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

Introduction/Background Ovarian cancer (OC) is the leading cause of death among women diagnosed with gynaecological cancer. The natural course of the disease is progression to peritoneal metastases (PM), a high rate of platinum chemoresistance, and a low overall survival rate, with no effect of a screening system. This background explains the interest in locoregional treatment of peritoneal disease which has shown a benefit in terms of overall and progression-free survival for unresectable stage III serous ovarian cancer patients treated with complete cytoreductive surgery. After 3 cycles of chemotherapy PIPAC was initiated if unresectable disease without extraperitoneal metastases including loco-regional lymphadenopathy. Resectable disease after 3 cycles of bidirectional treatment was eligible for CRS. Hyperthermic IntraPeritoneal Chemotherapy (HIPEC) was done after complete CRS without the residual disease.

Results All patients completed at least 3 PIPAC (n=7, 89%) in a bidirectional approach, and one patient had completed 4 PIPAC. Most patients (n=6, 75%) were secondarily treated by CRS-HIPEC. In two patients the disease remained unresectable and had to be changed for second-line chemotherapy. Median PCI during surgery was 17 (IQR 2.3). The postoperative course was uneventful regarding severe complications.

Conclusion PIPAC is safe and feasible in a neo-adjuvant intent for unresectable ovarian cancer patients and may lead to complete CRS.

Abstract 2022-RA-1063-ESGO Figure 1

Lipid metabolism in EOC

UNRESECTABLE PERITONEAL METASTASES FROM STAGE III OVARIAN CANCER TREATED WITH BIDIRECTIONAL APPROACH OF PRESSURIZED INTRAPEARITONEAL AEROSOL CHEMOTHERAPY (PIPAC) AND SYSTEMIC CHEMOTHERAPY MAY LEAD TO SECONDARY COMPLETE CYTOREDUCTIVE SURGERY: A PILOT STUDY

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