A COMPARISON OF END-TO-END AND END-TO-SIDE ANASTOMOSIS FOLLOWING RECTOSIGMOID RESECTION IN OVARIAN CANCER CYTOREDUCTIVE SURGERY

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Introduction/Background Rectosigmoid resections are performed commonly during cytoreductive surgery for ovarian cancer. The two most common approaches to reconstruction are end-to-end (EE) and end-to-side (ES) anastomosis. Data from colorectal studies, including a meta-analysis of randomised controlled trials, suggest a significantly lower anastomotic leak rate following end-to-side compared to end-to-end anastomosis. Here we present the experience from a single gynaecological oncology centre.

Methodology Retrospective data regarding surgery was collected from electronic records for all patients who underwent primary cytoreductive surgery for stage III/IV ovarian cancer during the study period.

Results Over a period of 51 months (01/01/2018–01/04/2022), 243 cytoreductive surgeries were undertaken. A recto-sigmoid resection was performed in 80 (32.9%) patients. Fifteen (18.8%) patients had an end colostomy and five (6.3%) an end ileostomy following total colectomy. A reconstruction with an end-to-end anastomosis was undertaken in 34 (42.5%) patients, and an end-to-side anastomosis in 26 (32.5%). The rate of defunctioning ileostomy was 4 (15.4%) in the ES group and 12 (35.3%) in the EE group and was not significantly different between the two groups. There were two cases (5.9%) of anastomotic leak in the EE group, and no leaks in the ES group. Both leaks were small, and successfully conservatively managed. There was no statistically significant difference in leak rate found between the two groups.

Conclusion This study reports successful implementation of the end-to-side anastomosis technique in ovarian cancer cytoreductive surgery. Additional prospective randomised trials, specifically focussed in this group, are warranted.

POLY ADP RIBOSE POLYMERASE INHIBITORS AS MAINTENANCE THERAPY FOR OVARIAN CANCER: UNCOVERING CLINICAL GAPS IN PHYSICIAN KNOWLEDGE AND APPROACHES TO CLINICAL PRACTICE

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Introduction/Background The treatment of newly diagnosed ovarian cancer has changed significantly over recent years, with innovations in poly ADP ribose polymerase (PARP) inhibitors playing a major role in shifting clinical approaches. This activity was designed to understand the current level of knowledge and assess competence/confidence of physicians regarding the use of PARP inhibitors as maintenance therapy for ovarian cancer.

Methodology A 27-question, online, continuing medical education (CME) self-assessment was developed that included a range of demographic, knowledge, confidence and practice-based multiple-choice questions on PARP inhibitors for maintenance therapy in ovarian cancer. The activity was launched for oncologists practicing outside of the US on September 16, 2021 and data was collected to December 3, 2021.

Results At the time of analysis, 37 oncologists and 79 gynecologists completed the activity: 95% of oncologists and 81% of gynecologists were unable to determine the appropriate tests for high-grade serious ovarian cancer. Knowledge was varied amongst oncologists and gynecologists in regards to the appropriate maintenance strategy for differing clinical scenarios (incorrect answers between 38–78% for the two specialties). Between 27–78% answered various questions incorrectly regarding clinical data with PARP inhibitors for maintenance therapy. Oncologists and gynecologists showed a lack of competence (incorrect answers between 47–62%) on the appropriate approach to managing adverse events while on therapy. 27% of oncologists and 41% of gynecologists were not/slightly confident in their ability to select an appropriate PARP inhibitor maintenance regime. 20% of oncologists and 40% of gynecologists were not/slightly confident in their ability to manage AEs in patients receiving PARP inhibitors.

Conclusion The findings reveal important knowledge, competence and confidence gaps amongst physicians who manage ovarian cancer. These focus on selection of an appropriate maintenance regimen, the latest clinical trial data and managing AEs while on treatment. Addressing these gaps is critical to improve the management of patients.
Conclusion Tumor characteristics of long-term survivors of advanced stage ovarian carcinoma are unfavorable in some cases. Currently we work on characterization of genetic and medical specifics of these patients in order to understand the reasons for their resilience.

Introduction/Background The objective of this study was to assess the value of preoperative PET/CT scan, combined with clinical variables, in predicting complete resection in highly pre-selected patients operated in centers with high rate of complete resection.

Methodology This multicentric, observational, retrospective study evaluated ovarian cancer patients who underwent primary cytoreductive surgery for advanced ovarian cancer in two Spanish centers between January 2017 and January 2022. All PET/CT were reviewed, and a modified PCI score was calculated. Clinical variables and preoperative findings in the PET/CT were analyzed and a multivariate model was built. A predictive value score based on the OR of the variables was constructed.

Results 45 patients underwent upfront primary cytoreductive surgery. The complete resection rate was 80% (36 patients). On multivariate analysis, 2 clinical variables and 2 preoperative PET/CT findings were associated with no-complete resection surgery: Presence of extra-abdominal lymph node, modified PCI value of 6 or more, Age 58 years and ASA score 3. The predictive score value of each variable was 11, 2, 2 and 1, respectively. For this multivariate model predictive of non-complete cytoreduction, the AUC was 0.881. A predictive value of 5 or more was the most predictive cutoff for non-complete cytoreduction. Complete resection rate was 91.7% in patients with a score of 4 or less and 33.3% in patients with 5 or more points in the predictive value score.

Conclusion In highly pre-selected cohorts of patients, a predictive score value can be considered as a cut-off for sending patients to neoadjuvant chemotherapy.

Introduction/Background The primary objective of this study was to analyze the impact of comorbidities, postoperative complications and center volume on overall survival in a real-life cohort of ovarian cancer patients in France.

Methodology All French women aged 18 years or over, with an ovarian cancer newly diagnosed between January 2013 and December 2019, registered in the general health insurance coverage plan were included in the cohort. Ovarian cancer treatments, comorbidities, postoperative complications and death were extracted from hospital discharge reports. The characteristics of the centers were also collected.

Results We included 29,879 patients with ovarian cancer in the cohort. The median age was 66 [57–74] years, and 24,783 (82.9%) presented an advanced stage at diagnosis (FIGO IIB-IVB). A total of 16,048 (53.7%) patients had at least one comorbidity at the time of diagnosis, with mainly hypertension (n=6,800) and obesity (n=2,505). Patients received primary surgery, interval surgery, or chemotherapy alone in 31.5%, 30.4%, and 38.1% of cases, respectively. A total of 3,031 (16.1%) patients presented a postoperative complication Clavien-Dindo III or more within 90 days of cytoreduction surgery, mainly digestive (60.4%). For advanced stage, the median overall survival was 47 [45.9–48] months. The number of comorbidities, the occurrence of a complication and low center volume had a significant negative impact on the overall survival.

Conclusion Real-life data give the opportunity to study the key health indicators in ovarian cancer. In order to improve quality of care, a personalization of the care pathway for patients with comorbidities and at risk of postoperative complications must be carried out.