HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY
WITH INTERVAL DEBULKING SURGERY FOR ADVANCED EPITHELIAL OVARIAN CANCER: A REAL-WORLD EXPERIENCE FROM AN INDIAN CENTRE

Tata Medical Center, Kolkata, India

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Introduction/Background Hyperthermic intraperitoneal chemotherapy (HIPEC) has improved survival in advanced epithelial ovarian cancer (EOC) in randomised controlled trials when administered with interval debulking surgery (IDS). There is limited data on IDS HIPEC in EOC from India. This study aimed to assess the perioperative and survival outcomes of IDS HIPEC in Indian women with EOC.

Methodology In this prospective observational study, women who underwent IDS HIPEC for advanced EOC between March 2018 and December 2022 at Tata Medical Center were included. HIPEC (cisplatin 100 mg/m2) was offered to eligible women as per institutional protocol and multidisciplinary team recommendation. The Clavien-Dindo classification and Common Terminology Criteria for Adverse Events (CTCAE) version 5.0 were used for complications. Appropriate descriptive and survival statistics were used in the analysis.

Results A total of 77 women (median age 54; IQR 46–63) underwent IDS HIPEC during the study period. The majority had stage IIIC (92.2%) and high-grade serous histology (94.8%). All had optimal cytoreduction at IDS (CC0 94.8%, CC1 5.2%) before HIPEC. Bowel resection and diversion rates were 20.8% and 11.7%, respectively. Surgical complications of Clavien-Dindo grade 3 or higher occurred in 19.5% of patients. CTCAE grade 3 or higher anaemia and hypokalaemia developed in 32.5% and 13%, while 39% had postoperative infections. Thirty-day readmission and 30-day death rates were 19.5% and 3.9%, respectively. The median hospital stay was 11 days (IQR 8–13) and the median time to adjuvant chemotherapy was 30 days (IQR 25–35). The median progression-free survival was 26.4 months (95% CI 22.4–30.4), and the median overall survival was 43.7 months (95% CI 37.7–49.8).

Conclusion HIPEC administered at the time of IDS in women with advanced EOC had acceptable safety and encouraging survival outcomes.

Disclosures none

GENETIC ALTERATIONS IN EPITHELIAL OVARIAN CARCINOMA

1Bojana Petrovic*, 2Milica Komnenic Radovanovic, 3Marija Dencic-Fekete, 4Ljiljana Zdeilar Stojanovic, 1Teodora Cvernovik, 1Dragisa Sijvarancic, 5Slobodan Miliovic, 1Clinic for Gynecology and Obstetrics, University Clinical Center of Serbia, Belgrade, Serbia; 2Institute of Pathology, Medical Faculty, University of Belgrade, Belgrade, Serbia

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Introduction/Background Ovarian carcinoma results from a succession of genetic alterations involving proto-oncogenes and tumor suppressor genes, which have a critical role in normal cell growth regulation. Alterations of the c-erbB-2 and c-Myc proto-oncogenes and p53 and BRCA1 tumor suppressor genes, have been frequently observed in a sporadic ovarian carcinoma. The aim of this study was to investigate the frequency of heterozygosity loss (LOH) in the p53 and BRCA1 genes regions, so as the frequency of the c-Myc and c-erbB-2 oncogenes amplification in the sporadic epithelial ovarian carcinomas, together with the association of this alterations with the stage and prognosis of the disease.

Results LOH in the p53 gene region was detected in 31% of tumor samples of which all were in the FIGO IIIc stage. In the BRCA1 gene region, LOH was detected in 39% of tumor samples. By the FIGO classification 60% of these cancers were in the stage IIIC. LOH in both of the analyzed regions was detected in 7.7% of samples, in the FIGO IIIc stage.

Both the amplification of the c-myc and c-erbB-2 oncogenes were found in 27% of the analyzed samples, ranging from 50% to 250%. It is worth to mention that erb was deleted in four samples (27%). In one of them, amplifications of both myc and erb genes were found at the same time (6.6%). Most of the ovarian carcinomas (60%) with alterations in c-Myc and c-erbB-2 belonged to advanced FIGO stages (IIIC).

Conclusion Both types of gene alterations, LOH in the p53 and BRCA1 genes and amplification of c-Myc and c-erbB-2 oncogenes, are most likely late events in pathogenesis of the sporadic epithelial ovarian cancers that correlate with an