

2022-RA-1568-ESGO **RETROSPECTIVE ANALYSIS OF SURVIVAL OUTCOMES IN ELDERLY FEMALES FROM NORTHERN IRELAND TREATED WITH INTERVAL CYTOREDUCTION FOR HIGH GRADE SEROUS CARCINOMA (HGSC) OF OVARY AND FALLOPIAN TUBE**

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10.1136/ijgc-2022-ESGO.748

Introduction/Background Primary treatment of advanced epithelial ovarian (EO)/fallopian tube (FT) malignancy is cytoreductive surgery followed by adjuvant platinum-based chemotherapy. Prognosis is dependent on the degree of carcinomatosis; with poor outcomes in advanced progression and disseminated peritoneal disease. Cytoreduction is associated with significant morbidity and mortality, and published data has illustrated that age is a significant factor in survival. Despite successful cytoreduction surgery, patients > 75 years have been associated with poor survival rate. The aim of this study was to retrospectively determine outcomes in patients treated with NACT and ICS in elderly females within Northern Ireland (NI).

Methodology Electronic records searched to identify patients with HGSC of Ovary/Fallopian tube treated with NACT and ICS, Northern Ireland Cancer Centre. Data was collected and survival for age groups estimated using the Kaplan-Meier method.

Results 72 consecutive patients between 2011 and 2016 were identified. All had diagnosis of HGSC and treated with NACT followed by ICS. Age was examined to identify if this was associated with decreased survival. Mean age was 60.4 years (range 42 – 79 years). Mean number of NACT cycles was 4.5. Optimal cytoreduction was achieved in 59.8% of patients. Mean number of chemotherapy cycles post ICS was 1.5 and mean follow up was 26.7 months. Kaplan-Meier survival plots showed no significant difference in survival between patients stratified for residual disease extent ($p=0.485$). Advanced age was not associated with worse outcome in those with zero residual disease ($p=0.896$ HR 1.02 95% CI 0.45-2.3) or in elderly patients with sub-optimal cytoreduction ($p=0.0001$ HR 0.93 95% CI 0.25 – 3.38).

Conclusion Age did not negatively impact on survival in patients receiving NACT with ICS within NI. Limitations of initial study include small sample size and preliminary retrospective data. Final results will include 2017–2021 data set.

2022-RA-1580-ESGO **SENTINEL-NODE BIOPSY IN EARLY-STAGE OVARIAN CANCER: PRELIMINARY RESULTS OF A PROSPECTIVE MULTICENTRE STUDY**

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10.1136/ijgc-2022-ESGO.749

Introduction/Background In early epithelial ovarian cancer (EOC) systematic paraaortic and bilateral pelvic lymphadenectomy is standardly performed for surgical staging. Lymph node involvement is an important prognostic factor, however there is conflicting evidence of its therapeutic value and its role in guiding adjuvant treatment. We report our prospective

data collected at the ASL-Biella and at the AOUI-University of Verona, part of the multicentre study on Sentinel Lymph Nodes(SLN) in Early-Stage Ovarian Cancer(SELLY trial).

Methodology The purpose of this study was to assess the feasibility and safety of SLN detection and prediction of nodal status in early EOC. Patients enrolled were between 18–80 years with presumed stages I-II EOC planned for immediate or delayed minimally-invasive staging, an Eastern Cooperative Oncology Group performance status \leq 2; and negative lymph nodes at preoperative computer-tomography scan. The identification and removal of the SLNs was performed with injection of 2 mL of 1.25 mg/mL indocyanine green solution in the ovarian pedicle. Then systematic pelvic and paraaortic lymphadenectomy was completed. The primary endpoint was to assess the efficacy of the procedure defined by the detection rate(detection of at least 1 SLN) and the true-positive rate (positive histology of the positive SLN). The secondary endpoint was safety(complications rate) of the technique.

Results 27 patients were enrolled in the study. The SLN's detection rate was 100%. The true-positive rate of the procedure was 11%, with 3 patients having positive nodes. In all patients with lymphatic dissection a positive sentinel was identified(sensitivity, 100%; false-negative rate, 0%; negative predictive value, 100%). The complication rate was 11%, with only 1 grade III and 2 grade II post-operative complication.

Conclusion Our preliminary data demonstrate that SLN's detection is feasible and safe. The procedure provides useful information on nodal status potentially avoiding systematic lymphadenectomy in the majority of patients, reducing the morbidity associated with it.

2022-RA-1581-ESGO **EVALUATION OF THE RELATIONSHIP BETWEEN PATIENT CHARACTERISTICS AND OBESITY WITH SURVIVAL IN EPITHELIAL OVARIAN TUMORS**

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10.1136/ijgc-2022-ESGO.750

Introduction/Background The aim of this study is to examine the effects of obesity on patient characteristics and other accompanying factors, as well as on mean and disease-free survival in patients diagnosed with epithelial ovarian cancer.

Methodology The files of 1053 patients who were diagnosed with epithelial ovarian cancer in our hospital between 1992 and 2018 in the Department of Obstetrics and Gynecology of Çukurova University Balcalı Hospital were retrospectively analyzed. Among these patients, 939 patients whose anthropometric data could be accessed were included in the study. The body mass index (BMI) calculations of the patients included in the study were made and they were categorized according to the obesity classification of the World Health Organization. Then, patients' characteristics and survival were compared accordingly.

Results It was determined that mean survival rates of the weak, obese, and morbidly obese patients were lower than normal weight patients ($p=0,001$). There was no significant difference between BMI groups in terms of disease-free survival.

Conclusion Comorbidities brought about by obesity may have negative effects on the average survival of ovarian cancer