARIAN CANCER: A PROSPECTIVE STUDY

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**Objectives** To evaluate the correlation between sarcopenia and operative/peri-operative outcomes in patients receiving primary debulking surgery (PDS) for newly-diagnosed advanced epithelial ovarian cancer (AEOC).

**Methods** All consecutive patients affected by AEOC and submitted to PDS in our Institution were considered eligible. Total skeletal muscle surface (SKS) area was used as expression of sarcopenia and measured on axial computed tomography at the level of the third lumbar vertebra. Cox-regression and Kaplan-Meier analysis were used to analyse the relationship between sarcopenia and residual tumor. The effect of sarcopenia on the development of major surgical complications was studied with logistic regression.

**Results** From October 2018 and March 2019 121 patients were enrolled. Median values of SKS area were significantly lower in patients with RT> vs. =0. After multivariable analysis, sarcopenia resulted as an independent predictor of residual disease.

**Conclusions** Sarcopenia is an independent predictor of residual disease and peri-operative complications at the time of upfront cytoreduction for AEOC.

## IGCS19-0369

## 332 ANTIDEPRESSANT (AD) USE IN OVARIAN CANCER PATIENTS (OC) IN THE PAST 26 YEARS AT THE AMERICAN UNIVERSITY OF BEIRUT MEDICAL CENTER (AUBMC)

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**Objectives** To assess the prevalence of antidepressant (AD) use and the factors affecting it in OC patients at AUBMC between the years 1992–2018.

**Methods** A Retrospective review of patients with OC stages I-IV cared for in AUBMC between 1992–2018, with focus on antidepressant use and the factors affecting it.

**Results** A total number of 330 subjects were enrolled in this study. Prevalence of antidepressant use is 11.8%. Anxiolytics were prescribed in 42.8% of cases. 20.3% of patients on anxiolytics were on AD as well (P-value<0.001).

AD use was significantly higher among the advanced ovarian cancer patients (IIIC:37%,IV=39%) versus early stages (IA-IIIIB=25%).

23.4% of diabetic patients versus 9.8% of non-diabetic patients were on AD (P-value=0.021), 26% of smokers versus 9% of non smokers (p=0.006), 28% of Dyslipidemics versus 8.7% of non-dyslipidemics (P-value<0.001), and 22.9% employed patients versus 11.3% of unemployed ones (Pvalue=0.057) were on AD.

Antidepressant prescription was found to be significantly correlating with having dyslipidemia (OD=7.3, P-value<0.001), being on anxiolytics (OD=6.9, P-value<0.001), having an advanced FIGO stage(OD=3.7, P-value<0.001), and being employed (OD=3.66, P-value=0.02) (table 1).

**Conclusions** Depression among ovarian cancer patients is underestimated or not properly screened and treated.

Abstract 332 Table 1 Predictive Model among patients with OC on AD

Model	B	S.E.	Wald	df	Sig.	Odds ratio, Exp(B)	95% C.I. for EXP(B), Lower	95% C.I. for EXP(B), Upper
DL	2	0.486	16.931	1	<0.001	<b>7.386</b>	2.849	19.146
Anxiolytic	1.936	0.495	15.311	1	<0.001	<b>6.929</b>	2.628	18.269
FIGO stage	1.31	0.354	13.708	1	<0.001	<b>3.705</b>	1.852	7.412
Employment	1.298	0.558	5.398	1	0.02	<b>3.66</b>	1.225	10.936
Constant	-7.811	1.362	32.899	1	0	0		

Advanced FIGO stage, being employed, dyslipidemic and anxiolytic are significant predictors for AD use.

IGCS19-0335

**333** IMPACT OF EXTENT OF CYTOREDUCTIVE SURGERY (CRS) ON SURVIVAL IN EPITHELIAL OVARIAN CANCER (EOC), PRIMARY PERITONEAL CARCINOMATOSIS (PPC), AND FALLOPIAN TUBE CANCER (FTC) AT THE AMERICAN UNIVERSITY OF BEIRUT (AUBMC)

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**Objectives** To study the impact of the extent of CRS [complete Debulking (CD), optimal Debulking (OD)<1cm, or sub-optimal Debulking (SOD) >1cm residual disease] on progression free (PFS) and overall survival (OS) in advanced EOC, PPC and FTC treated at AUBMC 1998–2018.

**Methods** We retrospectively reviewed all patients with advanced disease who underwent either Primary debulking surgery (PDS) or if they had large tumor burden/multiple comorbidities/poor performance status, they received neoadjuvant chemotherapy and interval debulking surgery (NACT+IDS).

**Results** Of 300 patients with EOC/PPC/FTC, 220 had advanced stages (IIIB-IV). 66.4% had CD, 29.7% OD and 2.6% SOD. Results are shown in image 1 and tables 2 and 3. Median survival is expressed in months. In stage IIIC, CD led to a significantly higher PFS compared to OD (image 1) (P-value=0.015). However, this increase in PFS was only seen after IDS (table 2) (P-value in IDS=0.009). Once a CD was reached, There was no statistically significant increase in PFS regardless of timing of CRS (Image 3) (Pvalue=0.775). OS was not affected by extent of CRS (Image 1).

**Abstract 333 Figure 1** Extent of CRS and PFS and OS in stages IIIC and IV

Stage	Extent	Number	PFS	P-value	OS	P-value
IIIC	CD	101	26.0	0.015	46.0	0.241
	OD	56	19.0		38.0	
	overall	157	22.0		43.0	
IV	CD	33	16.0	0.190	31.0	0.112
	OD	14	16.0		21.0	
	overall	47	16.0		30.0	

**Abstract 333 Table 1** CD in the primary versus interval setting in stage IIIC

Timing	Extent	PFS	P-value
PDS	CD	30.0	0.693
	OD	22.0	
IDS	CD	26.0	0.009
	OD	17.0	

**Abstract 333 Table 2** PFS of patients with CD in PDS versus IDS in stage IIIC

	PFS	P-value
PDS	30	0.936
IDS	26	

**Conclusions** The extent of CRS significantly prolonged PFS but not OS in stage IIIC but not IV. This increase in PFS is only seen after IDS. Patients having CD have similar PFS and OS regardless of the timing of CRS.

IGCS19-0141

**334** A PROSPECTIVE NON-RANDOMIZED STUDY COMPARING THE OUTCOMES FOLLOWING COMPLETE VERSUS SELECTIVE PARIETAL PERITONECTOMY DURING CRS+HIPEC FOR ADVANCED EPITHELIAL OVARIAN CANCER

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**Objectives** The aim of this study was to assess the morbidity & mortality, recurrence pattern & oncological outcomes of extent of parietal peritonectomy done during CRS & HIPEC for advanced ovarian cancer.

**Methods** Patients diagnosed with stage IIIC epithelial carcinoma ovary underwent selective parietal peritonectomy (SPP) or complete parietal peritonectomy (CPP) with CRS+HIPEC. All peri operative data were analysed with focus on morbidity, mortality, recurrence pattern and oncological outcomes.

**Results** Of 110 cases, 20, 55 & 35 were upfront, interval & secondary cancers respectively. 50 & 60 patients underwent CPP & SPP respectively. TPP group had longer duration of surgery (10.7 vs 8.9), more blood loss (1062 vs 655 ml) increased hospital stay (16 vs 11). Number of diaphragmatic resections, bowel resections, anastomosis and stoma were comparable but TPP group required more multivisceral resections. Overall G3-G5 morbidity was TPP 55% vs SPP 30%. TPP group had increased pulmonary complications, intra-pleural & intra-abdominal collections. With a median follow up of 35 months DFS was 33 vs 25 months for TPP & IPP group respectively however median OS was yet to be achieved in both group. 25 out of 70 patients (35.7%) had presence of disease on pathological assesment which was normal looking on visual assesment.

**Conclusions** Patients who underwent TPP had decreased peritoneal & overall recurrence translating to significantly higher DFS & trend towards improved OS. Aggressive CRS benefits patient with manageable morbidity. However, longer follow-up and a prospective multi-institutional randomized study need to be designed for more evidence of the same.