#946 THROMBOEMBOLIC EVENTS AFTER ADVANCED OVARIAN CANCER SURGERY - A POPULATION-BASED COHORT STUDY

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Introduction/Background Surgeries in advanced ovarian cancer are associated with complications, including the risk of severe thromboembolic events, both due to the cancer diagnosis and the gold standard complex surgery.

Methodology All women diagnosed with ovarian, fallopian tube, or primary peritoneal cancer in FIGO stage III-IV treated with primary or interval debulking surgery between 2013 and 2017 were included in a population-based study. The women were identified using the Swedish Quality Registry for Gynecologic Cancer and data retrieved. Patient and tumor characteristics, surgical outcomes, including surgical complexity score and postoperative complications within 30 days graded according to the Clavien-Dindo (CD) classification system, were registered. Medical records were reviewed for completeness of all thromboembolic events.

All women were treated with thrombosis prophylaxis with low-molecular-weight heparin starting the day before surgery and continuing for four weeks. Women treated with complex surgery also had intermittent pneumatic compression devices during the surgeries and until fully mobilized. The number of thromboembolic events were calculated and analyzed.

Results The cohort included 384 women, where 304 (79%) were treated with primary surgery and 80 (21%) women with interval debulking surgery. Upper abdomen surgeries were performed in 121 (13.5%) women and 204 (53.1%) had intermediate or high surgical complexity scores. Complications CD I-V were registered in 112 (29%) women and 204 (53.1%) had inter- action increase gradually the last decades and surgical debulking of ovarian cancer implants in the upper abdominal cavity involve excision of multiple organs including the diaphragm.

Conclusion Advanced ovarian cancer surgery is associated with complications but the rate of thromboembolic events can be considered low with active management with thrombosis prophylaxis.

Disclosures The authors declare no conflicts of interest.

#969 SURVIVAL OUTCOMES OF OVARIAN CANCER PATIENTS UNDERGOING DIAPHRAGMATIC SURGERY DURING DEBULKING SURGERY

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Introduction/Background Rates of maximal effort cytoreduction increase gradually the last decades and surgical debulking of ovarian cancer implants in the upper abdominal cavity involve excision of multiple organs including the diaphragm.

In the present study, we sought to determine the factors that affect survival rates of these patients.

Methodology The study was based on a retrospective chart review of patients undergoing debulking surgery between January 2009 and December 2022. Patients were subgrouped according to the setting (primary debulking, interval debulking and secondary debulking) of the operation and site of omental metastases.

Results One hundred patients were included in the study of whom 22 undergone diaphragmatic excision as a part of the surgical debulking of diaphragmatic implants. Twenty eight patients had involvement of the pleural surface of the diaphragm (stage IV), whereas the remainder were assigned to stages IIIb and IIIc. Complete cytoreduction was achieved in 82 patients. Twenty-one patients developed moderate pleural effusion and 9 patients developed severe pleural effusion that required placement of a chest drainage. Within a median follow-up of 20 months (5–115) 32 patients experienced disease recurrence and 20 patients died from the disease. Diaphrag- matic excision did not influence recurrence free and overall survival rates, compared to diaphragmatic stripping alone. Patients undergoing PDS had significantly longer PFS compared to patients undergoing IDS or secondary debulking (log-rank=.043). While graphical representation of the Kaplan Meier indicated differences in the overall survival of these patients differences did not reach statistical significance (log-rank=.199). Survival rates of patients with stage III disease did not differ compared to those with stage IV.

Conclusion Diaphragmatic surgery is an essential part of modern debulking procedures and should be ideally be performed in a PDS setting as it is accompanied by improved survival rates with acceptable rates of perioperative morbidity.

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#971 PREOPERATIVE ULTRASOUND ASSESSMENT TO IDENTIFY RECTOSIGMOID INFECTION AND NEED OF INTESTINAL RESECTION IN ADVANCED OVARIAN CANCER

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Introduction/Background Patients with advanced ovarian cancer (AOC) diagnosis will often undergo bowel resection when primary or interval debulking surgery is performed. Properly identifying these cases is crucial to establish an accurate operative strategy and to proportionate precise information to patients, since intestinal surgery implies higher morbidity, and surgical time and complexity.

Transvaginal Ultrasound (TVUS) is gaining interest as a tool to evaluate preoperative disease pelvic extension, especially tumour rectosigmoid infiltration.

Our objective was to assess the diagnostic accuracy of TVUS in predicting rectosigmoid infiltration and therefore the need of an intestinal resection in patients with AOC.

Methodology Observational prospective study in our centre between April 2021 and April 2022. Women with suspected diagnostic of ovarian cancer with a pre-treatment TVUS and