of corner while suturing. Two delayed absorbable sutures with double ended needle are used for the technique.

Results Patient had optimal debulking surgery and the postoperative course was uneventful. She received adjuvant chemotherapy and is disease free for 24 months.

Conclusion Surgical skill development is crucial for reducing postoperative morbidity and to achieve optimal debulking. Due to increased use of staplers for bowel anastomosis in recent decades, hand sewn bowel anastomosis is not practiced regularly. However, hand sewn anastomosis is cost effective and is especially useful in resource limited or emergency setting. ‘Double O’ technique is simpler to use and eliminates many technical nuances described in traditional hand-sewn anastomosis. The technique helps the gynecological oncology surgical trainee to learn and retain the steps due to its simplicity and also helps to overcome the fear of suturing corners in bowel anastomosis during the learning curve.

### Abstract 2022-RA-275-ESGO

**COMPARISON OF PATIENTS WITH TRUCUT BIOPSY, ACID CYTOLOGY WITH FINAL PATHOLOGY RESULTS FROM PATIENTS OPERATED WITH PREDIAGNOSE OF OVARIAN CANCER**

Fatma Basak Tamoglu, Caglar Cetin, Gurkan Kiran. Baskalem Vakif University, Istanbul, Turkey.

10.1136/ijgc-2022-ESGO.A90

**Introduction/Background** Ovarian cancer ranks 4th among the deadliest cancers in women and has the highest mortality rate among all gynecological malignancies. In women who are believed to have ovarian cancer but have poor performance status or have advanced disease believed to be beyond the scope of primary cytoreductive surgery and whose pathology cannot be obtained before staging surgery, NACT can be given to patients with acid cytology and/or trucut biopsy referral. Our aim is to determine the accuracy, adequacy, safety and reliability of these minimally invasive interventional procedures.

**Methodology** This is a retrospective analysis of 63 patients with a prediagnosis of ovarian cancer in our hospital between 2014 and 2021, who underwent ultrasound-guided acid cytology and trucut biopsy, and also had postoperative final pathology results.

**Results** When the pathology results of the patients who received acid cytology, trucut biopsy, acid cytology and trucut biopsy at the same time were compared with the postoperative final pathology results, it was seen that the PPV was 100% in all groups. It was revealed that the sensitivity of acid cytology was 64%, the specificity was 100%, the NPV was 12%, and the accuracy of the test was 65%. The sensitivity of the Trucut biopsy was 91%, the specificity was 100%, the NPV was 42%, and the accuracy of the test was 92%. In the case of both procedures, the sensitivity was calculated as 93% and the accuracy of the test was calculated as 93%. There were no false positive cytology and biopsy results that could lead to unnecessary NACT therapy in the study. 97 minimally invasive procedures were performed under ultrasound guidance.

**Conclusion** Minimally invasive procedures can be safely applied to patients with low complication and high accuracy rates, since they provide NACT in patients who are thought to be candidates for interval surgery.

### Abstract 2022-RA-276-ESGO

**VALUE OF SURGICAL CYTOREDUCTION FOR SUBSEQUENT OVARIAN CANCER RELAPSE IN PATIENTS PREVIOUSLY TREATED WITH CHEMOTHERAPY ALONE AT 1ST-RELAPSE: A SUBANALYSIS OF THE DESKTOP III/ENGOT-OV20 TRIAL**

1Christina Fotopoulou, 2Jalid Sehouli, 3Ingrid Vergote, 4Alexander Reuss, 5Marianne Leheurteur, 6Felix Hilpert, 7Aude-Marie Savoye, 8Stefano Greggi, 9Johanna Venmerson, 10Bénédicte Risch, 11Michel Gatinet, 12Jean Leveque, 13Kongyu Zhang, 14Perinille T Jensen, 15Jae W Kim, 16Domingo Santiago, 17Francesco Raspagliesi, 18Jutta Peen, 19Andreas du Bois, 20Philipp Harter. 1AGO and Imperial College, London, UK; 2AGO and Campus Virchow, Charité, Berlin, Germany; 3BGOG and University Hospitals Leuven, Leuven, Belgium; 4Coordinating Center for Clinical Trials, AGO and Philippus-University Marburg, Marburg, Germany; 5GINECO and Centre Henri Becquerel, Rouen, France; 6AGO and Onkologisches Therapeutenzentrum Krankenhaus Jerusalem, Hamburg, and UKE Kiel, Hamburg, Germany; 7GINECO and Institut Jean Godinot, Reims, France; 8MITO and Istituto Nazionale per lo Studio e la Cura dei Tumori Napoli, Milano, Italy; 9NSGO-CTU and Karolinska University Hospital, Clinical Trials Unit Solna, Solna, Sweden; 10NGO-CTU and CHU de Rouen, Rouen, France; 11GINECO and Hôpital St Joseph, Paris, France; 12GiNCO and CHU Rennes, Rennes, France; 13SGOG and Fudan University Zhongshan Hospital, Shanghai, China; 14NSGO-CTU and Odense University Hospital, Gynecology and Obstetrics, and Department of Clinical Medicine, Faculty of Health, Aarhus University, Aarhus, Denmark; 15KOGO and Seoul National University, Seoul, Korea, Republic of; 16GICO and Hospital Universitari i Politècnic La Fe, Valencia, Spain; 17MITO and Fondazione IRCCS Istituto Nazionale dei Tumori Milan, Milan, Italy; 18NSGO-CTU and Herlev University Hospital, Herlev, Denmark; 19AGO and Ev. Kliniken Essen-Mitte, Essen, Germany.

10.1136/ijgc-2022-ESGO.A91

**Introduction/Background** The DESKTOP III trial has demonstrated a significant survival benefit in AGO-score positive patients who underwent complete cytoreduction at 1st relapse compared to those treated with chemotherapy alone. The question whether eligible patients who missed the opportunity of potentially life prolonging surgery at 1st relapse would benefit from surgery at the time of their second relapse, remains open.

**Methodology** We evaluated separately the patients who were randomized in the standard, non-surgical arm of the DESKTOP III trial who then subsequently underwent cytoreductive surgery at a subsequent relapse at investigator’s discretion.

**Results** The median progression-free survival (PFS) counted from randomization of 201 patients in the control arm of DESKTOP III was 14.0 months. 171 (85%) had progressive or relapsing disease and 32 of 171 (19%) underwent cytoreductive surgery. Patients’ median age at this subsequent surgery was 63 years (range: 46 – 78). Complete tumor resection was

### Abstract 2022-RA-276-ESGO

**VALUE OF SURGICAL CYTOREDUCTION FOR SUBSEQUENT OVARIAN CANCER RELAPSE IN PATIENTS PREVIOUSLY TREATED WITH CHEMOTHERAPY ALONE AT 1ST-RELAPSE: A SUBANALYSIS OF THE DESKTOP III/ENGOT-OV20 TRIAL**

Christina Fotopoulou, Jalid Sehouli, Ingrid Vergote, Alexander Reuss, Marianne Leheurteur, Felix Hilpert, Aude-Marie Savoye, Stefano Greggi, Johanna Venmerson, Bénédicte Risch, Michel Gatinet, Jean Leveque, Kongyu Zhang, Perinille T Jensen, Jae W Kim, Domingo Santiago, Francesco Raspagliesi, Jutta Peen, Andreas du Bois, Philipp Harter. AGO and Imperial College, London, UK; AGO and Campus Virchow, Charité, Berlin, Germany; BGOG and University Hospitals Leuven, Leuven, Belgium; Coordinating Center for Clinical Trials, AGO and Philippus-University Marburg, Marburg, Germany; GINECO and Centre Henri Becquerel, Rouen, France; AGO and Onkologisches Therapeutenzentrum Krankenhaus Jerusalem, Hamburg, and UKE Kiel, Hamburg, Germany; GINECO and Institut Jean Godinot, Reims, France; MITO and Istituto Nazionale per lo Studio e la Cura dei Tumori Napoli, Milano, Italy; NSGO-CTU and Karolinska University Hospital, Clinical Trials Unit Solna, Solna, Sweden; NGO-CTU and CHU de Rouen, Rouen, France; GINECO and Hôpital St Joseph, Paris, France; GiNCO and CHU Rennes, Rennes, France; SGOG and Fudan University Zhongshan Hospital, Shanghai, China; NSGO-CTU and Odense University Hospital, Gynecology and Obstetrics, and Department of Clinical Medicine, Faculty of Health, Aarhus University, Aarhus, Denmark; KOGO and Seoul National University, Seoul, Korea, Republic of; GICO and Hospital Universitari i Politècnic La Fe, Valencia, Spain; MITO and Fondazione IRCCS Istituto Nazionale dei Tumori Milan, Milan, Italy; NSGO-CTU and Herlev University Hospital, Herlev, Denmark; AGO and Ev. Kliniken Essen-Mitte, Essen, Germany.

Introduction/Background The DESKTOP III trial has demonstrated a significant survival benefit in AGO-score positive patients who underwent complete cytoreduction at 1st relapse compared to those treated with chemotherapy alone. The question whether eligible patients who missed the opportunity of potentially life prolonging surgery at 1st relapse would benefit from surgery at the time of their second relapse, remains open.

Methodology We evaluated separately the patients who were randomized in the standard, non-surgical arm of the DESKTOP III trial who then subsequently underwent cytoreductive surgery at a subsequent relapse at investigator’s discretion.

Results The median progression-free survival (PFS) counted from randomization of 201 patients in the control arm of DESKTOP III was 14.0 months. 171 (85%) had progressive or relapsing disease and 32 of 171 (19%) underwent cytoreductive surgery. Patients’ median age at this subsequent surgery was 63 years (range: 46 – 78). Complete tumor resection was
achieved in 19 patients (60%), while 5 (16%) had postoperative residual disease (n=8 missing data). Sixteen patients (50%) commenced systemic treatment within 90 days from surgery, as documented. Thirty- and 90-day surgical mortality rates were 1 (3%) and 2 (6%), respectively. Within a postoperative median follow-up time of 43.8 months, 12 (38%) deaths were reported. Median overall survival after surgery (OS) was 54.0 months. One- and 2-year OS rates were 91% and 84%, respectively.

Conclusion: Cytoreductive surgery for subsequent ovarian cancer relapse appears feasible and with low mortality in selected patients who received non-surgical treatment at 1st relapse despite a positive AGO-score. Surgery could be considered as an option in carefully selected patients also later in their journey within a specialized gynecological cancer setting.

Introduction/Background
Recent data regarding treatment quality was categorized as nosis in the third quarter of the years 2004, 2008, 2012 and 2016. Surgery quality was categorized as optimal (OP+), suboptimal (OP-) and every three months until disease progression or patient death. Throughout the therapeutic outcome and secondarily to improve their quality of life. Based on these results, we considered to perform a fully prospective study characterizing the real-world adherence and progression-free-survival time (PFS), as there is currently limited information available about the adherence to novel therapies such as rucaparib.

Methodology: This study will recruit 150 patients with histologically diagnosed platinum-sensitive relapsed high grade ovarian cancer, fallopian tube cancer, or primary peritoneal cancer, that are eligible for rucaparib maintenance therapy according to Summary of Product Characteristics (SmPC). Throughout the study, individual patient data will be collected at baseline and every three months until disease progression or patient’s death whichever occurs first. To capture adherence to rucaparib therapy an adaption (according to the rucaparib therapy) of the ‘Essener Compliance Score’ (ECS) is used. As of June 2022, 13 patients have been included in this study.

Results / Conclusion /