Abstracts

debulking surgery followed by adjuvant chemotherapy were randomised to either receive (study group) or not to receive (control group) the non-chemotherapeutic maintenance therapy (oral Metformin, Anastrozole, Aspirin, Atorvastatin, Vitamin-D, Injection. Zoledronic acid). Both groups were followed up and trends of RFS and CSS were analysed.

Results 100 patients were analysed. Median RFS was 18 months (95% CI: 13–24) in study group versus 16 (95% CI: 14–20) in the control group (P-value = 0.57). Median CSS in the study group was lesser than that in the control group [47 months (95% CI: 31–68) versus 51 (95% CI: 32–66), P-value = 0.76]. 5-year CSS was not significantly different between the groups (47% study vs 40% control, P-value = 0.51).

Conclusion The use of combination of non-chemotherapeutic drugs as maintenance therapy was found to have no significant impact on the survival or reduction of recurrences in patients with advanced epithelial ovarian cancer.

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CLINICAL AUDIT ON QUALITY OF CANCER CARE WITHIN THE ONCOLOGICAL NETWORK OF PIEDMONT AND VALLE D'AOSTA: OVARIAN CANCER TREATMENT, INTERIM ANALYSIS 2017-2018

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Objectives The aim of this study is to assess the management of patients affected by ovarian cancer at first diagnosis in the Oncological Network of Piedmont and Valle d'Aosta.

Specific objectives of this audit are description of first line treatment, evaluation of adherence to international guidelines, description of overall survival and assessment of clinical and organizational factors that could influence the outcome.

Methods We carried out an audit of newly diagnosed cases of ovarian cancer treated within the oncological network of Piedmont and Valle d'Aosta between May 2017 and December

2018. Using an algorithm we have identified 531 patients, whose data has been stratified by the surgical activity of the different centres of the network: group A with ≥ 30 , group B 18–29, group C ≤ 17 .

Results A preliminary analysis shows a statistically significant difference in quality of diagnostic and treatment pathways between centres with high volume activity and those with a low volume as shown in figure 1.

Conclusions These preliminary data suggest how diagnostic pathway, treatment efficacy and consequently survival could depend on amount of the surgical procedures of the hospital. If results will be confirmed at the end of the Audit (December 2020), it could be possible exporting this system also outside the Oncological Network in order to set improvement strategies.

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STUDY IN PROGRESS: INTERNATIONAL RETROSPECTIVE STUDY ON LYMPHADENECTOMY IN ENDOMETRIOID OVARIAN CARCINOMA PATIENTS WITH EARLY STAGE DISEASE (LEOPARD)

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Introduction The benefit of systematic lymphadenectomy (LNE) in low-stage, low-grade ovarian carcinoma is unknown. However, most guidelines still recommend LNE in these patients. Prior studies examining the benefit of this invasive procedure have been hampered small numbers, and large-scale studies that consider modern classification are needed.

Methods A cohort of 666 pathology-reviewed and immunohistochemistry-validated endometrioid ovarian carcinomas has recently been evaluated using endometrial carcinoma-inspired molecular subtyping. This molecularly characterized series is now being used to assess the value of LNE. Contributing centers are performing detailed chart reviews, so that surgical procedures and lymph node status can be correlated with molecular subtype and outcomes.

Results 349 stage I, 181 stage II, 85 stage III, and 22 stage IV cases with a median OS follow-up of 6.11 years (RevKM) were collected from 17 centres across Canada and Europe.

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