respectively). Similarly, when stratified by LN status, SLN-B and SLN-B/LND reported similar OS compared to LND, both in negative (HR: 1.03; 95% CI: 0.85–1.26 – HR: 0.95; 95% CI: 0.73–1.23, respectively) and positive (HR: 0.92; 95% CI: 0.55–1.54 – HR: 0.76; 95% CI: 0.57–1.03, respectively) LNs. Including only LND with ≥10 pelvic and ≥1 para-aortic LNs removed, no difference in OS was observed between LND and SLN-B or SLN-B/LND in the entire cohort, and in negative or positive LNs. In all analyses, older age, Charlson-Deyo Score ≥2, black race, higher American Joint Committee on Cancer (AJCC) pathologic T stage, grade 3, presence of lymphovascular infiltration, type-2 histology, and absence of chemotherapy or radiation therapy were independently associated with worse OS.

Conclusions When compared to SLN-B or SLN-B/LND, LND does not appear to improve OS in EC, even in the presence of LN metastases.

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20 LONG-TERM SURVIVAL OUTCOMES OF INTRAVENOUS VS INTRAPERITONEAL CHEMOTHERAPY IN THE TREATMENT OF ADVANCED OVARIAN CANCER

R Kim*, M Maganti, M Bernardini, S Lahrambou, S Ferguson, T May, Division of Gynaecologic Oncology, Princess Margaret Cancer Centre/University Health Network/Sinai Health Systems, Canada; Department of Biostatistics, Princess Margaret Cancer Centre/University Health Network, University of Toronto, Canada

Objectives The role of intraperitoneal (IP) chemotherapy in the management of advanced ovarian cancer has been controversial. We aimed to compare survival outcomes associated with IP vs intravenous (IV) chemotherapy.

Methods We reviewed the long-term survival records of 271 women with stage IIIIC or IV high-grade serous ovarian cancer treated with primary cytoreductive surgery (PCS) followed by IP or intravenous (IV) chemotherapy between 2001–2015 with a minimum follow-up of 4 years. 5-year progression free (PFS) and overall survival (OS) rates were compared using Kaplan-Meier survival analysis and covariates were evaluated using Cox regression analysis.

Results Women who received IP chemotherapy after PCS (n=91) were more likely to have undergone aggressive surgery (p<0.001), longer surgery (p<0.001), and had no residual disease (p<0.001) compared to the IV arm (n=180). Median follow-up was 51.6 months. Five-year PFS was 19% vs. 18% (p=0.63) and OS was 73% vs. 44% (p=0.00016) in the IV vs. IV arms, respectively. After controlling for covariates in a multivariable model, the use of IP was no longer a significant predictor of OS in the entire cohort (p=0.12). In patients with 0 mm residual disease, PFS was 28% vs. 26% (p=0.67) and OS was 81% vs. 60% (p=0.059) in IP and IV respectively. In patients with residual of 1–9 mm, PFS was 30% vs. 48% (p=0.076) and OS was 60% vs. 43% (p=0.74) in IP vs. IV respectively. Conclusions IP chemotherapy showed a trend towards improved survival over conventional IV chemotherapy, especially in patients with no residual disease.