

Conclusion In our centre, EOC gBRCA1/2m patients underwent primary cytoreduction more frequently than gBRCAwt patients, and there was a trend toward a higher rate of surgery and lower rate of residual disease, both at diagnosis and at first relapse.

Disclosures No disclosures.

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LAPAROSCOPIC APPROACH OF EARLY-STAGE OVARIAN CANCER IS ASSOCIATED WITH SIMILAR SURVIVAL AND IMPROVED SURGICAL OUTCOMES COMPARED TO LAPAROTOMY: SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction/Background The aim of the present analysis was to compare survival, intraoperative and postoperative outcomes between laparoscopic and open surgical treatment of early-stage ovarian cancer patients.

Methodology A systematic review and meta-analysis adhered to PRISMA guidelines was performed. Included studies were prospective or retrospective, randomized controlled or cohort or case-control studies having as primary objective to compare survival outcomes between LSOC and OSOC. Primary outcomes were overall recurrence and death rate, 5-year OS and DFS, OS and DFS hazard ratios. Secondary outcomes were overall rates of intraoperative and postoperative complications, transfusion rate, blood loss, hospitalization duration and tumour rupture rate. Epidemiological and pathological characteristics were compared in order to detect potential selection bias.

Results Twelve studies were included in the analysis, enrolling overall 1,699 patients, 707 (41.6%) in LSOC arm and 992 (58.4%) in OSOC arm. No significant difference was observed in overall recurrence rates, as recurrence was 9.3% for laparoscopy vs. 13.5% for laparotomy (OR: 0.76, 95% CI: 0.42–1.35, $P=.347$). Overall death rate was marginally not significant in favor of laparoscopy group (3.8% vs. 6.5% respectively, OR: 0.55, 95% CI: 0.302–1.003, $P=.051$). Cyst rupture rate was significantly higher in laparoscopy group (19.4% vs. 12.2%, OR: 1.98, 95% CI: 1.14–3.41, $P=.014$). No significant difference was observed regarding intraoperative complications. Overall rate of postoperative complications was significantly lower in laparoscopy group (5.6% vs. 12.6%, OR:0.44, 95% CI: 0.206–0.931, $P=.032$). Hospitalization duration, blood loss, need for transfusion were also significantly different in favor of laparoscopy. No significant differences were detected in any epidemiological and pathological parameter, thereafter minimizing selection bias. Quality of evidence was assessed as low to moderate.

Conclusion Laparoscopy could be considered an effective and safe method for the management of early-stage ovarian cancer.

The need to perform a well-designed prospective multicenter RCT is rather apparent to achieve definitive conclusions.

Disclosures Authors have nothing to disclose

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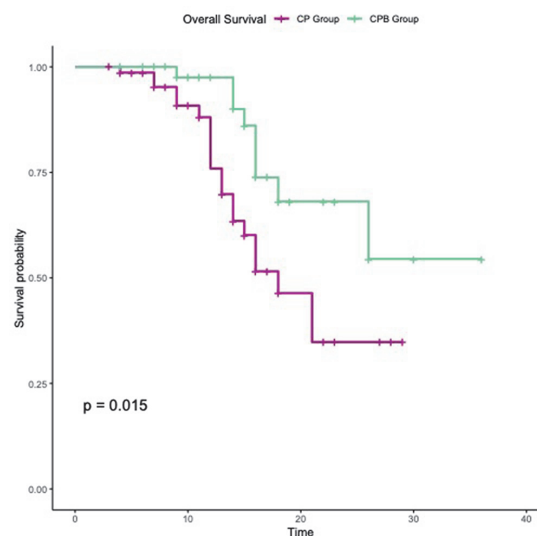
FAILURE OF EARLY INTERVAL DEBULKING SURGERY AFTER STANDARD NEOADJUVANT CHEMOTHERAPY: MAY BEVACIZUMAB ADD SOMETHING? A LARGE RETROSPECTIVE STUDY

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Introduction/Background Few data are available on Bevacizumab in neoadjuvant chemotherapy (NACT) setting for High Grade Serous ovarian Cancer (HGSC) patients. We investigate the effect of Bevacizumab addition to standard NACT regimen (Carboplatin and Paclitaxel) after Interval Debulking Surgery (IDS) failure following the first 3 NACT cycles.

Methodology This is a retrospective, single-centre study enrolling FIGO stage IIIC-IV HGSC patients (regardless of BRCA status) still considered unresectable after 3 cycles of NACT. Main inclusion criteria were: ECOG 0, age ranging from 40 to 75 years old, no contraindications to Bevacizumab administration. Patients were stratified whether they added Bevacizumab from cycle 4 to 6 (CPB group) or not (CP group). Primary endpoint was the cytoreduction rate after 6 cycles (delayed IDS).



Abstract #599 Figure 1

Results From 2017 to 2021, 58 (23%) patients received neoadjuvant Bevacizumab (CPB), and 190 (77%) did not (CP). Only 118 (48%) women received delayed IDS: 31 in the CPB group (46%) and 87 (53%) in the CP one ($p=0.38$); complete gross resection was achieved in 26 (84%) and 77 (88%) patients, respectively ($p=0.72$). We did not find any difference in terms of severe early postoperative complications (8% for the CP group and 10% for the CPB one, $p=0.069$). Median Overall Survival (OS) was not significantly different between