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Introduction/Background The management of ovarian cancer is based on a combination of surgery and chemotherapy. The aim of surgery is to achieve zero residual tumour at the end of the procedure. In advanced stage ovarian cancer, two therapeutic approaches are possible: primary debulking surgery, or primary chemotherapy followed by interval debulking surgery. The primary objective of this study was to describe overall survival (OS) in FIGO stage III and IV ovarian cancers according to the therapeutic sequence (i.e. primary surgery or interval surgery).

Methodology We performed a retrospective, observational study using data from the gynecological cancer registry of the Cote d’Or, for patients diagnosed with FIGO stage III or IV ovarian cancer between 1998 and 2015. We recorded FIGO stage, histological type, treatment and completeness of cytoreduction.

Results In total, 460 patients were included. OS at 5 years was 47% in patients with primary surgery, versus 38% in patients with interval surgery (p=0.06). Five-year OS was 45% in patients with complete cytoreduction, versus 30% in those with incomplete cytoreduction (p<0.001). The rate of complete cytoreduction was 43% in patients with primary surgery, versus 55% in those with interval surgery.

Conclusion OS appears to be slightly better in patients receiving primary surgery, and when cytoreduction is complete. Every effort should be made during surgery to achieve complete cytoreduction, by an experienced team. Primary surgery should be preferred in these patients.

Long Term Prognosis of Premenopausal Women with Ovarian Cancer


Introduction/Background Ovarian cancer (OC) is the most lethal gynecological malignancy worldwide. In general, patients face a poor prognosis due to the fact that they often have an advanced stage of disease at diagnosis. The peak incidence is seen at 65 to 70 years and only a small group of women is diagnosed under 40 years of age. Younger women have better overall survival compared to older women but prognostic factors and evolution are not well stabilised.

Methodology Retrospective analysis of women under 45 years old diagnosed of epithelial and non-epithelial ovarian cancer during the last 10 years.

Results 25 women under 45 years with OC were reviewed. Mean age at diagnosis was 36.27 years (SD 5.77; min:21; max: 43). Most of the tumors (52% N:13) were epithelial serous OC (Clear cells: 20.0% N:5; Endometrioid: 12.0 N:3; Mucinous: 8.0% N:2; Endodermal sinus: 4.0% N:1; Granulosa cell: 4.0% N: 1). Most of the patients were diagnosed in advanced tumoral stages (III-IV: 68.0%, N:17). Appropriate surgery and chemotherapy was applied individually in each case. After a long period of follow up (6-108 months) 50% of women were death (median follow up for alive women: 66.44 months (SD: 26.93; min: 24; max: 108 months; medium follow up for death women: 23.60 months; SD: 14.45; min:6; max: 41 months). Mean time of relapse was 14.33 months (SD: 12.30; min: 4; max: 45 months), mostly in abdominal location (92.85% N: 13), that were treated with quemotherapy (85.71% N:12) and surgery (28.75% N:4). After relapse only 20.0% were disease free (N:3) while 2 patients died and 60.0% (N: 15) were alive with disease.