cytoreduction. 43 patients received IDS with HIPEC and 80 patients had IDS without HIPEC. The median follow-up period was 34.4 months.

Results No differences in baseline characteristics in patients were found between the 2 groups. The IDS with HIPEC group had fewer median cycles of chemotherapy (P = 0.002) than IDS group. The IDS with HIPEC group had higher rate of high surgical complexity score (P = 0.032) and higher rate of complete resection (P = 0.041) compared to IDS group. The times to start adjuvant chemotherapy were longer in IDS with HIPEC group compared to IDS group (P < 0.001). Post-operative grade 3 or 4 complications were similar in the two groups (P = 0.237). Kaplan-Meier analysis showed that HIPEC with IDS group had better progression-free survival (PFS) (P = 0.010), while there was no difference in overall survival between two groups (P = 0.142). In the multivariate analysis, HIPEC was significantly associated with better PFS (HR, 0.60; 95% CI, 0.39 – 0.93).

Conclusions The addition of HIPEC to IDS resulted in longer PFS than IDS without HIPEC not affecting safety profile. Further research is needed to evaluate the true place of HIPEC in the era of targeted treatments.

RE-VALIDATION OF CHEMOTHERAPY RESPONSE SCORE (CRS) AS A PROGNOSTIC FACTOR IN OVARIAN CANCER: THE EFFECT OF BEVACIZUMAB AND HIPEC ON SURVIVAL

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Abstracts

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Objectives The aim of the study is to re-verify CRS as a prognostic factor for ovarian cancer patients who received front-line maintenance therapy or intra-operative chemotherapy.

Methods The medical records from tubo-ovarian HGSC patients who received neoadjuvant chemotherapy followed by interval debulking surgery between August 2009 to April 2020 underwent retrospective analysis. Progression-free survival (PFS) and overall survival (OS) were obtained using Kaplan-Meier analysis; the aforementioned was used to evaluate the effect of bevacizumab, hyperthermic intraperitoneal chemotherapy (HIPEC) and CRS.

Results A total 233 patients were analyzed. 34 (14.6%) patients were treated with bevacizumab as a front-line maintenance therapy and 42 (18.0%) patients underwent IDS with HIPEC. CRS 3 in patients without bevacizumab maintenance therapy was associated with improved PFS (28.0 vs 21.1 months, p=0.047) and OS (87.2 vs 79.0 months, p=0.036) compared to CRS 1 or 2. However, there is no significant PFS or OS prolongation in bevacizumab-treated patients (p=0.254, p=0.505, respectively). Similarly, CRS 3 in HIPEC-naive patients improved PFS significantly longer than CRS 1 or 2 (43.8 vs 19.7 months, p=0.015), whereas CRS 3 in HIPEC-treated patients were not significantly associated with prolongation of PFS nor OS (p=0.492, p=0.241, respectively).

Conclusions Contrary to bevacizumab or HIPEC-naive patients, CRS system may not predict survival in patients who were already treated with bevacizumab or HIPEC as an additional front-line therapy.

PEGYLATED LIPOSOMAL DOXORUBICIN DOES NOT AFFECT CARDIAC FUNCTION IN PATIENTS TREATED FOR GYNECOLOGIC MALIGNANCIES

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Objectives Pegylated liposomal doxorubicin (PLD) has a more favorable side-effect profile compared to doxorubicin. While the FDA label for PLD includes a black box warning concerning cardiac toxicity, the actual risk of cardiotoxicity is unknown and it may be substantially less than that of doxorubicin.

Methods All gynecologic malignancy cases with PLD use were reviewed over a 10-year period. Cardiac studies were aligned