TOTAL VERSUS SELECTIVE PERITONECTOMY DURING SURGERY FOR ADVANCED EPITHELIAL OVARIAN CANCER: A COMPARATIVE SURVIVAL ANALYSIS

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Introduction/Background Cytoreductive surgery (CRS), aimed at achieving complete cytoreduction, plays a crucial role in the management of advanced epithelial ovarian cancer (AEOC). However, a significant knowledge gap exists regarding the optimal extent of peritonectomy. Specifically, the comparative efficacy and safety of total peritonectomy versus selective peritonectomy remain unclear. We aimed to compare the clinical outcomes following total and selective peritonectomy performed during CRS for AEOC.

Methodology A retrospective analysis of all records in RED-Cap software at Tata Medical Center, Kolkata, India, was collected for patients who underwent CRS for AEOC. The cohort included patients who underwent either total or selective peritonectomy as part of their surgical treatment. A comparison of patient and disease characteristics and survival outcomes between the two groups was made.

Results From January 2018 to December 2021, a total of 280 patients underwent CRS, with 153 patients undergoing selective peritonectomy (SP) and 127 patients undergoing total peritonectomy (TP). The median peritoneal cancer index (PCI) was 14 for TP and 11 for SP. In the TP group, histopathology confirmed presence of disease as follows: the pelvis (89.1%), right diaphragm (83.4%), left diaphragm (74%), right parietal peritoneum (70%), and left parietal peritoneum (64.5%). The pelvic peritoneum (86.7%) and the right diaphragm (62%) were the two most frequently operated sites in the SP group. The 90-day mortality rates were similar between the two groups (p = 0.58). The median disease-free survival (DFS) was 19 months for both groups (p = 0.14), while the median overall survival (OS) was 36 months for SP (95% CI, 28–51) and 40 months for TP (95% CI, 33–48) (p = 0.44).

Conclusion Total peritonectomy in advanced epithelial ovarian cancer is not associated with increased DFS or OS.

Disclosures None

IS FERTILITY PRESERVING APPROACH RISKY IN BORDERLINE OVARIAN TUMOR?

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Introduction/Background To determine the probability of increase in recurrence risk of Fertility-Sparing Surgery (FSS) in Borderline Ovarian Tumors (BOT).

Methodology Our retrospective study looks back between November 2015- February 2023. We evaluated 52 patients, diagnosed with BOT and had their first surgery, demographic features, treatments and follow-up datas. The prior objective was to determine the recurrence risk of FSS in patients diagnosed with BOT.

Results Median age of the patients included in the study is 40 (min: 19-max: 78). 71.2% of the patients were in reproductive ages and 18 patients(34.6%) were nulliparous women. The median values were found as CA 125: 58.8(min:9-max:5668), CA 19-9: 12.3(min:0-max: 6821).

Total hysterectomy with bilateral salpingo-oophorectomy procedure was performed to the 48.1% of the patients. 24 out of 37 patients in reproductive ages were treated with FSS. According to follow-up datas, in 11.4% of 44 cases(5/44)