2022-RA-1640-ESGO FERTILITY-SPARING TREATMENT IN PATIENTS WITH STAGE I OVARIAN DYSGERMINOMA: AN ANALYSIS OF PREGNANCY OUTCOMES

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Introduction/Background To evaluate pregnancy outcomes in patients diagnosed with stage I ovarian dysgerminoma who underwent a fertility-sparing surgery in a tertiary-care center in Monza, Italy.

Methodology We performed a retrospective, observational study of women with a histologically confirmed diagnosis of ovarian dysgerminoma referred to our Institution from 1980 to 2020. We collected patients' characteristics, surgical procedures and postoperative management. Descriptive statistics were performed for baseline characteristics, while Fisher's exact test was used to investigate the association between type of surgery (ovarian cyst removal [CR] versus unilateral salpingo-oophorectomy [USO]), oncologic management (adjuvant chemotherapy [AC] versus follow-up [FU]) and pregnancy outcome. $P<0.05$ was considered significant.

Results Of 131 patients diagnosed with ovarian dysgerminoma, 49 were diagnosed withearly-stage disease, treated with fertility-sparing surgery and received follow-up at our Institution. During follow-up 18 patients never planned a pregnancy or had already completed childbearing while 31 patients tried to conceive, with a live birth rate of 96.7%. No differences in delivery rate were found either between patients managed with CR only (3/31) and with USO (28/31), or between patients who received AC after surgery (12/31) and those who received follow-up only (19/31). Six patients reached physiologic menopause: mean age at menopause was 51.7 years.

Conclusion Fertility-sparing surgical treatment is safe and feasible for patients with early-stage ovarian dysgerminoma. In our population, live birth rate was not affected by the type of surgery or postoperative oncologic management; the effect of fertility-sparing surgery for early-stage ovarian dysgerminoma on age at menopause should be further investigated.

2022-RA-1648-ESGO CARDIOPHRENIC LYMPH NODE INVOLVEMENT FOR OVARIAN CANCER

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Introduction/Background Cardiophrenic lymph node (CPLN) involvement is one of the most common presentation of stage IV ovarian cancer. Diagnostic and therapeutic approaches currently are not established.

Methodology Review of the literature dedicated to the role of CPLN in ovarian cancer patients.

Results There is no consensus about diagnostic criteria, metastatic involvement could be described if CPLN is more than 5–10 mm, also Qualitative Assessment Scale may be used additionally. PET-CT may be used in some cases, it is perspective method but with limited availability. Positive impact of CPLN removal on recurrence free and overall survival may be achieved in the case of complete surgical cytoreduction (no visible disease). In such case omitting of CPLN lymphadenectomy is the same as left residual disease. It was shown, that if metastatic CPLN were not removed, they are very likely to be the place of recurrence and the rates of thoracic cavity recurrence are rising. Some research groups that analyzed patients' groups with criteria of optimal cytoreduction (residual tumor less than 1 cm) had shown no influence of CPLN removal on recurrence free and overall survival. That fact underlines the importance of CPLN as a reservoir of residual tumor cells. CPLN removal is safe procedure with low rates of specific complications and no influence in terms of hospital stay or adjuvant chemotherapy admission.

Conclusion There are insufficient data about the role of CPLN in ovarian cancer patients. Potentially it is underestimated from oncological and surgical point of view. Both retrospective and prospective studies are needed to confirm it.

2022-RA-1649-ESGO MIRRORS STUDY: A PROSPECTIVE COHORT STUDY ASSESSING THE FEASIBILITY OF ROBOTIC INTERVAL CYTOREDUCTIVE SURGERY FOR ADVANCED-STAGE OVARIAN CANCER

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Introduction/Background MIRRORS (Minimally Invasive Robotic surgery, Role in optimal debulking Ovarian cancer, Recovery & Survival) is the largest prospective cohort study of robotic interval CRS in women with advanced-stage epithelial ovarian cancer to date. MIRRORS has investigated the feasibility of consenting, the acceptability and success of robotic interval CRS and its impact on short-term surgical outcomes and quality of life.

Aim to establish the feasibility and safety of a proposed randomised controlled trial (RCT) of robotic interval cytoreductive surgery (CRS) for advanced ovarian, fallopian tube and peritoneal cancer (EOC) using MIRRORS protocol.

Methodology Eligibility: Women with Stage IIIc-IVb EOC undergoing neoadjuvant chemotherapy, suitable for interval CRS with a pelvic mass ≤8 cm. Robot-assisted laparoscopic assessment proceeding to robotic/open interval CRS (MIRRORS protocol). 6-month post-op surveillance.

Results Recruitment: 23/24 eligible women (95.8%). Following MIRRORS-protocol, completed 20 robotic, 3 open interval CRS. All patients achieved CRS to $R<1$, robotic (tumour site ovary/peritoneum/Tube): R0 =47.4%, open R0 =0.0%. Conversion rate to open: 0.0%. Median estimated blood loss robotic: 50 ml, open: 2026 ml; length of stay 1.5 days robotic vs 6 days open, time to chemotherapy robotic: 18.5 days vs open: 25 days. 6 month OS and PFS are non-inferior compared with concurrent and retrospective control groups.

Conclusion Robotic interval CRS is safe and feasible in women with a pelvic mass up to 8 cm. A prospective RCT is