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A PROSPECTIVE RANDOMISED STUDY OF OPEN VERSUS ROBOTIC ASSISTED PARA AORTIC LYMPH NODE DISSECTION IN HIGH RISK ENDOMETRIAL CARCINOMA – A NOVEL TECHNIQUE

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Objectives To evaluate the technical feasibility and safety of Robotic assisted Para aortic lymphadenectomy in comparison with Open surgery in terms of adequacy of staging, blood loss, lymph node harvest, hospital stay and complications.

Methods A randomized prospective study was performed which included 180 patients diagnosed with endometrial carcinoma who were divided into two groups one open and other robotic. All patients underwent Type I Pan Hysterectomy + B/L Pelvic lymphadenectomy. The high risk patients (FIGO grade 3, Tumor > 2cm, pelvic node positive and >50% myoinvasion) were taken up for para aortic lymphadenectomy. The Para-Aortic node dissection was performed upto renal veins. The split and roll technique was used to perform the pre caval and pre aortic lymphadenectomy.

Results Of 180 patients, 113 had high risk endometrial cancer (open 58 and Robotic 55). The average blood loss in open arm was 134.6ml vs 41.2ml in robotic arm. In open surgery on average 11.6 nodes were harvested when compared to 17.5 nodes in robotic arm. Duration of hospital stay for open group was 5.54 days vs 1.94 days for robotic arm. None of the patients in either arm had any major intra-operative or post-operative complications. 23 patients in the open arm had prolonged ileus while 4 patients had ileus in robotic arm. 7 patients in open arm developed wound infection.

Conclusions This study showed that robotic assisted para-aortic lymphadenectomy had equal oncologic outcome as compared to open technique. Minimal blood loss and less pain helped in shorter hospital stay and early return to normal activities.

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INFECTIOUS MORBIDITY AFTER SURGERY IN ADVANCED OVARIAN CANCER: CHALLENGES WITH ANTIMICROBIAL RESISTANCE IN A TERTIARY CANCER CENTER IN EASTERN INDIA

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Objectives To assess the incidence of postoperative infectious morbidity (POIM) after cytoreductive surgery (CRS) in advanced ovarian cancer (AOC) patients and utilization of pre-operative stool surveillance culture in prediction of antimicrobial resistance (AMR) and treatment of POIM.

Methods Retrospective observational study in FIGO stage III/IV AOC patients operated between 2015 to 2018 at Tata Medical Center, Kolkata, India. Data was extracted from hospital electronic medical records.

Results Out of 328 patients operated, pre-operative stool culture report was available in 225 women. Multidrug resistant organisms (MDRO) was isolated in 177 (78.6%); E Coli (n=136), Klebsiella (n=48), Enterobacter (n=40), Pseudomonas (n=2), Acinetobacter (n=1). E.Coli was the major organism isolated in blood stream, urine and body fluid in patients with POIM (60%). Clinical/Microbial confirmed POIM was diagnosed in 107/225 (47.5%) women up to 30 days post-operatively; Clavien-Dindo(CD)2 in 88, CD3 in 12, CD4 in 5 and CD5 in 2 women. AMR pattern in MDRO: Amoxiclavulanate (90%), Piperacillin-Tazobactam(50–60%), Meropenem (30–40%) and Colistin and Fosfomycin (0–5%) making Meropenem the most commonly prescribed antibiotic for POIM. In multivariate analysis, Diabetes Mellitus (OR 3.0, CI 1.3–7.0) and Bowel resection (OR4.4, CI 2.2–9.8) were independent risk factors for POIM(p<0.05), while splenectomy and diaphragmatic surgery was significantly associated in univariate analysis.

Conclusions CRS in AOC was associated with high incidence of POIM at our setting; pre-operative surveillance stool culture could guide us in starting the appropriate antibiotic post-operatively at the earliest clinical suspicion based on the MDRO profile. Although, the treatment cost is high, > 80% women go home around the 7th post-operative day.

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FIRST INDIAN STUDY ON PRESSURIZED INTRAPERITONEAL AEROSOL CHEMOTHERAPY (PIPAC) FOR ADVANCED PERITONEAL CARCINOMATOSIS SECONDARY TO EPITHELIAL OVARIAN CANCER AND ITS IMPACT ON QUALITY OF LIFE

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Objectives Peritoneal carcinomatosis is a common evolution in ovarian cancers. Although majority of patients have option of cytoreductive surgery and HIPEC, a few with recurrent cancers who are not eligible for curative approach can undergo pressurized intraperitoneal aerosol chemotherapy (PIPAC). It is a safe and innovative approach, which enhances the effect of intraperitoneal delivery of chemotherapy without major toxicity.

Methods Between June 2017 and December 2018, 35 PIPAC applications were done in 15 patients using cisplatin and doxorubicin. The patient demographics, perioperative findings, adverse events, and outcomes were prospectively recorded.

Results 35 PIPAC administrations were performed in 15 patients with peritoneal carcinomatosis secondary to ovarian cancer. The median hospital stay was 1.5 day. 10 patients completed all 3 pipac. One patient had bowel perforation; one had major bleeding during the procedure. CTCAE