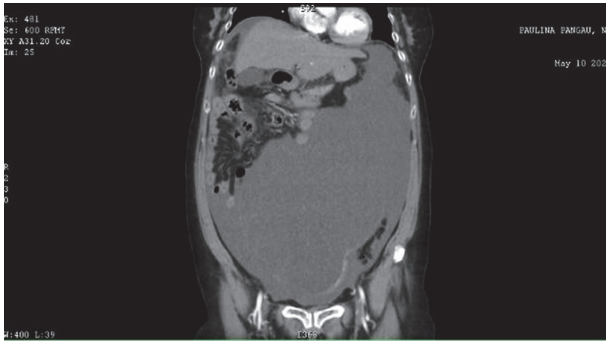
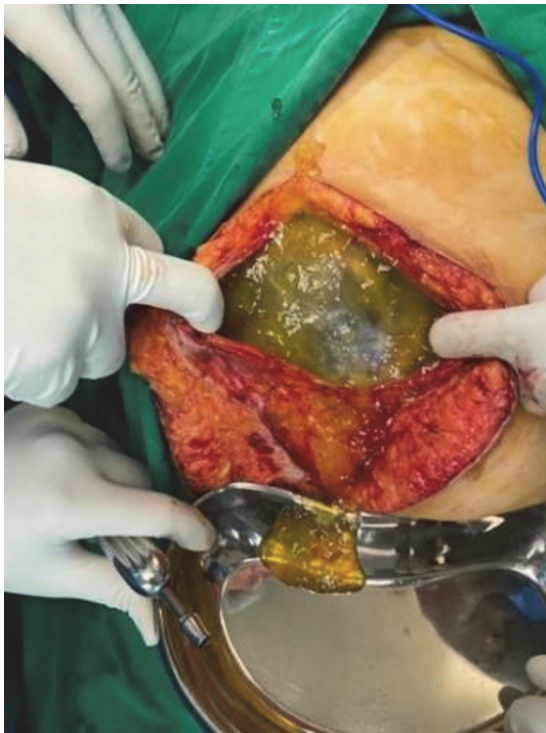


Results



Abstract 2022-RA-770-ESGO Figure 1



Abstract 2022-RA-770-ESGO Figure 2

Conclusion Histopathological result showed benign PMP with a metastatic process to the inguinal. We did only cytoreductive surgery and after 6 months, the patient showed no complaints.

2022-RA-785-ESGO RADICAL SURGICAL PROCEDURES IN ADVANCED OVARIAN CANCER AND DIFFERENCES BETWEEN PRIMARY AND INTERVAL DEBULKING SURGERY

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10.1136/ijgc-2022-ESGO.558

Introduction/Background We aimed to identify differences in cytoreduction rates and procedures performed in patients with advanced ovarian cancer undergoing primary (PDS) or interval debulking surgery (IDS).

Methodology Data were collected prospectively on 110 consecutive patients from June 2016 to Mar 2020.

Results Forty-nine patients (44.5%) underwent diaphragmatic peritonectomy (34 in PDS and 15 in IDS, $p=0.005$), while 38 (34.5%) underwent large bowel resection (29 in PDS and 9 in IDS, $p<0.001$). Complete cytoreduction was achieved in 39 patients in PDS and 29 in IDS (65% vs. 58%, $p=0.22$). Longer operations with more blood loss and extended hospital stay were performed in the PDS group. Ten patients (9.1%) experienced severe complications and in eight patients (7.2%) chemotherapy was delayed.

Conclusion More bowel resections and diaphragmatic stripping were performed in the PDS group. End surgical results were similar between groups, with a trend for more complete cytoreduction in PDS.

2022-RA-791-ESGO PRIMARY DEBULKING SURGERY VERSUS NEOADJUVANT CHEMOTHERAPY AND INTERVAL DEBULKING SURGERY FOR ADVANCED EPITHELIAL OVARIAN CANCER

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10.1136/ijgc-2022-ESGO.559

Introduction/Background To compare the long-term survival outcomes for patients with stage IIIC or IV epithelial ovarian cancer who was treated with neoadjuvant chemotherapy (NAC) followed by interval debulking surgery (IDS) or primary debulking surgery (PDS) at a single community center.

Methodology We performed a retrospective review of 39 patients with stage IIIC or IV high-grade ovarian cancer who received NAC or PDS between December 2011 to November 2019 treated at Torrejon University Hospital in Madrid. Clinicopathologic and treatment data were analysed for factors associated with response to NAC, outcomes at IDS, and their impact on progression-free survival (PFS) and overall survival (OS).

Results A total of 28 patients (71.80%) received NAC and 11 patients (28,20%) underwent PDS. Women who received NAC have the same probability for no residual tumour surgery than those with PDS (76.92% vs. 70%; NS). Difference was observed in PFS and OS between NAC group and PDS group (PFS: 15,32 vs. 23,56 months $p = 0.033$; OS: 14, 81 vs. 21,56 months, $p = 0.078$). No statistically significance differences were seen concerning age (60 years vs 53 years), IMC (25.7 vs. 27.4), operating time (282.8 minutes vs. 319.5 minutes) and hospital stay (5.9 days vs.7.2 days) between NAC and PDS group. Hemoglobin operative balance was lower in NAC group than PDS group (2.08 mg/dL vs. 3.25 mg/dL; $p= 0.022$). CA125 levels at cancer diagnosis were lower at NAC group than at PDS group (median: 2243.2 vs. 246.9 U/mL; $p=0,048$). With an overall median follow-up of 54 months (3–120), 23 (69.7%) disease progressions/recurrences and 20 deaths(58.8%) occurred.

Conclusion Among women with advanced ovarian cancer, those who underwent primary cytoreductive surgery had better survival than those who received neoadjuvant chemotherapy.

Neoadjuvant chemotherapy should be reserved for those in whom optimal primary cytoreductive surgery is not feasible.

2022-RA-792-ESGO

OUTCOMES FOLLOWING STEREOTACTIC RADIOTHERAPY FOR BRAIN METASTASIS IN OVARIAN CANCER PATIENTS

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10.1136/ijgc-2022-ESGO.560

Introduction/Background Brain metastasis (BM), rare in ovarian cancer (OC), is associated with a median overall survival (OS) typically < 1 year. Treatment options include whole brain radiotherapy, stereotactic radiosurgery (SRS) or palliative care. The literature on outcomes following SRS in OC is limited. We report our institutional experience with SRS treatment for BM in an era of targeted therapies.

Methodology OC patients treated with SRS at The Royal Marsden Foundation Trust from 2016–2022 were included. We retrospectively evaluated clinical characteristics, radiation dose and fractionation and survival.

Results 21 OC patients underwent SRS for BM [median age 64 years (range 28–81), 71% FIGO stage III and 29% stage IV at diagnosis, median systemic treatment lines 2 (0–6), 2/21 prior PARP inhibitor]. 18.7% (3/16 patients tested) harboured a BRCA1/2 mutation. Median time from diagnosis to BM was 34 months (range 0–87.9). Neurological symptoms were present in 62% (13/21) of patients, however 19% (4/21) were asymptomatic, identified during screening for clinical trials. At time of BM diagnosis, five patients had BM only (24%) with no evidence of extra-cranial disease. Solitary BM was diagnosed in 38% (8/21) whereas multiple BM (range 2–7) were evident in 62% (13/22). Median treatment dose was 16–24 Gy/1 fraction and 21–24Gy/3 fractions. In 29% (6/21), platinum-based chemotherapy to treat extra-cranial disease was administered within 8 weeks after SRS. Median PFS from BM diagnosis to brain progression was 9.2 months (2.5–50.8), and median PFS from BM to systemic disease progression was 5 months (0–25.3 months). Median OS from SRS treatment was 16 months (1.1–49.7 months). Three patients (14.3%, all BRCA-mutated) received PARPi subsequently to SRS. Among this group mOS was 27 months (9–38).

Conclusion In this retrospective series, overall survival following SRS for BM diagnosis exceeds 1 year. Post SRS, systemic treatment should be considered for selected patients.

2022-RA-796-ESGO

PREOPERATIVE NEUTROPHIL LYMPHOCYTE RATIO IN ASCITES AS A PROGNOSTIC FACTOR IN EPITHELIAL OVARIAN CANCER

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10.1136/ijgc-2022-ESGO.561

Introduction/Background We investigated the clinical impact of NLR as a prognostic factor in malignant ascites in advanced ovarian cancer.

Methodology We retrospectively reviewed all of the patients who were diagnosed with advanced epithelial ovarian cancer and who presented with ascites. To maintain the quality of the study, only 92 patients with malignant cells in the ascites were included. Patients with clinically active infection in the time of paracentesis is excluded. If multiple times of paracentesis was done, we used initial result. Curves of DFS and OS were calculated using the Kaplan-Meier method, and univariate and multivariate analyses of various prognostic factors were performed using a Cox proportional hazard regression model.

Results In a univariate analysis, high serum NLR, malignant ascitic NLR were associated with shorter overall survival ($p < 0.001$, $p < 0.001$, respectively); moreover, age, Eastern Cooperative Oncology Group performance status (ECOG PS), histology, stage, hemoglobin level, albumin level, and calcium level were significant prognostic factors. A multivariable analysis confirmed that ECOG PS ($p < 0.001$), histology ($p = 0.001$), serum NLR ($p = 0.007$) and malignant ascitic NLR ($p = 0.012$) were independent predictors of overall survival.

Conclusion Our findings showed that an elevated preoperative NLR in serum and malignant ascites were associated with poor clinical outcome in ovarian cancer patients. Although further studies are required to generalize our results, this information will benefit clinicians and patients in determining the most appropriate therapy for patients with malignant ascites.

2022-RA-798-ESGO

DIAGNOSIS OF FIRST RELAPSE AND ITS IMPACT ON QUALITY OF LIFE IN PATIENTS WITH ADVANCED OVARIAN CANCER (AGO-OVAR 19/II)

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10.1136/ijgc-2022-ESGO.562

Introduction/Background Maintenance or improvement of health-related quality of life (QoL) is a major goal for patients with advanced ovarian cancer (OC). QoL is influenced by symptoms on the one and effects of surgical and systemic treatment on the other side. In addition, QoL is also an important patient centered endpoint in trials to support endpoints such as progression-free survival (PFS). This analysis evaluates the impact of the diagnosis of first relapse on QoL.

Methodology Patients with primary OC were included before start of treatment. QoL was assessed by the cancer-specific questionnaires EORTC QLQ-C30 and QLQ-OV 28 and the generic EQ-5D 3L at baseline and every 3 months thereafter. QoL data within 100 days before and after the first relapse were compared (part 2 of NCT02828618). We report model-