

surveillance offered the same amount of time without progression (n=86), the most common reason was a feeling of taking an active approach to treatment (66%), having a reason to regularly visit a doctor/hospital (30%), being cared for/monitored more regularly and carefully (28%), and because taking medication is reassuring (24%).

**Conclusion** Patients preferred QD treatment more than other medication strategies for EOC maintenance following frontline platinum-based chemotherapy; patients who preferred medication felt they were taking an active approach to treatment. Patient preferences should be considered in treatment decisions and further studied.

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### 2022-RA-950-ESGO

#### LOW GRADE AND HIGH GRADE SEROUS OVARIAN CANCER: COMPARISON OF SURGICAL OUTCOME AFTER SECONDARY CYTOREDUCTIVE SURGERY

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**Introduction/Background** Retrospective series have shown secondary cytoreductive surgery (SCS) improves oncological outcomes in recurrent low-grade serous ovarian cancer (LGSOC), a relatively chemoresistant subtype. We aim to describe surgical procedures and complications, for this subset of patients compared to the high-grade serous ovarian cancer (HGSOC) counterpart.

**Methodology** This is a retrospective single-institution study on patients affected by platinum sensitive recurrent LGSOC and HGSOC undergoing SCS between 2009–2021. Patients were matched for clinical characteristics such as age, stage, residual tumor at first surgery, and platinum-sensitivity. Complexity of surgery was assessed by Aletti's score and post-operative complications by Clavien Dindo classification.

**Results** Fifty-two patients undergoing SCS were included in our analysis. Patients' characteristics are described in table 1. Recurrence was mainly localized in the peritoneum in both groups but reached a statistically significant higher rate for the diaphragm (38.5% vs 11.5%, p=0.026) and the small bowel (53.8% vs 7.7%, p<0.001) in LGSOC compared to HGSOC counterpart. On the contrary, HGSOC showed a higher rate of nodal recurrences than LGSOC (38.5% vs 23.1%, p= 0.18). Overall, surgical complexity (Aletti's score group >1) was higher in LGSOC than in HGSOC patients (65.4% vs 37.5%; p=0.045), with LGSOC cases undergoing multiple bowel resections more frequently than HGSOC (26.9% vs 3.8%; p=0.025). Median EBL was also higher in LGSOC than in HGSOC patients (400 vs 100 ml; p=0.036). Twenty-five patients achieved optimal residual disease after SCS in both groups (p=0.75) with no statistically significant differences in term of post-operative complications.

**Abstract 2022-RA-950-ESGO Table 1** Patient's characteristics, surgical and complication data

	Variable	Low grade N (%)	High grade N (%)	Total N (%)	P value	
	<b>All cases</b>	26	26	52		
<b>Site of recurrence</b>	Peritoneal carcinomatosis	17 (65.4)	17 (65.4)	34 (65.4)	0.61	
	Nodal disease	6 (23.1)	10 (38.5)	16 (30.8)	0.18	
	Diaphragm	10 (38.5)	3 (11.5)	13 (25)	<b>0.026</b>	
	Small bowel	14 (53.8)	2 (7.7)	16 (30.8)	<b>&lt;0.001</b>	
	Liver	1 (3.8)	1 (3.8)	2 (3.8)	0.75	
	Spleen	3 (11.5)	2 (7.7)	5 (9.6)	0.5	
<b>Surgery</b>	Aletti's complexity score group>1 (intermediate-high)	17 (65.4)	9 (37.5)	26 (52)	<b>0.045</b>	
	Splenectomy	6 (23.1)	4 (15.4)	10 (19.2)	0.36	
	Peritonectomy	18 (69.2)	17 (65.4)	35 (67.3)	0.5	
	Bowel resection	small	7 (26.9)	3 (11.5)	10 (19.2)	0.14
		large	11 (42.3)	8 (30.8)	19 (36.5)	0.28
		multiple	7 (26.9)	1 (3.8)	8 (15.4)	<b>0.025</b>
	Lymphadenectomy	9 (34.6)	13 (50)	22 (42.3)	0.20	
	RT <1 cm	25 (96.2)	25 (96.2)	52 (96.2)	0.75	
	Median Operative time (range)	239 (50-630)	222 (50-480)	227 (50-630)	0.78	
	Median EBL (range)	400 (50-8000)	100 (0-1000)	200 (0-8000)	<b>0.036</b>	
<b>Complications</b>	Early postoperative	7 (26.9) (1 grade 1; 3 grade 2; 1 grade 3a; 1 grade 3b; 1 grade 4b)	10 (38.5) (1 grade 1; 4 grade 2; 3 grade 3a; 2 grade 3b)	17 (32.7)	0.27	

**Conclusion** SCS in LGSOC patients is associated with higher complexity, multiple bowel resections, and higher median estimated blood loss than in HGSOC. However, the comparable rate of post-operative complications confirms the role of SCS in this group of patients.

### 2022-RA-951-ESGO

#### COMPARISON OF COMPLICATIONS IN PATIENTS UNDERGOING UPPER VERSUS LOWER ABDOMINAL CYTOREDUCTIVE SURGERY IN OVARIAN CANCER

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**Introduction/Background** Ovarian cancer is still the most lethal type of gynecological cancer because it does not show signs of the disease in the early period and there is no effective screening method. Cancer stage is an independent risk factor affecting the prognosis of the disease; and after primary staging surgery in the early stage and optimal cytoreductive surgery in the advanced stage, the disease-free and overall survival times of patients without visible residual tumor tissue increase significantly. Due to the superficial peritoneal spread of ovarian cancer, upper abdominal surgical procedures are often required to achieve surgical optimal cytoreduction. The aim of this study is to compare the mortality and morbidity