1127 LAPAROSCOPY AND VIDEO ASSISTED THORACOSCOPY FOR INTERVAL DEBULKING SURGERY IN OVARIAN CANCER

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Introduction/Background* Minimal invasive surgery for interval debulking surgery for stage IV ovarian cancer

- 52 years old
- CT&MRI - 11 cm adnexal mass and peritoneal carcinomatosis
- PET scan:
- Left pleural effusion.
- Increased pleural FDG uptake
- Giant hypermetabolic adnexal mass

Methodology Video recorded surgery

Result(s)* Optimal cytoreduction after 3 cycles of chemotherapy.

Conclusion* Minimally invasive surgery may be considered for the management of patients with advanced ovarian cancer who have undergone neoadjuvant chemotherapy

1140 RELAXIN AS A POTENTIAL DIAGNOSTIC BIOMARKER FOR OVARIAN CANCER- A PROSPECTIVE STUDY

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Introduction/Background* Ovarian cancer is a leading cause of female mortality worldwide. Although novel approaches on this disease have been developed, overall survival rates remain moderate due to the lack of scientific evidence promoting screening at early stages of the disease. A number of biomarkers have been suggested as predictive for this type of cancer. In this study we aimed to understand the role of relaxin in different types of ovarian cancer and to assess its diagnostic and prognostic significance.

Methodology A total of eighty one (81) patients with diagnosed ovarian cancer, one hundred and four (104) women, with indication of benign ovarian cyst after appropriate imaging investigation and forty four (44) healthy women, used as control, have been recruited. Blood samples were collected prospectively, just before the operation. We detected the levels of relaxin, Ca 125 and HE-4 and we calculated the Risk of Ovarian Malignancy Algorithm (ROMA). The outcomes of using relaxin, ca125, HE4 and ROMA values as biomarkers were compared in cases of ovarian cancer, healthy women and women with benign masses to identify the statistical importance of each marker.

Result(s)* In our study the levels of relaxin were significantly higher in cases of ovarian cancer, when they are compared with cases of benign ovarian cysts or in healthy population. The levels of Ca125, HE4 and the ROMA results are statistically significant increased in women with ovarian cancer, when they are compared with the cases of

benign ovarian cyst or the healthy population. This result can potentially indicate the role of relaxin as tumour marker, similar to ca125. The levels of relaxin, in this study, are statistically significant increased depending on the stage of the disease. Women at FIGO I stage have lower levels of relaxin compared with the levels of relaxin at stage FIGO II, III or IV.

Conclusion* Our study underlines the potential value of relaxin as a diagnostic biomarker in cases of ovarian cancer. Although of limited data, it shows clearly, that high levels of relaxin were consistent in patients with ovarian cancer and the levels are even higher as staging is more severe.

1145 RISK FACTORS FOR RECURRENCE OF BORDERLINE OVARIAN TUMORS AFTER CONSERVATIVE SURGERY: A MULTI CENTER STUDY BY THE FRANCOGYN GROUP

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Introduction/Background* Introduction: Borderline ovarian tumors (BOT) represent 10-20% of epithelial tumors of the ovary. Although their prognosis is excellent, the recurrence rate can be as high as 30%, and recurrence in the infiltrative form accounts for 3% to 5% of recurrences. Affecting one third of women of childbearing age, the surgical strategy with ovarian conservation is now recommended despite a significant risk of recurrence. Few studies have focused exclusively on patients who have received ovarian conservative treatment in an attempt to identify factors predictive of recurrence and the impact on fertility. The objective of this study was to identify the risk factors for recurrence of BOT after conservative treatment.

Methodology This was a retrospective, multicentre study of women who received conservative surgery for BOT between February 1997 and September 2020. We divided the patients into two groups, the "R group" with recurrence and the "NR group" without recurrence.

Result(s)* Of 175 patients analysed, 35 patients had a recurrence (R group, 20%) and 140 had no recurrence (NR group, 80%). With a mean follow-up of 30 months (IQ 8-62.5), the overall recurrence rate was 20%. Recurrence was BOT in 17.7% (31/175) and invasive in 2.3% (4/175). The mean time to recurrence was 29.5 months (IQ 16.5-52.5). Initial complete peritoneal staging (ICPS) was performed in 42.5% of patients (n=75). In multivariate analysis, age at diagnosis, nulliparity, advanced FIGO stage, the presence of peritoneal implants, and the presence of a micropapillary component for serous tumors were factors influencing the occurrence of recurrence. The post-surgery fertility rate was 67%.

Conclusion* This multicentre study is to date one of the largest studies analysing the risk factors for recurrence of BOT after conservative surgery. Five risk factors were found: age at diagnosis, nulliparity, advanced FIGO stage and presence of implants, and a micropapillary component. Only 25% of the patients with recurrence underwent SPCI. These results

reinforce the interest of an initial peritoneal staging in order not to ignore an advanced tumor stage.

1152 EN-BLOCK CYTOREDUCTION FOR ADVANCED OVARIAN CANCER

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Introduction/Background* Surgical procedures in primary debulking operations are challenging. Teaching these procedures in young Gynae/Oncologist also poses significant difficulties. En-block systematic excision of specimens could possibly lead to better understanding of peritoneal anatomy and facilitate training.

Methodology Primary debulking for advanced ovarian cancer in a 64 year old patient with stage 3C high grade serous ovarian cancer. The operation was performed in a systematic way allowing for excision of the spleen, omentum, right diaphragmatic peritoneum, Morrison's pouch peritoneum, lateral abdominal peritoneum, uterus, ovaries, tubes, recto-sigmoid colectomy and pelvic peritoneum in one single specimen.

Result(s)* Complete cytoreduction was achieved with minimal blood loss. The patient went home on post op day 7

Conclusion* En-block excision of specimens in advanced ovarian cancer might be a good method of training young Gynae/Oncologist in performing primary debulking operations for advanced ovarian cancer

1171 DEBULKING SURGERY FOR TREATMENT ADVANCED-STAGE OVARIAN CANCER WITH HIPEC COMPARED WITH DEBULKING SURGERY WITHOUT HIPEC, SHORT-TERM OUTCOMES

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Introduction/Background* The gold standard of advanced-stage ovarian cancer treatment is debulking surgery and systematic chemotherapy. However, alternative ways of drug delivery are exist and Hyperthermic Intraperitoneal Chemotherapy (HIPEC) is one of such methods.

Since June 2020 we have started to perform these procedures in Republican Oncology Clinic, Ufa, Russian Federation for the purpose of upgrade the medical care for women with advanced-stage ovarian cancer.

Methodology

Result(s)* Eighteen cytoreduction procedures were made from June 2020 through May 2021 and HIPEC was considered at the time of debulking surgery in six cases. There were four patients with stage 3B and fourteen with 3C. The mean time of procedure was 570 minutes in debulking surgery plus HIPEC group and 387 minutes in the group of debulking surgery only. The median postoperative hospital stay was 25 days in the group with HIPEC and 11 days in the group without HIPEC. It was performed 12 optimal debulking procedures with the completeness of cytoreduction score (CC) – 1, and 6 complete debulking procedures CC – 0. The average score of

Abstract 1171 Figure 1

Abstract 1171 Figure 2

peritoneal carcinomatosis index was 15,6. The percentage of patients who had adverse events of grade 3 or 4 in surgery with HIPEC group was 33%, and in surgery group – 22%. Out of 100% adverse events of grade 3 or 4, 60% complications were in the surgery with HIPEC group.

Conclusion* Overall, our data shows that addition HIPEC to the debulking procedure extends mean time of procedure, postoperative hospital stay and increases risk of adverse events grade 3 or 4.

Palliative care

1022 DOCUMENTING THE JOURNEY FROM DNACPR TO SURGICAL R ZERO – RADICAL EXTENT IN A YOUNG PATIENT WITH METASTATIC UNDIFFERENTIATED LEIOMYOSARCOMA RELAPSE

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Introduction/Background* Palliative surgery for advanced cancer involves complex decision-making - to identify ethical dilemmas in consideration of attitudes and factors influencing