Results S-PCI correlated with both OS (1.067, (1.018–1.119); p<0.007) and PFS. Patients exhibiting S-PCI of 18.5 or higher, adjusted to age, performance status and RD, had a two-fold risk of dying (HR 2.070, 95%CI 1.061–4.038; p=0.033). CT-PCI correlated significantly with OS in crude data (1.037, (1.005–1.071); p=0.025), but this was not sustained in multivariate analyses. Patients with RD at any size had more than two times higher risk of dying compared to those without RD (2.177, (1.235–3.838); p=0.007).

Conclusion The tumor extent at the beginning of surgery seemed to affect OS in patients with AOC, regardless RD at the end of the surgery. PCI above 18.5 doubled the risk of dying of the disease. No difference in major complications were noted in the two groups of patients. CT-PCI seemed to play a prognostic role for PFS, however as a prognostic factor for OS, it is still to be investigated.

Introduction/Background Ovarian Cancer (OC) constitute the eighth most common cancers among women worldwide. Surgery remains the cornerstone in the management of OC. Intraoperative frozen section (FS) diagnosis is widely used to decide the surgery course. We aimed to assess the reliability of intraoperative FS diagnosis for treatment planning of patients with suspected OC from a multidisciplinary perspective. The clinical consequences of reclassification and the multidisciplinary management of the therapy plan, is the secondary aim of this study. To our knowledge, this information is sparesly investigated.

Methodology A single-center, retrospective population-based study of patients who underwent surgery for suspected OC between 2018–2020. Histopathological outcomes were classified as benign, borderline, or malignant. The FS diagnosis was the diagnostic test, and the final histopathology report was the gold standard. Diagnostic capability for treatment planning was assessed, and modifications made possible by overall clinical knowledge were discussed.

Results A total of 358 patients were identified, of whom 187 were included in the FS group. Overall accuracy was 89.8%, and 19 patients were reclassified; the malignancy grade of 15 tumors was underestimated. Prevalence, sensitivity, specificity, positive predictive value, and negative predictive value for invasive malignancies on FS were 54.0% (CI 46.6–61.3%), 88.1% (CI 80.2–93.7%), 98.6% (CI 93.7–99.9%), 98.9% (CI 92.7–99.8%), and 87.6% (CI 80.6–92.4%), respectively. Tumors incorrectly graded by FS tended to be of borderline-related.
Conclusion The reliability of the FS methodology was an accurate test to help perform appropriate surgery and plan swift oncological treatment. FS is a reliable method to diagnose invasive malignancies and benign pathology. The communication between the pathologist, surgeon, and medical oncologist is highly important for both intraoperative decision-making and postoperative patient care.

2022-RA-249-ESGO OVERALL SURVIVAL RESULTS FROM ARIEL3: A PHASE 3 RANDOMISED, DOUBLE-BLIND STUDY OF RUCAPARIB VS PLACEBO FOLLOWING RESPONSE TO PLATINUM-BASED CHEMOTHERAPY FOR RECURRENT OVARIAN CARCINOMA

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Introduction/Background ARIEL3 enrolled patients with platinum-sensitive, high-grade ovarian carcinoma who had received their last platinum-based regimen. Patients were randomised 2:1 to receive rucaparib 600 mg twice daily or placebo, with 3 protocol-defined nested cohorts: BRCA, BRCA1 and BRCA2 genes; CI, confidence interval; HR, hazard ratio; HRD, homologous recombination deficient; ITT, intent-to-treat; OS, overall survival; PFS, progression-free survival

Table 1

Conclusion These data support the use of rucaparib as a maintenance treatment for recurrent ovarian carcinoma. Although no OS benefit was observed, the PFS benefit for rucaparib was maintained through the next subsequent line of therapy.

2022-RA-272-ESGO ‘DOUBLE O’ TECHNIQUE OF BOWEL ANASTOMOSIS

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Introduction/Background Bowel resection and anastomosis is an integral part of subspecialty training in gynecological Oncology. The principles of bowel surgery are not only to remove cancer to achieve optimal debulking but also to reduce leak rate and postoperative morbidity. Reduction in leak rate is achieved by good technique and adequate training. In hand held anastomosis, proper suturing of the corners of the bowel is considered crucial to reduce leak rate. We hereby present a surgical video demonstrating a novel technique of hand sewn ileo-ileo-anastomosis in a lady undergoing debulking surgery for ovarian cancer.

Methodology A 53-year-old lady with stage IIIc high grade serous ovarian carcinoma underwent total hysterectomy, bilateral adnexectomy, peritoneectomy, omentectomy and resection anastomosis of the involved ileal bowel segment. The novel technique used is a double layered closure of the enterotomy in continuous circular fashion, thus eliminating the perception of recurrence.