INCISIONAL HERNIA IN ADVANCED OVARIAN CANCER (HINCOA)
Marta Míguez Medina*, Anna Luzarraga, Úrsula Acosta, Sara Catalan, Jose Luis Sanchez, Assump Pevelez, Antonio Gil Moreno. Hospital Universitari Vall Hebrón; Barcelona, Spain
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Introduction/Background Incisional hernia (IH) as a complication of cytoreductive surgery with a laparotomy approach has an incidence of 2–10%. Pre-, intra-, and post-surgical factors have been related to it. The identification and reduction of IH would lead to a significant improvement in patient outcomes and reduce complications.

The objective is to determine the incidence, risk factors, and management of IH in patients with advanced ovarian cancer (AOC) and cytoreductive surgery with a midline laparotomy approach (MLA).

Methodology Descriptive and retrospective study analyzing pre-, intra-, and post-surgical factors of patients undergoing cytoreductive surgery for advanced ovarian cancer using a laparotomy approach between January 2015 and December 2020 in our centre.

To establish the relationship between the described variables, we have carried out a binary logistic regression analysis. Results 115 AOC patients underwent a MLA surgery. Of these, 21.7% experienced IH the following three years; 3.8% had symptoms associated and 7.6% required surgical repair.

For intraoperative factors, the use of non-absorbable sutures for the fascia was associated with an increased risk of IH (OR 6.825, CI 1.510–30.859).

For post-surgical factors, use of noradrenaline in the post-operative period resulted in an increased presence of IH: 39.1% of patients versus 18.7% (OR 2.798, CI 1.040–7.527). Also, for the patients who developed an IH, 30.8% did not follow the Enhanced Recovery After Surgery (ERAS) protocol, compared to 7.7% who did follow it (OR 0.188, CI 0.52–0.681).

Conclusion Besides in literature some risk factors have been related to IH, we only found that smoking and use of noradrenaline postoperatively. On the other hand the use of absorbable sutures and ERAS recovery showed to be protective factors.

Disclosures The author declare that there is no conflict of interest

THE LONG AND SHORT TERM SURVIVORS WITH ADVANCED EPITHELIAL OVARIAN CANCER
Eliya Shachar*, Yael Raz, Shira Peleg Hasson, Ido Laskov, Nadav Mischan, Dan Grisaru, Ido Wolf, Tamar Safra. Tel Aviv Sourasky Medical Center, Tel Aviv, Israel
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Introduction/Background A subset of patients with advanced epithelial ovarian cancer (EOC) are long term survivors (LTS). The underlying prognostic factors associated with survivorship may provide individualized follow-up strategies. We aimed to characterize the patients with advanced EOC with long and short-term survival.

Methodology We conducted a retrospective analysis of patients diagnosed with advanced EOC (FIGO stage III/IV) treated at a single center, between 2002–2020. Characteristics of short-term survivors (STS) were compared to LTS, patients who lived >10 years from diagnosis.

Results Among 822 patients with advanced EOC, 112 (14%) women survived <2 years, while 139 (17%) survived >10 years. Histology, CA125 levels, and debulking approach were not significantly prognostic of survivorship.

Abstract #405 Figure 1 Survival of advanced epithelial ovarian carcinoma by BRCA mutation status

LTS were younger at diagnosis, (median age of 56.5 in LTS, vs. 70 in STS, p<0.0001). The majority were diagnosed with stage III (97%, LTS, vs. 67%, STS). BRCA mutation status was the strongest prognostic factor among LTS (OR=21, p<0.001). Forty-two percent of LTS were BRCA mutation carriers, whereas most STS were BRCA Wildtype (90%, p<0.001). LTS predominantly had a platinum sensitive disease (98.4%, LTS, vs. 21.6% STS, p<0.0001). Optimal cytoreductive surgery was performed among almost all LTS (41.9%, STS vs. 88.7%, LTS, p<0.0001). A greater proportion of LTS received weekly paclitaxel carboplatin therapy compared to STS (49.2%, LTS vs. 31.6%, STS, p<0.01). Bevacizumab and PARP inhibitors were associated with long term survivorship (p=0.01, and p<0.001 respectively). The total population with advanced stage (III-IV) had a mOS of 61.77 months, and median progression free survival (mPFS) of 15.2 months. While women with a BRCA mutation had a longer mOS (86 months) and mPFS (19 months) compared to the BRCA WT population (51, and 13 months, respectively; p=0.043), with specifically longer mOS and mPFS among the BRCA2 population in comparison to BRCA1 carriers (112, and 30 months, respectively; p=0.01).

Conclusion The LTS and STS with advanced EOC may be identified early in the clinical assessment, based on distinct patient characteristics associated with survivorship, which are critical in developing a personalized treatment and follow-up approach.

Disclosures none