

recurrent disease after 9 months and 8 years of completion of therapy, respectively. The sites of these metastasis were face and scalp respectively. Both the cases were managed using second line chemotherapy (gemcitabine, cisplatin, bevacuzimab) 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.

2022-RA-1603-ESGO CONTRIBUTION OF ADDING ROUTINE ENDOSCOPY AND COLONOSCOPY TO PREOPERATIVE SCREENING OF PATIENTS WITH SUSPECTED OVARIAN CANCER ON SURGICAL AND ONCOLOGICAL OUTCOMES

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Introduction/Background There is no routine screening protocol in ovarian cancer. In many clinics, screening endoscopy and colonoscopy are performed for patients who are thought to have ovarian cancer and gastrointestinal system metastasis. In this study we aimed to examine the contribution of preoperative endoscopy and colonoscopy screening to surgical and oncological outcomes in patients followed up with suspected ovarian cancer.

Methodology The files of 1446 patients who were operated on with the suspicion of ovarian cancer or treated with the diagnosis of ovarian cancer in our hospital between August 17, 1992 and November 27, 2018 were retrospectively analyzed. Of these patients, 676 patients between Stage 2 and Stage 4 were included. Such following parameters were evaluated; age range, body mass index, parity status, comorbidity, tumor marker, preoperative ascites, preoperative tumor diameter, cytoreduction adequacy, adjuvant chemotherapy, peri- and postoperative complications, tumor histology, grade, and stage. These comprehensive features were compared between the bowel metastasis and bowel resection groups using appropriate statistical analysis.

Results The mean age at diagnosis of the patients was 54.7 ± 12.4 ; The median age at diagnosis was 55 years. There was no significant difference between the presence of bowel resection according to the laboratory findings ($p > 0.05$). While postoperative CA125 values were detected to be higher in patients with intestinal metastasis comparing to those without bowel metastasis ($p < 0.05$). Preoperative tumor diameter value was found to be higher in patients with intestinal metastasis ($p < 0.05$). It was determined that mean survival time of the patients who had bowel metastasis was low ($p > 0.05$).

Conclusion Since seromuscular involvement is usually seen in intestinal metastases of ovarian cancer, the sensitivity of the endoscopy and colonoscopy in screening is low. Risk-adjusted endoscopy and colonoscopy screening may be a reasonable strategy.

2022-RA-1607-ESGO OPTIMAL TIME INTERVAL BETWEEN NEOADJUVANT PLATINUM-BASED CHEMOTHERAPY AND INTERVAL DEBULKING SURGERY

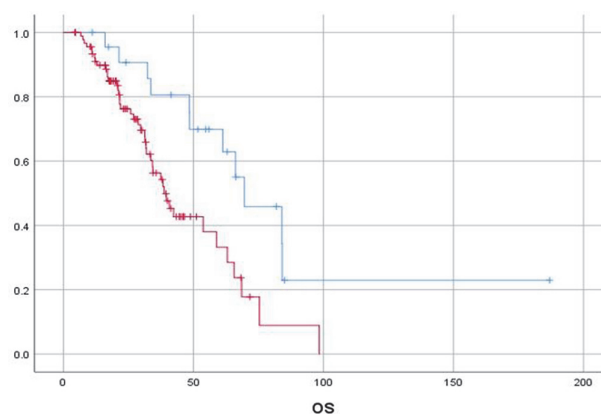
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Introduction/Background There is limited data on the optimal time interval between the last dose of neoadjuvant chemotherapy (NACT) and interval debulking surgery (IDS) in high-grade serous ovarian carcinoma (HGSC).

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 bevacuzimab (all $p < 0.05$).



Abstract 2022-RA-1607-ESGO Figure 1