**Introduction/Background** Primary treatment of advanced epithelial ovarian (EO)/falloplian 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-Meyer 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 was 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=0.483). 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.

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**Introduction/Background** In early epithelial ovarian cancer (EOC) systemic 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≤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.