Introduction/Background To assess the disease-free survival (DFS) of patients with low-grade endometrioid ovarian cancer apparently confined to the ovary, according to surgical staging. Secondary endpoint was to evaluate the DFS according to adjuvant chemotherapy.

Methodology Multicenter, retrospective, observational cohort study. Patients with endometrioid ovarian carcinoma, surgical procedure performed between 05/1985–12/2019, stage pT1 N0/N1/Nx Grade 1–2 were included. Patients were stratified according to completeness of surgical staging (complete defined as peritoneal and retroperitoneal staging), lymphadenectomy (defined as removal of any lymph node (LN) versus no LN assessment), and receipt of adjuvant chemotherapy.

Results 298 patients were included in the study period. 166 (55.7%) patients underwent complete surgical staging, and 199 (66.8%) patients underwent LN assessment (of these, 166 -83.4% had unilateral/bilateral pelvic and para-aortic/caval lymphadenectomy). 11 (5.5%) patients of those undergoing LN assessment showed pathologic metastatic LNs (FIGO-stage IIIA1). 9/11 (81.8%) were diagnosed with grade 2 endometrioid ovarian cancer. 155 (52.0%) underwent adjuvant chemotherapy. Median follow up time was 45 months (95% CI: 37.5–52.5). 5-year DFS and overall survival of the entire cohort were 89.8% and 96.2%, respectively. Patients undergoing complete surgical staging had a trend toward a better 5-year DFS comparing to incomplete surgical staging (92.4% versus 86.5%, respectively; p=0.051). Performance of lymphadenectomy (sampling/systematic) was associated with better 5-year DFS compared to no lymphadenectomy (91.9% versus 85.6%, respectively; p=0.016) (figure 1). Adjuvant chemotherapy did not impact 5-year DFS (p=0.552). At univariate analysis the only significant variable affecting DFS was the performance of lymphadenectomy (HR:0.388; 95% CI:0.174–0.866;p=0.021).

Conclusion In a retrospective multicenter series of low-grade endometrioid ovarian cancers apparently confined to the ovary, lymphadenectomy appeared to be associated with improved DFS. Adjuvant chemotherapy did not impact DFS. Nevertheless, the present results derive from a retrospective uncontrolled study, in which the indication for or against lymphadenectomy/adjuvant chemotherapy was not prospectively defined, causing potential significant selection bias.

Abstract 2022-RA-1517-ESGO WROCŁAW COMPREHENSIVE CANCER CENTRE 100 MONTHS EXPERIENCE IN CYTOREDUCTIVE SURGERY AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (CRS+HIPEC) IN PATIENTS WITH PERITONEAL CARCINOMATOSIS – INDICATIONS AND COMPLICATIONS OF THE PROCEDURE

Introduction/Background Selected patients with peritoneal dissemination of gastrointestinal (colorectal and gastric cancer), ovarian and primary peritoneal cancers benefit from cytoreductive surgery (CRS) combined with intraperitoneal chemotherapy in hyperthermia (HIPEC). In Poland, only a few oncology centers regularly perform CRS+HIPEC procedures, while the demand for them has been set at a minimum of 2000 per year (Nowotwory Journal of Oncology 2014; 64, 6: 518–524).

The aim of the study was the analysis of number, indications and complications of CRS+HIPEC procedures analysis performed in the 1st Oncological Surgery Department of Wroclaw Comprehensive Cancer Center (WCCC), Poland, during the first 100 months of the procedure.

Methodology Demographic, clinical, oncological and technical aspects database of all WCCC patients undergoing CRS+HIPEC procedure was created. Data statistical analysis was performed with Statistica version 12.5 (StatSoft).

Results In the period from 01.2014 to 04.2022, a total of 232 CRS+HIPEC procedures were performed at WCCC, 28 per year on average (range 20–37). The indications were mainly ovarian (40%) and colorectal (39%) cancers, followed by peritoneal pseudomyxoma (7%), peritoneal mesothelioma (6%), gastric (3%) and other cancers (5%). The scope of surgical cytoreduction (CRS) was wide: from single peritoneal nodules to extensive multi-organ radical (CC-0) or almost radical (residuals up to 2.5 mm – CC-1) resections. All HIPEC procedures were performed in closed technique. Clavien-Dindo grade III and IV complications occurred in 14% of patients. There were no perioperative deaths recorded.

Conclusion CRS+HIPEC procedures are rarely performed, however safe and promising therapeutic option for different patients with primary and secondary peritoneal cancers.