

women with newly diagnosed ovarian cancer (OC) regardless BRCA mutational status and in homologous-recombination deficiency (HRD) positive patients, respectively. However, despite the remarkable improvements in the therapeutic algorithm of OC disease over the years, the best first line treatment is still controversial.

Methodology MITO 25.1 is a multicenter, randomized open-label, phase II study comparing Carboplatin-Paclitaxel-Bevacizumab vs Carboplatin-Paclitaxel-Bevacizumab-Rucaparib vs Carboplatin-Paclitaxel-Rucaparib. Eligible patients, with histological confirmed high grade serous or endometrioid advanced OC, will be randomized in a 1:1 ratio according to HRD status.

Results *HRD negative patients:* ARM A: Carboplatin AUC 5 + Paclitaxel 175 mg/m² q 21 + Bevacizumab 15 mg/kg for 5 cycles (starting from cycle 2) followed by Bevacizumab 15 mg/kg q 21 for 17 cycles, ARM B: Carboplatin AUC 5 + Paclitaxel 175 mg/m² q 21 for 6 cycles followed by Rucaparib 600 mg BID q 28 for 24 cycles as maintenance *HRD positive patients:* ARM B: Carboplatin AUC 5 + Paclitaxel 175 mg/m² q 21 for 6 cycles followed by Rucaparib 600 mg BID q 28 for 24 cycles as maintenance: ARM C: Carboplatin AUC 5 + Paclitaxel 175 mg/m² q 21 + Bevacizumab 15 mg/kg for 5 cycles (starting from cycle 2) followed by Bevacizumab 15 mg/kg q 21 days for 16 cycles + Rucaparib 500 mg part BID q 28 for 24 cycles as maintenance

Conclusion The primary endpoint will be PFS. The secondary endpoints will be overall survival (OS), PFS2, adverse events according to CTCAE 5.0 and patient-reported outcome. Patients recruiting started in March 2021. To date, 159 of the 300 patients planned have been enrolled.

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'THINGS HAVE CHANGED'. LAPAROSCOPIC CYTOREDUCTION FOR ADVANCED AND RECURRENT OVARIAN CANCER: THE EXPERIENCE OF A REFERRAL CENTER ON 108 PATIENTS

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Introduction/Background To investigate the efficacy and safety of laparoscopic cytoreduction surgery for primary and recurrent ovarian cancer in a strictly selected group of patients.

Methodology From June 2008 to January 2020, FIGO stage IIIA-IV advanced ovarian cancer (AOC) patients were rigorously selected for laparoscopic primary (PDS), interval (IDS), or secondary debulking surgeries (SC). The primary endpoint was optimal cytoreduction, defined as residual tumor (RT) less than 1 cm. The secondary endpoints, safety and long-term results, were investigated every three months for the first two years, then every six months.

Results 108 patients with AOC were selected to undergo laparoscopic PDS (40 patients), IDS (44 patients), and SC (24 patients) surgeries. Optimal cytoreduction (RT=0) was

obtained in 96%, 89%, and 88% of patients after SC, IDS, and PDS, respectively. Early post-operative complications occurred in 19% of cases, with 7% requiring a reintervention. One patient died of respiratory failure in the immediate post-operative period. Late postoperative complications occurred in 15%, 7%, and 4% of cases following PDS, IDS, and SC. The recurrence rate observed was 37% after laparoscopic optimal cytoreduction with a median observation time of 25 months. The overall survival (OS) at three and five years was 84% and 67% after PDS, and 66% and 32% after IDS. Three-year disease-free survival (DFS) was 48% and 51% after PDS and IDS, respectively.

Conclusion Minimal invasive laparoscopic surgery for AOC is feasible in strictly selected patients with high rates of optimal cytoreduction, satisfactory peri-operative morbidity, and encouraging survival outcomes.

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IMPACT OF AGE ON FIRST LINE TREATMENTS OF OVARIAN CANCER AND THEIR OUTCOMES: RESULTS FROM THE UNICANCER ESME OVR REAL-WORLD DATABASE

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Introduction/Background Older patients with advanced ovarian cancer (AOC) have a poor survival. EWOC-1 study showed that carboplatin AUC5 monotherapy (C) was associated with 2.79-fold worse survival compared to carboplatin-paclitaxel (CP) combination in frail older patients. MITO7 study provided exploratory data in favor of weekly CP (wCP) compared to standard CP (sCP) in patients aged ≥ 70 years. A post hoc study on ICON7 database argued for a higher benefit of bevacizumab (Bev) in chemo-resistant tumors. Confirming the data in a real life database is fundamental to confirm results observed in randomized trials when exploration questioned the frailty.

Methodology On the Unicancer ESME-OVR national database (NCT03275298) were analyzed in patients in first line FIGO stages III-IV high grade AOC the impact of age, chemotherapy regimens and Bev exposure on overall survival.

Results 4686 patients were included, 888 had bevacizumab (≥ 70 : 253); 2583 had sCP (≥ 70 : 570); 171 had C (≥ 70 :

150); 379 had weekly CP (≥ 70 : 132). Median follow-up was 64.9 months, median OS 61.3 months (95%CI: 58.0–63.8). In patients aged ≥ 70 , OS was 43.8 months (95%CI: 40.5–47.0), HR[≥ 70]: 1.74 (95%CI: 1.59–1.90), $p < .001$); C was associated with a worse outcome (reference: sCP): HR [C, ≥ 70]: 1.61 (95%CI: 1.29–2.00); HR[wCP, ≥ 70]: 0.96 (95% CI: 0.73–1.27), $p \leq .001$. In patients treated with sCP or wCP, the impact of older age persisted at a lesser extent: HR[≥ 70 , sCP/wCP]: 1.64 (95%CI: 1.46–1.84), $p < .0001$. Bev tended to improve survival in older patients (HR[Bev, ≥ 70]: 0.80 (95% CI: 0.64–1.01), $p = 0.057$), but not in younger patients (HR [Bev, < 70]: 0.96 (95%CI: 0.84–1.10), $p = 0.596$).

Conclusion In this real-world population, C was associated in univariate to a higher risk of death, confirming the conclusions of EWOC-1 trial. When considering sCP/wCP treatment, worse age impact persisted with a 1.64-fold risk of premature death. Bev tended to improve survival raising the possible role of chemo-resistance in the poorer outcome of older patients.

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SURVIVAL AFTER HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY IN KAZAKHSTANI WOMEN WITH OVARIAN CANCER: KAZIOR EXPERIENCE

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Introduction/Background Ovarian cancer (OC) one of the main cause of deaths from gynecological cancer. More than 1,000 new cases and 500 deaths from ovarian cancer are detected annually in Kazakhstan (KZ). More than 80% of OCs are found in a advanced stages. The standard treatment of advanced OC includes debulking surgery followed by chemotherapy to minimize the residual tumor size. Results of Hyperthermic Intraperitoneal Chemotherapy are controversial (HIPEC). The aim of this study was to assess the clinical benefit of HIPEC after primary and interval debulking surgery in kazakhstani women with III and IV stages of OC.

Methodology 14 patients with stage III or IV of OC was included in this prospective study. Surgical treatment and HIPEC were presented in Kazakh Institute of Oncology and Radiology. The primary end point was progression-free survival. Second points was to assess adverse events. Data was analyzed using SPSS 23.0 and medians were reported.

Results The mean age of the patients was 58 6.5 years. In 78% cases patients were represented with serous ovarian adenocarcinoma. 92% of cases presented HIPEC+ interval debulking. Complete surgery was performed in 35% and sub-optimal surgery in 50%. Bowel resection with anastomosis was performed in 1 case. HIPEC+ surgery time ranged from 120 to 240 min. The median duration of hospitalization was 11 days with including +1 day stay in the intensive care unit. After treatment 92% of patients received adjuvant chemotherapy (Paclitaxel+Carboplatinum) Recurrence in 3 years were registered in 64% cases. Disease-free survival at 3 years was 16.4%.

Conclusion HIPEC plus debulking surgery in OC can increase median disease-free survival. The research is currently ongoing. We think that in a few years we will be able to present data on the overall survival of patients with ovarian cancer treated with HIPEC

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URETEROURETEROSTOMY: STEP BY STEP

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Introduction/Background Metastatic involvement of the urinary tract in patients with advanced ovarian carcinoma can occur with hydronephrosis. In treatment, ureteroureterostomy is required. In this video presentation, we present step by step ureteroureterostomy procedure.

Methodology 62-year-old woman with ovarian cancer admitted to gynecologic oncology unit with abdominal and flank pain. Abdominopelvic computerized tomography showed grade 2 hydronephrosis in left kidney and 10 cm diameter left adnexial solid mass. At surgery, adnexial mass showed involvement in the left ureter.

Results Step 1: First step is the identification the ureter and mobilization the ureter to obtain adequate length for repair without revascularization Step 2: The edges of both the proximal and distal ureteral segments are resected to ensure that viable tissue is being anastomosed. Step 3: Insertion of double J catheter Step 4: Both ends of the ureter are spatulated. After placement of corner sutures, the anastomosis is done in a running fashion.

Conclusion Postoperatively, the urethral catheter and wound drainage removed after seven days.

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MESENTERIC LYMPH NODE INVOLVEMENT IN PATIENTS UNDERGOING A BOWEL RESECTION DURING DEBULKING SURGERY IN ADVANCED OVARIAN CANCER

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Introduction/Background The aim of this retrospective study was to investigate the incidence of mesenteric lymph node (MLN) involvement in patients undergoing a bowel resection at the time of debulking surgery in advanced ovarian cancer (OC).

Methodology OC patients undergoing resectosigmoid resection during primary debulking surgery or interval debulking surgery were recorded. The characteristics of mesenteric node involvement were evaluated.

Results MLNs were detected in 29/54 patients (54%); the rate of MLN involvement was 61%. A progressive increase in the rate of metastatic MLNs was documented in association with depth of bowel infiltration ($p = 0.009$). A statistic correlation between positive MLN and pelvic lymph nodes (PLN) ($p = 0.022$), aortic lymph nodes (ALN) ($p = 0.005$) was found.

Conclusion OC patients undergoing resectosigmoid resection during debulking surgery revealed metastatic MLN involvement in 61% of cases. Metastatic MLN status is related to PLN and ALN metastases.