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.

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**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.