test for independence of groups and Kaplan-Meier survival analysis.

**Result(s)**

Altogether 73% of OC patients accepted BRCA test and were included in the study (n=1049), 83 (7.9%) had a BRCA, of which 46 (4.4%) had mutation in BRCA1 and 37 (3.5%) in BRCA2. Assuming that the BRCA frequency is not higher among the not tested compared to the tested and lowest 0, we estimate 5.7-7.9% BRCA frequency in our OC population.

The patients with BRCA were younger at diagnosis (mean age 59.9 y vs. 63.3 y p=0.005), had more often high-grade serous histology (95% vs. 67% p<0.0001), had more advanced disease (FIGO stage III-IV) at the time of diagnosis (83% vs. 71% p=0.003) and more often received neoadjuvant chemotherapy (28% vs. 15% p 0.04) compared to non-mutation carriers. Patients with FIGO stage III-IV and BRCA had a better overall survival compared to non-mutation carriers (median OS 76.4 months vs. 42.1 months p=0.03, figure 1). However, the difference in progression free survival between the two groups was non-significant (median PFS 31.1 months vs. 30.3 months p=0.87).

**Conclusion**

In our study population the BRCA frequency was 7.9% and BRCA was found to be a significant prognostic factor.

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1086  **ABSTRACT WITHDRAWN**

1094  **MIRRORS STUDY: A PROSPECTIVE COHORT STUDY ASSESSING THE FEASIBILITY OF ROBOTIC INTERVAL DEBULKING SURGERY FOR ADVANCED-STAGE OVARIAN CANCER**

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**Introduction/Background**

MIRRORS (Minimally Invasive Robotic surgery, Role in optimal debulking Ovarian cancer, Recovery & Survival) is the largest prospective cohort study of robotic interval debulking surgery (IDS) in women with advanced-stage epithelial ovarian cancer (EOC) to date. MIRRORS has investigated the feasibility of obtaining consent from women, the acceptability and success of robotic IDS and its impact on short-term surgical outcomes and quality of life.

**Methodology**

**Eligibility**

Women with FIGO IIIc-IVb EOC undergoing neo-adjuvant chemotherapy and suitable for IDS. Exclusions: pelvic mass >8cm, extensive HPB and/or extensive bowel involvement.

Surgeries commenced with an initial laparoscopic assessment, for all women recruited, followed by a decision to proceed immediately to robotic or open IDS.

**Result(s)**

23/24 eligible women recruited. Following initial diagnostic laparoscopy, 20 women proceeded directly to robotic IDS, 3 women received open IDS. All patients were debulked with maximal surgical effort to R<1, 39% to R=0. No robotic cases were converted to open. Median EBL for robotic IDS: 50ml, open: 2026ml, median operating time 05:58 robotic vs 05:38 open, length of stay (LOS) 1.5 days robotic vs 6 days open. Bowel resection with stapled anastomosis 15% (3/20), diaphragmatic stripping 60% (12/20), full-thickness diaphragmatic resection 5% (1/20), pelvic peritoneal stripping 70% (14/20).

**Conclusion**

MIRRORS has shown significantly enhanced recovery with short LOS, reduced blood loss and reduced HDU/ITU demands, enabling faster re-commencement of chemotherapy in women with FIGO IIIc-IVb EOC. This proved to be greatly beneficial during the COVID-19 pandemic. In
LAPAROSCOPIC SALVAGE LYMPHADENECTOMY IN ISOLATED LYMPH NODE RECURRENT OVARIAN CANCER PATIENTS

Introduction/Background* Isolated lymph node recurrence (ILNR) in selected platinum-sensitive recurrent ovarian cancer (psROC) patients is a very infrequent event (12% to 37%) and represent a less aggressive and indolent pattern of ROC. ILNR best treatment is represented by secondary cytoreductive surgery (SCS) with laparotomic or laparoscopic approach, given its non-chemo-sensitivity, in particular when occurs in psROC patients in a number of metastatic lymph-nodes ≤3. ILNR preferable prognosis is testified by a median post-relapse survival which is around 37 months and without a certain association with BRCA mutational status. The objective of this video-article is to show the laparoscopic treatment for ILNR.

Methodology

Results* A case of 68 years-old patient affected by psROC is reported. The woman previously underwent first line platinum-based chemotherapy and interval debulking surgery, followed by bevacizumab maintenance therapy. Follow-up CT scan revealed isolated lymphadenopathy in the left iliac-obturator region. The video shows a laparoscopic salvage lymphadenectomy, with complete pelvic and aortic dissection. Obviously, the surgeon should be able to prevent and to manage severe vascular complications. It is mandatory to recognize any anatomical anomalies and expose the surgical field to prevent and repair retroperitoneal injuries. In this sense, a preoperative radiological workup is necessary to better localize the lymph node disease. The patient was discharged in the 2nd post-operative day without any intra/post-operative complication. The final histology revealed ROC in 1/19 pelvic and aortic nodes.

Conclusion* Salvage lymphadenectomy for ILNR represent a challenging situation and an accurate preoperative study in different clinical situations is essential according to the PFI, number and site of metastases and to the BRCA mutational status. In selected cases, lymphadenectomy performed in a referral centre for gynaecological oncology, with a minimally invasive laparoscopic approach, is a reliable surgical option and could represent a very good alternative to laparotomy.