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

Carlo Ronsini, Francesca Pasanisi*, Rosella Moliterno, Irene Iavarone, Maria Giovanna Vastarella, Pasquale De Franciscis. Università degli studi della Campania, Napoli, Italy

10.1136/ijgc-2023-ESGO.575

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 laparoscopic 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 ≥ 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.

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

Nadia Veiga*, Juan Carlos Muruzábal, Sara Aguirre, Sonia Lapeña, Orencio Tarrío. Hospital Universitario de Navarra, Pamplona, Spain

10.1136/ijgc-2023-ESGO.576

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.

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

Katharina Leitner*, Katharina Steger, Heidelinde Fiegl, Daniel Reimer, Christian Marth, Alain G Zeimet. Medical University of Innsbruck, Department of Obstetrics and Gynecology, Innsbruck, Austria

10.1136/ijgc-2023-ESGO.577

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
Abstracts

INTRODUCTION/BACKGROUND

Minimally invasive surgery is widely used for the management of adnexal masses. However, the main concern of minimally invasive surgery is dissemination of the abdomen and contamination to port sites. Sterile endobags are used in order to prevent dissemination. There are commercial endobags which can be as much as 15 cm in diameter. The removal of bigger masses may be problematic since the mass may not fit into bags. Controlled rupture of the masses which are strongly supposed to be benign was shown not to have adverse outcome. However, a mass must be removed in sterile bags which has suspicion of malignancy.

METHODLOGY

In this present management of a huge adnexal mass using flouroscopy C-Arm cover bag. The patient admitted to our department with the diagnosis of adnexal mass. Ultrasonography revealed a multiloculated mass 17 cm in diameter. No ascites or distant metastasis was detected. CA 125 level was 47. Laparoscopic exploration and salpingooophorectomy was performed. Posterior colpotomy was performed for removal of the mass. A flouroscopy C-Arm bag was put into abdomen through colpotomy incision using straightened needle and theades. After taken into abdomen the needles were passed through abdominal wall and the threads was pulled for insertion of the bag through the colpotomy incision. The mass was put into bag and the needles were passed through the abdominal wall and the thread was brought outside the vagina for pulling back the bag. When the opening of the bag was taken outside the vagina the cyst was aspirated and the mass was removed without any contamination. Frozen section revealed borderline tumor and staging was performed laparoscopically.

RESULTS

Huge adnexal masses may be managed using Flouroscopy C-Arm cover bag successfully without any contamination.

CONCLUSION

Huge adnexal masses may be managed using Flouroscopy C-Arm cover bag successfully without any contamination.

#425

Huge Adnexal Mass Managed Minimally Invasive Surgery Using Flouroscopy C-Arm Cover Bag

Selçuk Erkilinç*, Betül Öztürk, Sena Özcän, İlker Çakır.

Izmir Democracy University Buca Seyfi Demirel Education and Research Hospital, Izmir, Turkey

10.1136/ijgc-2023-ESGO.578

INTRODUCTION/BACKGROUND

Although, JARID1A and JARID1B are so far demethylases, their functions are unclarified, and their potential roles in chromosome modulation and histone demethylation have not been thoroughly investigated.

RESULTS

High JARID1B mRNA-expression was associated with favorable PFS and OS in high-grade OCs, whereas high JARID1A expression is independently associated with poor outcome and chemoresistance in OC.

CONCLUSION

JARID1B mRNA-expression in OC.