

done, the trocar is reinserted into the peritoneal space, always through the same incision, to perform the endoscopic lymphadenectomy and bilateral pelvic lymphadenectomy, along with the hysterectomy. The procedure was undertaken for a 66 years old patient, with a supposed FIGO IC2 ovarian tumour previously diagnosed after a trans-umbilical single-port endoscopic bilateral adnexectomy.

Result(s)* The intervention has been successful in this patient with FIGO stage IC2 ovarian cancer with a duration of 5 hours. Recent history of bilateral adnexectomy did not cause gas leakage from the retroperitoneal space. 48 lymph nodes were retrieved, all free from disease. No complications occurred.

Conclusion* We describe here a promising technique that combines all the advantages of the two previously described retroperitoneal accesses without their disadvantages. It can also be extended to any other type of retroperitoneal surgery.

759 EFFECTIVENESS OF BEVACIZUMAB IN PLATINUM-RESISTANT RECURRENT EPITHELIAL OVARIAN CANCER

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Introduction/Background* bevacizumab is an anti-VEGF monoclonal antibody that has shown efficacy in platinum-resistant recurrent epithelial ovarian cancer (EOC) in clinical trials. Our aim was to evaluate real-world effectiveness of bevacizumab in northern Portugal in this setting.

Methodology retrospective observational series of cases in a single comprehensive cancer center between 2015 and 2020. We reviewed consecutive medical records of platinum-resistant recurrent EOC patients, who underwent bevacizumab with chemotherapy (CT). Primary endpoint was overall survival (OS). Secondary endpoints were overall response rate (ORR), progression free survival (PFS) and safety according to CTCAE v4.0. Descriptive analysis of main demographic, clinical and treatment variables were performed. Kaplan-Meier method was used for OS and PFS.

Result(s)* 21 EOC patients with median age of 61 years (47-72 years). Majority were FIGO stage III (10, 47.6%) or IV (8, 38.1%) and had high-serous morphology (11, 52.5%). Most patients had been previously submitted to up-front (42,9%) or interval (42,9%) debulking surgery. All underwent platinum-based CT as 1st line of treatment (LOT). At baseline, more than half of the patients (57.4%) had previously undergone 2 or more LOT. Median number of cycles of bevacizumab was 9 (2-62), concomitant with pegylated liposomal doxorubicin in 10 (47.6%), paclitaxel in 8 (38,1%) and topotecan in 3 (14.3%) patients. Median follow-up time was 19.3 months (4.9-40.8 months). ORR was 42.9%: 2 (9,5%) complete response and 7 (33.3%) partial response. Nine patients (42.9%) had stable disease. Median OS was 25.8 months [IC95% 11.3-40.3] and PFS 10.8 months [IC95% 7.0-14.7]. Grade ≥ 3 hypertension incidence was 14.3% and grade ≥ 3 proteinuria 4.8%. There was one death due to gastrointestinal fistula (4.8%).

Conclusion* bevacizumab had the predictable safety profile, with better effectiveness than the published in clinical trials, reflecting the small number of patients included in our real-

world unicentric series. Nevertheless, new molecular biomarkers and clinical trials urge to improve outcomes in platinum-resistant recurrent ovarian cancer patients in clinical practice.

766 IS LAPAROSCOPIC INTERVAL DEBULKING SURGERY ACHIEVABLE FOR ADVANCED OVARIAN CANCER AFTER NEOADJUVANT CHEMOTHERAPY?

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Introduction/Background* Standard treatment of advanced ovarian cancer is complete cytoreductive surgery, historically done by laparotomy, and survival is directly linked to the residual tumor at the end of surgery. When optimal upfront surgery is not achievable, neoadjuvant chemotherapy (NACT) followed by interval debulking surgery (IDS) is an alternative. Laparoscopy as IDS for advanced ovarian cancer is controversial. We wanted to evaluate the feasibility of laparoscopic IDS compared to laparotomy by analyzing overall survival (OS) and progression free survival (PFS), as well as per and post-operative morbidity.

Methodology We conducted a retrospective cohort study and included patients with IDS avec neoadjuvant chemotherapy for advanced ovarian cancer. We included patients with stage III or IV FIGO (International Federation of Gynecology and Obstetrics) serous ovarian cancer who had no residual disease after IDS. We applied a propensity score to match patients on confounding factors.

Result(s)* We included 37 patients in the laparoscopy group and 40 in the laparotomy group, from the 1st of January 2009 to the 1st of June 2019. Median overall survival was 23.1 months (95% CI 15.7-29.7) and 26.3 months (95% CI 21.7-31.7) for women who underwent laparoscopy and laparotomy, respectively (p=0.17). Median PFS was 14.8 months (95% CI 10.6-21.5) for the laparoscopy group and 12 months (95% CI 11-15.1) for the laparotomy group (p=0.057). After applying the propensity score, we included 25 patients in each group with similar baseline characteristics. OS was modified with a HR of 0.45 (CI 95% 0.19-0.95) p = 0.04 in favor of laparoscopy. Laparotomy group had more early post-operative complications (17 versus 6 in the laparoscopy group, P=0.01) and a longer hospitalization time (7.5 days compared to 12.1 days, p<0.001).

Conclusion* Oncological outcome was better in patients with similar pre-operative characteristics who underwent laparoscopic IDS. Laparoscopic IDS is a safe alternative for laparotomy in selected patients and is associated with less post-operative morbidity.

770 IMPACT OF SPLENECTOMY DURING INITIAL CYTOREDUCTIVE SURGERY IN ADVANCED STAGE EPITHELIAL OVARIAN CANCER; A NATIONWIDE POPULATION-BASED STUDY

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