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current disease after 9 months and 8 years of completion of therapy, respectively. The sites of these metastases were face and scalp respectively. Both the cases were managed using second line chemotherapy (gemcitabine, cisplatin, bevacizumab) and are currently doing well.

Conclusion Detailed history and meticulous systemic examination including skin examination can be crucial for early detection of metastasis from carcinoma ovary. While SJN is a well-known entity, rare sites such as face and scalp should be kept in high index of suspicion.

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OPTIMAL TIME INTERVAL BETWEEN NEOADJUVANT PLATINUM-BASED CHEMOTHERAPY AND INTERVAL DEBULキングSURGERY

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Introduction/Background There is limited data on the optimal time interval between the last dose of neoadjuvant chemotherapy (NACT) and interval debulking surgery (IDS) in high-grade serous ovarian carcinoma (HGSC).

Methodology We retrospectively identified patients with stage IIIC/IV HGSC who had received NACT followed by IDS during a 15-year period (January 2003-December 2018) in the Oncology Department of Alexandra University Hospital that were further divided in two groups: the short (<4 weeks) and long (>4 weeks) interval groups.

Results Overall, 115 patients with HGSC stage IIIC/IV that underwent NACT and IDS were included in our analysis. Median age of diagnosis was 62.7 years (SD: 10.7; 39–86). Median PFS was 15.7 months (SD: 1.4; 95% CI: 12.9 – 18.4) and median OS was 44.65 (SD: 2.9; 95% CI: 38.8 – 50.5). Patients were categorized in groups according to interval from NACT to IDS (< 4 weeks (group A); 4 - 5 weeks (group B); 5 - 6 weeks (group C); >6 weeks (group D). Long time interval from IDS to NACT (> 4 weeks) correlated to poorer PFS (p= 0.006) and OS (p= 0.006). Median PFS was 26.6 months (95% CI: 24 – 29.2) for patients undergoing IDS < 4 weeks after NACT versus 14.4 months (95% CI: 12.6 – 16.2) for the > 4 weeks group (p = 0.006). Median OS was 69.5 months (95% CI: 46.9 – 92.1) versus 38.7 months (95% CI: 31.1 – 46.2) respectively (p = 0.006). On multivariate analysis, interval from NACT to IDS (< 4 weeks vs > 4 weeks) retained its statistical significance in terms of PFS (p= 0.004) and OS (p= 0.002) along with optimal debulking, performance status and administration of bevacizumab (all p< 0.05).