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 gynaeco-oncologists.

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

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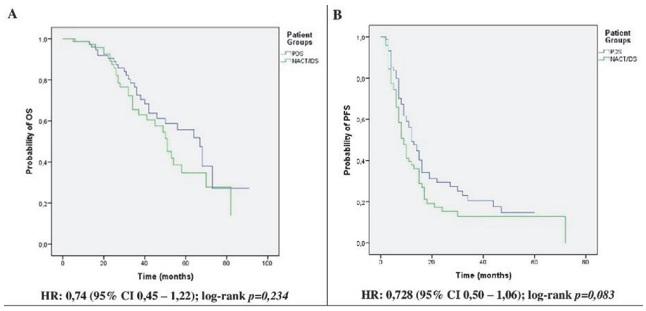
**Introduction/Background** High grade serous carcinomas are the most common subtype of ovarian cancer. Mostly the patients diagnosed with advanced stage disease. The main approach for management consists of primary debulking surgery (PDS). However, some patients cannot be good candidates for primary 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)*.




**Abstract 2022-RA-1172-ESGO Figure 1** Kaplan meier plots for overall survival (OS): A and progression-free survival (PFS): B 3-years OS: 73% for PDS and 3-years OS: 63% for NACT/IDS groups

**Conclusion** NACT/IDS and PDS strategy have the same effectiveness, in terms of surgical complications, recurrence and survival rates. However, if it is envisaged that no residual disease after surgery with appropriate patient selection for strategy, PDS strategy can be considered as leading option.

## 2022-RA-1176-ESGO BORDERLINE OVARIEN 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

which matched the definitive histological result in 80,5%. BOTs are mainly diagnosed at an earlier stage (34 cases at FIGO stage IA) 8 patients at stage IB and 3 patients at stage IC on the other hand 2 patients at stage IIIB and finally 2 patients at stage IIIC.All patients underwent surgery. We performed conservative treatment in Nineteen patients (38.7%). It consists of ovarian cystectomy and unilateral adnexectomy . Thirty patients (61.2%) underwent radical treatment which consist of bilateral adnexectomy and hysterectomy.Three patients with BOTs staged IIIB and IIIC received adjuvant chemotherapy. During average follow-up of 5 years 4 patients developed tumor recurrence .

**Conclusion** Borderline tumours usually affect young women aged between 20 and 40. They are usually diagnosed at an early stage (stage-I disease) . Prognosis is generally excellent, and long-term risk of recurrence is low.

## 2022-RA-1178-ESGO EVALUATION OF PROGNOSTIC FACTORS IN PATIENTS WITH STAGE IV OVARIAN CANCER

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**Introduction/Background** The diagnosis of ovarian cancer tends to be late (stages III-IV). The factors that may influence the survival of stage IV patients are not clearly described, especially regarding the initial management of extra-abdominal disease and the possibility of performing surgery despite its existence. This makes it necessary to delve into their knowledge, in order to carry out a more individualized management of these patients. The purpose of this study is to analyze the prognostic factors that may have an effect on overall and disease-free survival of women diagnosed with stage IV ovarian cancer, with special interest on those related to the early management of the disease.

**Methodology** We performed a retrospective analysis including stage IV ovarian cancer patients, treated in Gynecologic Oncology Unit in La Paz University Hospital between 2000 and 2022 (n=110). We analyzed all risk factors that could influence the oncological outcome.

**Results** The correlation between disease-free survival and primary cytoreduction, in absence of residual disease, is demonstrated. No significant differences were observed in terms of overall survival when comparing patients that underwent primary cytoreduction (84 ± 11,1 months) with those who received neoadjuvant chemotherapy (90,7 ± 14,4 months). Statistically significant association was demonstrated between thoracic resection and disease-free survival (p=0,012).

**Conclusion** Age, performance status, initial management of the disease (primary surgery versus neoadjuvant chemotherapy) and complete cytoreduction with no residual disease, which is the greatest prognostic predictor, are the factors that have shown greater association with overall survival.

## 2022-RA-1192-ESGO NOGGO OV44 – PERCEPTION WHAT IS THE ROLE OF IMMUNOTHERAPY IN LOW GRADE OVARIAN CANCER? A NOGGO PHASE II TRIAL OF PEMBROLIZUMAB IN COMBINATION WITH CHEMOTHERAPY IN RECURRENT LOW-GRADE SEROUS OVARIAN CANCER

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**Introduction/Background** Within the group of invasive epithelial ovarian cancers, low-grade serous ovarian cancer (LGSOC) is a minority. Recent studies have revealed that LGSOC is only moderately sensitive to chemotherapy. No other agents have been approved in LGSOC since the implementation of bevacizumab several years ago. New therapeutic combinations with current chemicals are in high demand to improve the response rate and prognosis in this group of patients. Immune checkpoint inhibitors are a new treatment option that has shown to be successful in a variety of cancers as well as in a subset of ovarian cancer patients. The standard chemotherapy will be administered with pembrolizumab in recurrent LGSOC cases with a treatment free interval (TFI) of more than 6 months after the last platinum-based chemotherapy. There have been no comparable studie completed or planned to the authors knowledge. If our trial demonstrates the efficacy of pembrolizumab in LGSOC, it will serve as a signal and urge for future clinical trials in this rare condition.

**Methodology** This is a multi-center, single-arm phase 2 study evaluating pembrolizumab therapy in recurrent LGSOC cases in combination with platinum-based chemotherapy (carboplatin plus pegylated liposomal doxorubicin or carboplatin plus gemcitabine) and as maintenance. This clinical trial is open to LGSOC patients who have progressed or recurred at least six months after the last platinum-containing treatment. The perimary objective is to determine the rate of progression-free survival (PFS) after 12 months. The trial will follow Simon's two-stage design, with a total enrollment of up to 33 patients. In the first phase 18 patients will be enrolled and if at least 5 patients show PFS after 12 months the study is going to be continued with an additional 15 patients. The trial is claimed successful, if at least 11 patients show PFS after 12 months.

**Results** -

**Conclusion** -