EXPERIENCE OF THE USE OF LAPAROSCOPIC OVARIAN CANCER CARE AT A HOSPITAL WITH AN IGCS GLOBAL CURRICULUM FELLOWSHIP

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Objectives Describe the experience of the laparoscopic resectability index (Fagotti score) to define primary cytoreduction versus neoadjuvant chemotherapy in patients with suspected advanced ovarian cancer from January 2017 to February 2019.

Methods Descriptive, retrospective study. Patients with stage III-IV advanced ovarian epithelial cancer were included. Clinical, histopathological and surgical variables related to the procedure were analyzed. An univariate analysis was performed in the statistical program SPSS version 21.

Results 14 cases are presented. The mean age was 58 years (+/- 8.2). 12 patients had stage IIIC and 2 stage IV. All were serious histological type, with 85.7% of high grade. The mean BMI was 24 (+3.4). All patients had ECOG between 0 and 1. In 85.7% of the cases the computed tomography was the preoperative image of choice. The score was ≥ 8 in 64% of the cases and <8 in 36%. In this last group, complete primary debulking was achieved in the same surgical time. The median time was 157 minutes (60–540), the median bleeding was 50 cc (50–2000). The median hospital stay was 2 days (1–14). There were no intraoperative complications in the first 30 days. There were 2 deaths not associated with the procedure. These were secondary to atrial fibrillation and pleural effusion.

Conclusions The laparoscopic resectability index is a useful tool to define the primary treatment in patients with advanced ovarian cancer, with low morbidity in our institution. It is necessary to perform prospective validation of these results.

IS LYMPHADENECTOMY NECESSARY TO REDUCE RECURRENCE RATE OF BORDERLINE OVARIAN TUMOR PATIENTS?

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Objectives many studies may concentrate on conservative surgery just because of the younger age and good survival rate of BOT patients, but their high recurrence rate can’t be ignored. Among many kinds of surgery methods, lymphadenectomy is still on controversy, is lymphadenectomy necessary for BOT patients, in other word, is it good for reducing recurrence rate? So my study just focus on analyzing the relationship between lymphadenectomy and recurrence rate of BOT patients.

Methods We performed a retrospective cohort study of women with BOT at our hospital between September 2014 and September 2017. The chi-square test method was used to calculate the correlation of variables, and Cox regression analysis was performed to define the effects of risk factors on recurrence.

Results A total of 74 BOT patients were included in the study. The median follow-up time was 45 months., the median time to recurrence was 25 months after first surgery, the 3-year RFS is 7.7%, Cox regression analysis showed that pathological type-stand pelvic lymphadenectomy was associated with favorable RFS (hazard ratio 7.806; 95% CI 1.349-45.160; P=0.022; hazard ratio 0.077; 95% CI 0.009–0.624; P=0.016, respectively). Sub-grouped by pathological types, there is no relationship