Introduction/Background* The aim of this study was to investigate the relation between the PCI and overall survival (OS) and recurrence-free survival (RFS). The peritoneal cancer index (PCI) is one of the main prognostic factor for the evaluation of ovarian peritoneal carcinosis. Different thresholds have been reported in terms of prognosis and to help in the decision between chemotherapy or primary surgery, but no consensus was found.
Methodology Patients treated at Gustave Roussy between 2004 and 2017 for advanced epitoneal ovarian cancer in complete resection were included. The correlation between PCI and survival was studied using statistical modeling. Multivariate analysis was performed by a logistic regression model.
Result(s)* Of the 351 patients included, 27% had initial surgery, 73% had interval surgery. The median follow-up was 52.7 months. The mean PCI was 10.8 (0-32). The linear model best represented the relationship between PCI and OS. Patients with neoadjuvant chemotherapy had a greater instantaneous risk of baseline death than those with initial surgery, as well as a more rapid increase in this risk as PCI increased. OS and PFS were better in the initial surgery group (103.4 months [79.1-NA] vs. 66.5 months [59.1-95.3] and 31.8 months [23.7-48.7] vs. 25.9 months [23.2-29] respectively). Risk factors for death were BMI, PCI and performance of neoadjuvant chemotherapy.
Conclusion* PCI is a major prognostic element but its linear relationship with survival does not allow us to establish a cut-off. Moreover, the prognostic impact of PCI is even stronger in the case of primary chemotherapy.

1025 REVISITING THE ROTTERDAM REGIME IN 2021: THE IMPACT OF CISPLATIN AND ORAL ETOPOSIDE IN REFRACTORY OVARIAN CANCER IN THE ERA OF GREAT ANTIEMETICS

[1]M Godfrey*, [1]E Khoury, [1]N Martynyuk, [1]F Gardner, [2]C Yeoh. *[1]Portsmouth University Hospital, Gynae Oncology, UK; [2]University of Portsmouth, Molecular Biology, Portsmouth, UK*

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Introduction/Background* Weekly Cisplatin plus oral daily Etoposide (the Rotterdam regime (RR), 2002) has been shown to be effective in platinum refractory (PR) ovarian cancer (OC), with a documented response rate of 46%, with 29% complete response and overall survival (OS) of 13 months[1]. The RR is schedule intensive and can be difficult to tolerate, therefore may be underutilised as an option for patients with PR OC who have maintained a good performance status (PS). We are reporting our series of patients undergoing the RR with regards to efficacy and tolerability.
Methodology Retrospective case series (n=13) with PR OC, and still fit (PS < 2), who have previously been treated with multiple chemotherapy lines were assessed for tolerability, response and subsequent reversal back to platinum-sensitivity (P-S).
Result(s)* Ten had serous, 2 had clear cell carcinoma and 1 had carcinosarcoma of OC. The patients were heavily pretreated, with 15% 3rd line, 55% 4th line, 25% 5th line, and 5% 7th line cancer treatment. Five women have died of OC, all within one year of starting the RR. Three patients have been converted back to P-S disease post-RR (23%), with one patient now alive 5 years after completing the RR. Of the remaining 5 women: Re-challenge with platinum (n=2); referred for a clinical trial (n=1), awaiting surgery for single site disease (n=1); still on the RR (n=1).

Nausea and tiredness were the main side effects affecting 80% of all patients in their first 6 weeks. The RR had an improvised protocol with 4 antiemetics, and Magnesium sachet supplement. More than 70% had low Magnesium; and required supplement up to 5 weeks from completion of the last Infusion of Cisplatin. Tiredness was common and linked to low moods, which led to us setting up a 'buddy-system' for those about to embark on RR.
Conclusion* The RR converted 23% of PR OC back to P-S, with further results awaited. One patient is now in her sixth-year post-RR and has continued to have P-S disease. Despite significant side effects nearly half of patients maintained a PS<2, therefore we advise consideration of using the RR in PR disease.

1028 THE APPLICATION OF J-PLASMA IN THE EXCISION OF DIAPHRAGMATIC LESIONS AS PART OF COMPLETE CYTOREDUCTION IN PATIENTS WITH ADVANCED OVARIAN CANCER

V Theodoulidis*, A Prodromidou, V Pergialiotis, DE Vlachos, C Theofanakis, N Thomakos, A Rodolakis, D Haidopoulos. *ALEXANDRA HOSPITAL ATHENS GREECE, First Department of Obstetrics and Gynecology National University of Athens*

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Introduction/Background* The objective of this study was to investigate the safety and treatment efficacy of J-Plasma in cases of advanced Epithelial Ovarian Cancer with upper abdominal involvement undergoing peritoneal and diaphragmatic stripping.
Methodology A retrospective review of a prospectively maintained database of patients who had diaphragmatic stripping with the use of J-Plasma® from January 2016 to September 2019, due to peritoneal dissemination for advanced stage ovarian cancer (FIGO stage ≥III) was performed.
Result(s)* A total of 12 patients who underwent diaphragmatic stripping with the use of J-plasma for cytoreduction due to advanced ovarian cancer were included. Baseline patients characteristics are shown at table 1. The type of surgical procedure, median operative time, median estimated blood loss, time for the diaphragmatic resection, median length of hospital stay and postoperative complications are shown at table 2. No major intraoperative complications were recorded including J-plasma related. No defect in the diaphragmatic integrity and connection with the pleural cavity following resection were detected as evaluated by the "bubble test". During a median follow-up period of 12 months (range:6-26 months), 2 patients (17%) presented with a disease recurrence (one local pelvic wall recurrence and one distant peritoneal) while **none** of the patients died of the disease during the follow-up period. Median disease free survival was 12 months (range:10-13 months)
Conclusion* J-plasma can be used during diaphragmatic stripping as it is associated with low rates of short-term morbidity and less operative time needed for stripping which are lower compared to the one that follows traditional peritoneal technic. Furthermore, in terms of disease control it seems to be particularly effective as none of patients experienced disease relapse in abdominal regions that were treated with J-plasma.