Abstract 834 Figure 1 Albumin [99mTc] Tc-nanocolloid injection into the utero-ovarian and infundibulo-pelvic ligaments

Abstract 834 Figure 2 Images acquired with the portable gamma camera at 15 minutes and at 90 minutes postinjection. Paraortic drainage is observed.

detected in 18/20 cases (90%) with exclusive paraortic drainage in 5/18 (28%), pelvic in 1/18 (6%) and in both territories in 12/18 (66%). Overall para-aortic drainage was observed in 17/18 (94%) patients (35% supramesenteric, 30% at the level of the inferior mesenteric artery, and 35% inframesenteric). 100% of aortic SLNs were detected with a gamma probe after being visualized with the gamma camera. In the 8 patients who underwent lymphadenectomy, 1 case had positive nodes diagnosed by ultrastaging and the rest of the lymph nodes were negative. No complications related to the technique were observed.

Conclusion* The SLN technique is feasible and safe. The intraoperative gamma camera shows the lymphatic map and is especially useful in the paraortic region.

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FEASIBILITY OF DIAPHRAGMATIC SURGERY FOR ADVANCED OVARIAN CANCER: A SINGLE INSTITUTION ANALYSIS

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Introduction/Background* Standard treatment for advanced ovarian cancer patients should be primary cytoreduction following platinum-based chemotherapy. The aim of surgical effort should be the complete removal of all macroscopic disease. Surgery of upper abdomen is often required to obtain optimal cytoreduction. Our objective was to evaluate perioperative features, postoperative complications of patients who

underwent diaphragmatic stripping or diaphragmatic resection for advanced ovarian cancer.

Methodology From June 2018 to April 2021, 138 patients underwent cytoreductive surgery for advanced ovarian cancer at San Raffaele Hospital. Forty-one cases were selected, among them 29 underwent diaphragmatic stripping and 12 underwent diaphragmatic full-thickness resection during primary cytoreduction surgery (PCS) or interval debulking surgery (IDS). All surgical procedures were performed by use of bipolar scissors and blunted resection. Data collected included patients' age, all perioperative details and pathological findings, International Federation of Gynecology and Obstetrics stage.

Result(s)* Median age was 60 (range 32-79) years. Median hospital stays were 7 (range 4-26) days. Thirty-five patients (85%) obtained optimal cytoreduction with absence of macroscopic disease. Mean loss of blood was 391ml (± 172). Thirty-four (83%) patients underwent PDS and 7 (17%) underwent IDS. Postoperative pleural effusion rate was 14,6% without any differences between stripping or diaphragmatic resection ($p=0,423$). One case of pneumothorax was reported in the stripping group.

Conclusion* Diaphragmatic surgery at the time of primary cytoreductive surgery or IDS for advanced ovarian cancer may contribute to the achievement of complete cytoreduction with low perioperative complication rate. Risk of postoperative pleural effusion could be limited by utilization of bipolar scissors and blunted resection to perform surgical procedures.

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CANCER-INDUCED ACCELERATED IMMUNOAGING IN WOMEN SUFFERING FROM OVARIAN CANCER

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Introduction/Background* Advanced age is a poor prognostic risk factor for most epithelial ovarian cancers. Individuals suffering from socioeconomic deprivation have a lower life expectation and a higher risk for most chronic diseases, including cancer. There is also mounting evidence that undergoing cancer treatments is associated with accelerated cellular aging. **Hypothesis:** extensive accelerated aging caused by 1) socioeconomic status, 2) cancer itself and 3) cancer therapy is associated with worse prognosis in women suffering from primary ovarian cancer.

Methodology We retrospectively analyzed the immunological age of 488 women diagnosed and treated for a primary

ovarian serous carcinoma in specialized care center in Montréal (Québec, CANADA) from 1999 to 2019. Neighborhood socioeconomic status at diagnosis for each woman was inferred from their postal code area linked to socioeconomic indicators derived from the Canadian census data. Immunological age was measured using a forensic medicine validated blood biomarker (TRECs – T-cell receptor excision circles). Blood sample were available before treatments (n = 196), after treatments (n = 270), or paired before and after treatments (n = 22). Time was calculated from diagnosis date to death, relapse or study censoring (last relapse-free follow-up date).

Result(s)* In our study sample, neighborhood socioeconomic status at diagnosis did not affect overall survival. We observed that accelerated immunological aging was occurring before treatment initiation (n = 218, p < 0.0001). Treatment itself was not associated with a significant additional accelerated immunoaging (n = 22). Neither higher FIGO stage at diagnosis nor neighborhood socioeconomic status at diagnosis were associated with a higher disparity between chronological and immunological age.

Conclusion* Our preliminary study results support that either cancer itself causes a significant immunological age shift in women suffering from a primary ovarian serous carcinoma, or that women suffering from accelerated aging are more prone to develop cancer. Although statistical underpower and a biased sample effect cannot be excluded, the socioeconomic status does not seem to influence accelerated immunoaging nor overall survival.

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CLINICAL MANAGEMENT AND OUTCOMES OF PRIMARY OVARIAN SARCOMAS – A SINGLE CENTER EXPERIENCE

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Introduction/Background* Primary ovarian sarcoma is a very rare malignancy representing <2% of ovarian cancer. Aim of this study is to investigate the clinicopathologic features and outcomes in patients with primary sarcoma of the ovary.

Methodology We retrospectively reviewed between 2012 and 2019, all patients with primary ovarian sarcoma who were treated at Alexandra Hospital of Athens.

Result(s)* A total of 17 patients with ovarian sarcoma had been surgically treated. The median age of patients was 61 [33-84] years. The most common symptom was abdominal pain and bloating. The majority of patients were postmenopausal (14) and only three were premenopausal. The histopathological diagnosis revealed 14 patients with carcinosarcoma, two with ovarian endometrial stromal sarcoma and one with leiomyosarcoma. After the surgery 23% of patients were at stage I, 12% at stage II, 53% at stage III and 12% at stage IV. Only 5 (29%) patients had suboptimal debulking surgery and 12 (71%) had optimal debulking surgery. The mean number of chemotherapy courses were 6.8 ± 4 with unsatisfactory response. Five patients had a recurrence at two years and 4 of them had a secondary debulking surgery.

Conclusion* Primary ovarian sarcoma has a poor prognosis. Optimal debulking surgery appears to be a significant factor

for recurrence. There is a need for more studies to explore the role of optimal debulking surgery and adjuvant chemotherapy in primary ovarian sarcoma.

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TREATMENT STRATEGIES, DISEASE RECURRENCE AND SURVIVAL OF WOMEN WITH MALIGNANT SEX CORD-STROMAL CELL TUMOURS IN GERMANY

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Introduction/Background* Malignant sex cord-stromal cell tumours (SCST) account for about 7% of all ovarian malignancies and higher-level evidence on these tumours is scarce. The Arbeitsgemeinschaft fuer Gynaekologische Onkologie (AGO) has established a clinico-pathological database (Current Ovarian germ cell and Sex cord stromal Tumour Treatment strategies, CORSETT) for this rare disease.

Methodology 20 German centres entered mixed retro- and prospective data of SCST patients treated between 2000 to 2014 into the CORSETT database. Descriptive analyses of the treatment strategies, Kaplan-Meier curves and cox regression analyses for the survival analysis were conducted. Tumour reference pathology was provided.

Result(s)* 235 patients with granulosa cell tumour (GCT, median age 52 years) and 24 patients with sertoli-leydig cell tumour (SLCT, median age 33.5 years) were included. Main surgical treatment strategy was laparoscopy (50.9%) and fertility-sparing surgery was performed in 105 GCT (54.9%) and in 14 (58.3%) SLCT patients. In 38 GCT (23.6%) and two (9.25%) SLCT patients, the tumour ruptured intra-operatively. 44 GCT (18.7%) and two (8.3%) SLCT patients received adjuvant systemic treatment (most common regimen: paclitaxel/carboplatinum, 52.3%). Median PFS was 80.4 months (95% CI 67.8 – 99.6) in GCT and was not reached in SLCT patients. 105 GCT patients (44.5%) experienced disease recurrence. Advanced FIGO stage (p = 0.04) and intra-operative cyst rupture (p = 0.02) was associated with disease recurrence.

Conclusion* Fertility-sparing surgery was offered in most SCST patients in Germany over the past years, and intra-operative tumour rupture occurred in almost every fourth GCT patient. The most commonly applied adjuvant chemotherapy regimen was taxane and carboplatinum, which had however no effect on disease recurrence. Despite excellent overall survival rates in GCT and SLCT patients, recurrence rate in GCT patients was high.