

Methodology This is a single-center mixed methods study design consisting of a literature overview, a retrospective chart study and qualitative semi-structured interviews. Patients with advanced stage epithelial ovarian cancer who had primary or interval cytoreductive surgery including LAR were included. Main outcome was the postoperative LARS-score and postoperative documentation of functional bowel symptoms and impact on quality of life.

Results Forty-seven patients who underwent debulking surgery with a LAR between 2009 and 2019 were included for retrospective chart analysis. The LARS-score could not be determined retrospectively except in one case, because of non-specific documentation about defecation. However, in the majority of patients (76.6%) evidence of functional bowel symptoms was found. We interviewed nine patients for the interview part of the study. One patient suffered from major LARS, three patients from minor LARS. Qualitative analysis showed evidence for significant impact of LARS on quality of life.

Conclusion Evidence on LARS in EOC patients is limited. This study contributes to creating attention and awareness for postoperative functional bowel problems. Prospective research is recommended in order to gain more insight in prevalence and impact on quality of life of LARS in patients with epithelial ovarian cancer after cytoreductive surgery.

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TOLERANCE OF INTRAPERITONEAL (IP) NIVOLUMAB AFTER CYTOREDUCTIVE SURGERY (CRS) AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC) IN PATIENTS (PTS) WITH RELAPSE ADVANCED OVARIAN CARCINOMA: A PHASE I STUDY WITH EXPANSION COHORT (ICONIC)

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Introduction/Background Cytoreductive surgery and HIPEC combination with intraperitoneal immunotherapy may have a synergic effect, through an increase of tumor-antigen expression and of mutational load. We aimed to determine the safety of IP nivolumab after CRS and HIPEC in pts with relapsed ovarian carcinoma (NCT03959761).

Methodology Patients were treated according to three dose-levels of IP nivolumab following a 3+3 design (0.5 mg/kg, 1 mg/kg, and 3 mg/kg), starting 5 to 7 days after DS and HIPEC and repeated every 2 weeks for 4 infusions. The primary objective was to establish the maximum tolerated dose (MTD) of IP nivolumab based on dose limiting toxicity (DLT) occurrence during the 28 days after the first IP nivolumab infusion. Secondary objectives were to assess disease progression, tolerance of DS, HIPEC and post procedure intravenous chemotherapy.

Results A total of 9/10 pts enrolled into the dose escalation were evaluable for DLT (1 peritoneal catheter fall-out after the 2nd infusion). No DLTs have been observed at either dose level according to an independent data safety monitoring board (DSMB), and 7 pts were included into an expansion cohort. In total, six pts (35.3%) did not complete all

planned cycles. No deaths due to treatment occurred. Nine pts (52.9%) experienced severe adverse events (SAEs), 4 related to peritoneal catheter implant. SAEs were transaminases elevation (6 pts, grade 3–4, related to DS), hemodynamic shock (1 pt, related to DS), hypokalemia (1 pt, related to DS and HIPEC), portal vein thrombosis (1 pt, related to DS). There were no SAEs related to IP nivolumab. With a median follow-up of 10.1 months (95%CI 8.2-NA), median progression-free-survival was 7.4 months (95% CI 6.0-NA).

Conclusion IP nivolumab was feasible and well tolerated, supporting the pursuit of studies investigating this pioneering approach with other immunotherapy combination for example.

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THERE IS NO BENEFIT FOR PREOPERATIVE HYPERHYDRATATION BEFORE CYTOREDUCTIVE SURGERY AND HIPEC WITH CISPLATIN WHEN COMBINED WITH SODIUM THIOSULFATE

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Introduction/Background Cytoreductive surgery associated with hyperthermic intraperitoneal chemotherapy (HIPEC), using cisplatin, is an option in advanced ovarian cancer treatment. Cisplatin may cause renal failure, both after systemic or intraperitoneal administration. It can accumulate and lead to nephrotoxicity in one third of intravenous prescription and up to 40% of acute renal failure for the IP route with progressive and irreversible chronic renal failure. In addition to preoperative hyperhydration, Sodium Thiosulfate (ST) has been used in the prevention and treatment of Cisplatin-induced toxicity, particularly to prevent renal toxicity. The objective of our study was to evaluate the interest of preoperative intravenous hydration alone or in combination with sodium thiosulfate to prevent nephrotoxicity induced during the use of intraperitoneal Cisplatin in patients who have undergone a cytoreductive surgery with HIPEC.

Methodology A retrospective single-tertiary-center analysis of all consecutive patients treated by cytoreductive surgery with Cisplatin-based HIPEC between January 01, 2015 and July 30, 2020. All types of PC were included. There were three consecutive periods of study corresponding to 3 different treatments. A first group was treated with preoperative hyperhydration alone (group 1 – PHH), a second-one with preoperative hyperhydration (3L/24 h of Ringer-Lactate) with addition of ST (group 2 – PHH + ST) and a third-one with ST alone (group 3 – ST).

Results Period study included 230 consecutive patients underwent. Median age was 59 years (interquartile range 49 – 68 years), with 76% women. Higher rate of complete cytoreduction (CC0) were achieved in PHH + TS and TS alone (92% and 97%, respectively, vs 77%, $p < 0.001$). PHH + TS and TS alone had better postoperative renal function without acute injury compared to group 1 ($p < 0.001$).

Conclusion In addition to the nephroprotective benefit, sodium thiosulfate also appears to be associated with better cytoreduction results. Hyperhydration does not provide any additional benefit.