LYMPHADENECTOMY IN CLINICALLY EARLY EPITHELIAL OVARIAN CANCER AND SURVIVAL ANALYSIS -A MULTICENTER RETROSPECTIVE STUDY (LILAC) – GOLILA 3002

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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. Compared to the no lymphadenectomy group, the lymphadenectomy group had a longer operating time (P < 0.001), and a higher rate of postoperative adverse events (P = 0.004). Among histological subtypes of eEOC, serous carcinoma showed more improved PFS in the lymphadenectomy group compared to no lymphadenectomy group (P = 0.048). There was no difference in PFS in mucinous (P = 0.67), endometrioid (P = 0.41), and clear cell (P = 0.89) carcinomas between the two groups.

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.