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MINIMALLY INVASIVE STAGING OF EARLY STAGE EPITHELIAL OVARIAN CANCER VERSUS OPEN SURGERY IN TERMS OF FEASIBILITY AND SAFETY: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction/Background Epithelial ovarian cancer is women's fourth oncological cause of death. One of the main prognostic factors is the tumor stage. For instance, surgical staging of the disease is focal to choose the best therapeutic option for each case. Although open surgery is the prevalent approach for staging and treating ovarian cancer, the use of minimally invasive surgery (MIS) finds recent application in staging or restaging cases of early disease. Our work compares oncological outcomes after MIS staging for FIGO I epithelial ovarian cancer with the laparotomic approach.

Methodology Following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement recommendations, we systematically searched the Pub Med and Scopus databases in February 2023. No temporal nor geographical limitation was made. We included the articles containing data about Disease-free survival (DFS) and Overall Survival (OS), Recurrence Rates (RR), and Upstaging Rates (UpR). We used comparative studies for meta-analysis.

Results After the database search and article selection, 19 works matched the inclusion criteria for the systematic review. 11 of them were comparative studies between MIS and Open Surgical Staging (OSS) approaches for ovarian cancer staging and were included in the meta-analysis. The Meta-analysis did not show a statistically significant difference between the MIS and the OSS group concerning DFS, OS, and RR. Only upstaging rate \geq FIGO Stage II was statistically significant higher in the OSS group. Likewise, MIS is confirmed to be an approach with a lower profile of surgical complications.

Conclusion Our study did not show one approach to be safer than the other. However, the lack of dedicated studies limits the evidence of our study. For instance, we recommend adequately selecting the specimen, minimizing the risk of spillage, and optimizing surgical staging.

Disclosures The authors declare no conflict of interests.

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LYMPH NODE RECURRENCE WITH LIGATION OF HYPOGASTRIC VESSELS IN SECONDARY CYTOREDUCTIVE SURGERY OF OVARIAN ENDOMETRIOID CARCINOMA

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Introduction/Background Current randomized studies have pointed out the impact of

Secondary cytoreductive surgery in recurrent ovarian cancer.

In patients who relapse after a disease-free period greater than 6 months, the general state (ECOG 0), the result R0

of the first surgery and the presence of less than 500 ml ascites (AGO scoring criteria) are ideal criteria, but non-exclusive, to assess the possibility of secondary cytoreduction. If an R0 is achieved after the second cytoreduction following these criteria, disease-free and overall survival are increased.

Endometrioid ovarian cancer accounts about 10% of all epithelial tumors. In most cases, it develops in perimenopausal women and is diagnosed at early stage. In approximately 42% of the cases, endometrioid ovarian cancer is associated with ovarian and/or pelvic endometriosis.

Methodology We present a case report of a 43 years-old patient with a recurrent endometrioid ovarian cancer. Previously, she was diagnosed with endometriosis.

2019, primary cytoreductive surgery, FIGO IIIA2, endometrioid ovarian cancer. She completed six cycles of adjuvant chemotherapy with Carboplatin and Paclitaxel.

In november/2021 she presented a multiple nodal recurrence in the left iliac and para-Aortic region.

She underwent secondary debulking surgery with ligation of left hypogastric vessels.

Results Secondary debulking surgery.

PCI 10. Multiple nodal recurrence (left hypogastric artery, left internal obturator).

Surgery time 10h 50 min.

Blood transfusion 5 Units of red blood cells and 2 of plasma.

R0 achieved.

BRCA1, BRCA2 and CHEK2 negative.

Post-operative complication neuropathic pain in left leg.

Nowadays she is alive.

Conclusion Secondary debulking surgery can be considered a feasible and therapeutic option for the management of recurrences, although long-term follow-ups are necessary to evaluate the overall oncologic outcomes of this procedure.

Interruption of the hypogastric artery by ligation can result in ischemic complications, but it can be considered in case of an uncontrollable major bleeding or in the context of a R0 surgery.

Disclosures Some authors suggested to consider to avoid systematic lymph node dissection in patients affected by early-stage low-grade endometrioid cancer and SEO-EC without apparent lymph node involvement at pre-operative imaging.

In this case, despite the patient underwent complete surgery with systematic pelvic and para-aortic lymphadenectomy, and completed six cycles of adjuvant chemotherapy with Carboplatin and Paclitaxel, she had nodal recurrence.

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H3K4-DEMETHYLASES JARID1A AND JARID1B WITH AN OPPOSITE EFFECT ON PROGNOSIS OF OVARIAN CANCER

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Introduction/Background JARID1A and JARID1B (jumonji-A/T-rich-interactive-domain) belong to the family of lysine specific demethylases. Both can remove tri- and di-methyl marks from H3K4 (histone-3, lysine-4) and are overexpressed in many