CTNNB1 mutations were associated with improved response with 87.5% CBR (95%CI: 67.6–97.3%) \( v \) 60.0% (95%CI: 43.3–75.1%) in CTNNB1wt. PIK3CA mutations were associated with worse survival (median OS 11 months \( v \) 28 months in PIK3CAwt (P<0.045)).

**Conclusions** Molecular findings may help predict treatment response to ET. Further exploration of the correlation between mutations and treatment response in a larger prospective population are needed.

### Focused plenary: Surgery

**0036/#221** INTRATHORACIC SURGERY AS PART OF PRIMARY CYTOREDUCTION FOR ADVANCED OVARIAN CANCER – GOING TO THE NEXT LEVEL: A MEMORIAL SLOAN KETTERING TEAM STUDY

1Ryan Kahn*, 2Erin Mcminn, 1Thomas Boerner, 1Kara Long Roche, 1Oliver Zivanovic, 1Ginger Gardner, 1Yukio Sonoda, 1Roisin O’Cearbhaill, 3Rachel Grisham, 4James Huang, 4Bernard Park, 1Nadeem Abu-Rustum, 1Dennis Chi. 1Memorial Sloan Kettering Cancer Center, Gynecologic Oncology, New York, USA; 2University of Pennsylvania, Obstetrics and Gynecology, Philadelphia, USA; 1Memorial Sloan Kettering Cancer Center, Gynecologic Medical Oncology, New York, USA; 4Memorial Sloan Kettering Cancer Center, Intrathoracic Surgery, New York, USA

**Objectives** We report on a cohort of patients undergoing intrathoracic cytoreduction as part of primary debulking surgery (PDS), assessing safety and survival outcomes.

**Methods** We conducted a single center, database review of patients with stage IIIB-IV ovarian carcinoma who underwent intrathoracic cytoreduction as part of PDS at our institution between 01/2001–12/2019. Patients were excluded if they received neoadjuvant chemotherapy.

**Results** During the study, 179 patients had intrathoracic surgery as part of PDS. This represents 11% (179/1579) of patients who had a PDS at our institution during this time. Supradiaphragmatic cardiophrenic lymph nodes were excised in 64% of patients (114/179); mediastinal (not cardiophrenic) nodes 13% (23/179); pleural nodules 7% (12/179); lung parenchyma 1% (2/179), and multiple intrathoracic areas 16% (28/179). Complete gross resection (CGR) was achieved in 73% of patients (127/179), 26% (44/179) had optimal cytoreduction (1–10 mm of residual disease (RD)), and 1% (2/179) underwent suboptimal cytoreduction (>10 mm of RD). Median length of follow-up among survivors was 55 months. Patients with an intrathoracic cytoreduction of carcinoma where CGR was achieved had a median OS of 97 months versus 54 months following an optimal cytoreduction with RD (p = 0.0036). Patients with an intrathoracic cytoreduction where CGR was achieved had a median PFS of 22.1 months versus 14.4 months following an optimal cytoreduction with RD (p = 0.04).

**Conclusions** Intrathoracic cytoreduction during PDS for advanced ovarian cancer is safe and feasible. CGR can be obtained in patients with intrathoracic disease if properly selected. Resection of all gross RD including intrathoracic disease significantly improves both PFS and OS.

**0037/#239** ARE UTERINE MANIPULATORS HARMFUL IN MINIMALLY INVASIVE SURGERY (MIS) FOR ENDOMETRIAL CANCER? A RETROSPECTIVE COHORT STUDY

1Maxime Côté*, 2Gabriel Dubois, 1Marie-Claude Renaud, 1Alexandra Sebastianelli, 1Jean Grégoire, 1Ève-Lyne Langlais, 3Narcisse Singbo, 1Marie Plante. 1CHU de Québec, Division of Gynecologic Oncology, Québec, Canada; 2CHU de Québec, Department of Obstetrics and Gynecology, Québec, Canada; 3CHU de Québec, Clinical Research Center, Québec, Canada

**Objectives** To assess the oncological safety of uterine manipulators in apparent early-stage (FIGO I-II) endometrial cancer treated by MIS.

**Methods** This is a single center retrospective study including patients who underwent endometrial cancer surgery for apparent early stage disease by either laparoscopy, robotics or laparoscopic assisted vaginal hysterectomy from 11–2012 to 12–2020. Data on manipulator type, isolated tumor cells (ITC), cytology, LVSI, free cancer cells in fallopian tubes (floaters), stage, histology and grade were collected. Primary outcome was cancer recurrence. Secondary outcome was disease specific death. Kaplan-Meier curves and multivariate logistic regression were used for statistical analysis.

**Results** 935 women with early-stage endometrial cancer were included; 794 (85%) had hysterectomy with uterine...
Lymphadenectomy in Clinically Early Epithelial Ovarian Cancer and Survival Analysis - A Multicenter Retrospective Study (LILAC) - GOLILA 3002

Eun Jung Yang*, Seung Hyuk Shim, Suk-Joon Chang, Hee Seung Kim, Dong Hoon Suh.

Objectives This study was to evaluate the role of lymphadenectomy by comparing survival outcomes for patients with clinically early epithelial ovarian cancer (eEOC) who underwent lymphadenectomy versus those who did not.

Methods We conducted a multicenter retrospective study of patients diagnosed with eEOC by imaging study from 2007 to 2021. Clinicopathological characteristics and oncologic outcomes were compared between the lymphadenectomy group and the no lymphadenectomy group.

Results In this study, out of 586 clinical eEOC patients, 453 (77.3%) had lymphadenectomy and 133 (22.7%) did not. The upstaging was 4/133 (3.0%) in the no lymphadenectomy group; the upstaging by lymph node metastasis was 21/453 (4.6%) in the lymphadenectomy group; and 4/133 (3.0%) in the no lymphadenectomy group; 21/453 (4.6%) in the lymphadenectomy group; and 4/133 (3.0%) in the no lymphadenectomy group; 21/453 (4.6%) in the lymphadenectomy group; and 4/133 (3.0%) in the no lymphadenectomy group; and 21/453 (4.6%) in the lymphadenectomy group; and 4/133 (3.0%) in the no lymphadenectomy group.

Conclusions This study showed that in patients with clinical eEOC, histological subtype is associated with a survival benefit for lymphadenectomy. In serous carcinoma, lymphadenectomy showed improvement in PFS, but other histological subtypes did not differ significantly. Considering the higher risk of perioperative adverse events in lymphadenectomy, lymphadenectomy in patients with clinically eEOC can be selectively performed according to histological subtype.