Objectives Ovarian cancer (OC) is a highly heterogeneous disease usually diagnosed at advanced stage. Although most patients with advanced disease respond well to initial treatment, the majority develop recurrent disease, become resistant to chemotherapy, and succumb to the disease. Organoid, a rapidly emerging technology, can faithfully recapitulate the architectures and distinctive functions of a specific organ, has been used to elucidate crucial scientific questions including the relationships between genetic/epigenetic alterations and drug responses, and mechanisms of drug resistances. In the previous study, we have successfully established organoids derived from newly diagnosed OC which can be performed optimal cytoreductive surgery. The study (CQ戈G0202) is to explore whether organoids can be established from advanced or recurrent OC which cannot be completely removed by surgery, and to evaluate whether it can guide personalized medicine.

Methods The CQ戈G0202 study is a single-center, prospective, observational clinical trial. Eligible patients are aged 18–70 years with advanced or recurrent epithelial ovarian cancer whose tumors can’t be completely removed after comprehensive evaluation. Organoids from 30 patients will be established. Morphological and histological characterization, and genomic landscape of OC organoids will be compared to their parent tumor. Drug screening was also performed on organoids to access whether organoids can be a useful predictor of patient response to therapy. Primary endpoint is the similarity between organoids and their corresponding tumor tissue. Secondary endpoint is the reliability (yes/no) of organoids obtained from advanced or recurrent OC as a model for the patient’s response to treatments.

Results Trial in progress: no available results at the time of submission.

Conclusions Trial in progress: no available conclusions at the time of submission.
Methods Patients with histologically confirmed H-SIL and/or VIN 2–3 will be treated with Pembrolizumab 200 mg flat dose every 3 weeks for 5 cycles. Within 4 weeks from the last Pembrolizumab administration patients will be submitted to surgical conization (either cold knife conization or LEEP) and/or partial or radical vulvectomy. During the screening phase patients will receive blood and stool specimen’s collection. Genotyping for HPV will be performed at baseline, surgery and at safety follow up visit.

Results Trial in progress: there are no available results at the time of submission.

Conclusions Trial in progress: there are no available conclusions at the time of submission.

TP043/#1565 PHASE II ACTIVITY TRIAL OF HIGH DOSE RADIATION AND CHEMOSENSITIZATION IN PATIENTS WITH MACROMETASTATIC LYMPH NODE SPREAD AFTER SENTINEL NODE BIOPSY IN VULVAR CANCER: GRONGEN INTERNATIONAL STUDY ON SENTINEL NODES IN VULVAR CANCER III (GROINSS-V III/NRG-GY024)

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10.1136/ijgc-2022-igcs.552

Objectives To investigate the safety of replacing inguinofemoral lymphadenectomy (IFL) by chemoradiation in early-stage vulvar cancer patients with a macrometastasis (>2 mm) and/or extracapsular extension in the sentinel node (SN).

Methods This is an international multicenter single-arm phase II prospective clinical trial. Primary endpoint is groin recurrence rate in the first two years after primary treatment. Secondary endpoints are short and long-term morbidity associated with the SN procedure and chemoradiation and quality of life as measured by EORTC-QLQc30. Patients with invasive (>1 mm) squamous cell carcinoma of the vulva, stage T1, tumor size <4 cm diameter and no suspicious lymph nodes by imaging will proceed with SN detection. Institutions enrolling patients must demonstrate prior surgical experience with the submission of at least 10 successfully completed SN cases in vulvar cancer. Patients with SN metastases > 2 mm and/or with extracapsular extension or those with >1 SN with micrometastases are eligible. Treatment consists of chemoradiation with a dose of 56 Gy to the groin combined with weekly cisplatin 40 mg/m2 IV on days 1, 8, 15, 21 and 29 of radiotherapy. One hundred and fifty-seven patients in Europe, United States and Canada will be enrolled. The study includes continuous monitoring of groin recurrences with stopping rules. Results of this trial may be practice changing and eliminate the need for IFL in all women with clinically early stage vulvar cancer. The study is currently open for enrollment. NCT05076942.

Results Trial in progress: there are no available results/conclusions at the time of submission.

Conclusions N/A

Surgical films

Surgical session: Video highlights

FF001/#573 NEAR-INFRARED ANGIOGRAPHY FOR ASSESSMENT OF RECTOSIGMOID ANASTOMOSES IN GYNECOLOGIC SURGERY

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10.1136/ijgc-2022-igcs.553

Introduction Rectosigmoid resections are frequently needed to achieve complete disease clearance during surgery for ovarian cancer. A severe complication from rectosigmoid resections is anastomotic leakage. Near infrared angiography (NIR) has been introduced to assess perfusion of vascular pedicles. Given the interest in usage of NIR to evaluate perfusion during rectosigmoid anastomoses, we have put together an instructional video demonstrating the setup and usage of this technology.

Description Intraoperative setup for NIR will require a PINPOINT endoscopic fluorescence imaging system including a 10 mm laparoscope, a PINPOINT rigid scope introducer, and 25 mg of indocyanine green (ICG) dye. After the segment of colon with disease is isolated and divided, perfusion is tested in the proximal limb by injecting 5 mL of the reconstituted ICG intravenously, allowing one minute for the dye to mobilize, and visualizing the bowel with the 10 mm laparoscope. A perfusion defect is identified, and the decision is made to further resect the segment of bowel without perfusion. After this step, the trimmed proximal limb is brought down to the pelvis and anastomosed with the distal limb. Perfusion is tested after anastomosis by bringing placing the PINPOINT rigid scope introducer over the 10 mm laparoscope and introducing the scope through the anus until the anastomotic ring is identified. 5 mL of ICG is re injected. Perfusion is tested again and found to be adequate.

Conclusion/Implications Assessment of rectosigmoid anastomoses performed for gynecologic surgery using NIR with ICG is feasible, can be performed without the need for numerous additional instruments.

FF002/#1121 PRINGLE MANEUVER IS A SIMPLE AND USEFUL TECHNIQUE FOR HEPATIC RESECTIONS DURING OVARIAN CANCER CYTOREDUCTION

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10.1136/ijgc-2022-igcs.554

Introduction In selected cases, surgical removal of hepatic lesions should be performed in order to achieve a complete cytoreductive surgery for ovarian cancer patients. A Pringle