blood transfusions (33% vs 51%; p=0.46), gastrointestinal complications (15% vs 21%; p=0.36), infection (16% vs 13%; p=0.62), respiratory complications (12% vs 12%; p=0.87), urinary complications (6% vs 12%; p=0.062), or thromboembolic events (5% vs 3%; p=0.25). Similarly, no differences were found in ICU admissions (89% vs 28%; p=0.06), reoperations (8% vs 7%; p=0.50), or deaths (3% vs 3%; p=0.77).

Conclusion Overall complications have not changed over time for patients undergoing HIPEC in the setting of primary or recurrent ovarian cancer.

Disclosures Authors declare no conflicts of interest

#719 THE OVERALL SURVIVAL AND PROGRESSION FREE SURVIVAL RATES IN ADVANCED OVARIAN CANCER PATIENTS UNDERGOING PRIMARY AND INTERVAL CYTOREDUCTIVE SURGERY AT THE UNIVERSITY HOSPITALS OF LEICESTER: A PROSPECTIVE STUDY

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Introduction/Background Ovarian cancer is the seventh most common gynaecological cancer and the eighth most lethal cancer worldwide. The concept of maximal cytoreduction was initially proposed in the 1930s and in 1975, Griffiths, first published the evidence. According to the Gompertzian cell growth curve of cancer cells, bulky tumors are slower in growth, have less perfusion and hence have poor response to chemotherapy. The aim of cytoreduction is to reduce the size of the tumor and improve response to chemotherapy. Cytoreductive surgery (CRS) is considered a key element in management of advanced ovarian cancer (AOC). CRS is either primary CRS or interval CRS after neo-adjuvant chemotherapy (NACT).

Methodology A double-blinded prospective cohort study was carried out involving patients presenting to the University Hospitals of Leicester with AOC and undergoing CRS. The aim of the study was to evaluate the impact of CRS on the PFS and OS in AOC patients and to compare between primary CRS and interval CRS.

Results Cytoreductive surgery was performed in 26 AOC patients: 17 had interval CRS and 9 had primary CRS. The overall survival (OS) and progression free survival (PFS) were calculated from Kaplan Meier survival curves. The mean OS for all AOC patients (n=26) participating in the study was 23.4 months. Moreover, the OS was shown to be 23.1, 20.8, and 17.3 months in AOC patients undergoing interval debulking surgery, primary debulking surgery and palliative management.

The PFS was 16.8 months for AOC patients following CRS. Furthermore, the PFS was 14.6 months in interval CRS and 18.6 months in primary CRS respectively.

Conclusion The OS and PFS in AOC patients undergoing CRS were comparable in primary CRS and interval CRS. However, the OS and PFS were significantly higher in AOC patients having CRS than those managed palliatively.

Disclosures None

#723 OVARIAN CANCER CELLS IN MACROSCOPICALLY HEALTHY PERITONEUM: WHAT HAPPENS BELOW THE SURFACE?

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Abstract #723 Figure 1

Conclusion Solitary PAX8-positive cells are present in the macroscopically healthy-looking peritoneum of all EOC patients investigated, irrespective of the distance to macroscopically-visible metastases and of previous treatment. The majority of...