The objective of this video is to highlight the importance of to perform a complete radical ovarian surgery that includes lymph node debulking of suspicious nodes.

**Methodology** We present the interval surgery of a 61-year-old woman, who was found to have an advanced serous papillary ovarian cancer, described as FIGO IIIC.

**Results** During the exploratory laparoscopy an important adenopathic lump was observed above inferior mesenteric, fixed to the vena cava, with a mass effect, unresectable from the outset. The surface of the spleen suggested the presence of metastatic implants; small subdiaphragmatic and peritoneal implants were observed, so treatment with neoadjuvant chemotherapy was decided. After neoadjuvant treatment the PET-CT shows an interaortocaval retroperitoneal hypermetabolic adenopathy, suggestive of tumour infiltration. No more morphometabolic lesions were observed, so interval surgery was decided. Interval surgery was uneventful, and lymph node debulking of the inter-aortocaval adenopathy was also performed. For this, a careful dissection of the adventitia of the aorta was performed until accessing the interaortocaval plane and locating the adenopathy (located between the exit of the inferior mesenteric artery and the crossing of the left renal vein). A complete exeresis of the adenopathy was achieved without incident

**Conclusion** This video proves that the surgical procedure of debulking surgery of suspicious lymph nodes is feasible without major complications if performed by experienced gynaecologists.

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**Abstracts**

**2022-RA-1172-ESGO** CLINICAL OUTCOMES OF OVARIAN CANCER MANAGEMENT: A SINGLE TERTIARY REFERRAL CENTRE EXPERIENCE

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**Introduction/Background** High grade serous carcinomas are the most common subtype of ovarian cancer. Mostly the patients diagnosed with advanced stage disease. The main approach for management consists of primary debulking surgery (PDS). However, some patients cannot be good candidates for primary surgery, and neoadjuvant chemotherapy (NACT) followed by interval debulking surgery (IDS) emerges as an alternative strategy. In our study, it was aimed to show that both strategies applied in our clinic are similar in terms of effectiveness.

**Methodology** Our study retrospectively included 151 patients who were treated between January 2014 and May 2021 in Hacettepe University, Gynaecological Oncology Clinic with a diagnosis of advanced stage high-grade serous carcinoma. These patients were divided into two groups by their strategies as 77 patients for PDS and 74 patients for NACT/IDS groups in terms of 1:1 ratio. Two groups were comparatively investigated for patient characteristics, staging, recurrence and survival rates, and follow up outcomes. p<0,05 was considered to be statistically significant.

**Results** The importance of performance status (p=0.003) and the clinical stage of patients (p=0.001) were shown regarding to patient selection for the appropriate strategy. Direct effect of ‘no residual tumour after surgery’ on overall survival rates was determined by multivariate analysis (HR: 0.57 [95% CI 0.34 – 0.96]; p=0.034). In terms of overall survival (HR: 0.74 [95% CI 0.45 – 1.22]; log rank p=0.234) and progression-free survival (HR: 0.728 [95% CI 0.50 – 1.06]; log rank p=0.083), it was shown that both of strategies were similar for effectiveness. There was no impact of pandemic on strategy selection (p=0.073).

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**2022-RA-1176-ESGO** BORDERLINE OVARIAN TUMOR MANAGEMENT IN A TUNISIAN HOSPITAL

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**Introduction/Background** The aim of this study was to determine the epidemiology and clinicopathological characteristics of the borderline ovarian tumors (BOTs). Additionally, we sought to characterize the outcomes of the borderline ovarian management and identify variables affecting survival.

**Methodology** A retrospective study of 49 patients with BOTs all stages taken together treated or referred to our institutions was conducted over a period from June 2016 to July 2021. Data was analyzed by using SPSS Statistics for Windows, Version 23.0.

**Results** The median age was 43.3 (range=21–61) years. The majority of BOTs was serous tumors (61.2%) followed by mucinous tumors (36.7%) and less common histotypes as Endometrioid borderline tumours (2.1%). In the case of 34 patients (66.7%) a frozen section was taken intraoperatively