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

**IGCS19-0335**

**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 co-morbidities/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) (P-value=0.775). OS was not affected by extent of CRS (Image 1).

**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.

**Abstract 333 Table 2**

| PFS of patients with CD in PDS versus IDS in stage IIIC |
|---|---|
| PDS | 30 |
| IDS | 26 |
| P-Value | 0.936 |

**IGCS19-0141**

**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 peri-toneal & 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.