Introduction/Background Patients with ovarian cancer in need of multivisceral surgery usually require intensive care monitoring postoperatively. In view of the increasingly strained resources with regard to intensive care beds and the introduction of fast-track treatment concepts, it has recently been suggested that these patients should be cared for postoperatively in 24-h Post Anesthesia Care Units (PACU24). So far, no analyses investigating whether such a postoperative care concept might be associated with an increase in postoperative complications have been published.

Methodology A PACU24 unit was implemented in our institution in 2015 and became the standard care pathway for patients with ovarian cancer. In this retrospective analysis data from patients treated before (control group, n=45) and after (PACU group, n=42) the introduction of this care concept have been compared with particular focus on postoperative complications and secondary admission to an intensive care unit whenever necessary.

Results The preoperative and surgical data of both groups were comparable (Age, ASA, BMI, FIGO stage, duration of surgery, blood loss). Patients in the PACU group underwent bowel resection with anastomosis significantly more often (76.3% vs. 33.3%, p < 0.001), although the extent of surgery was otherwise comparable. The total number, type and severity of postoperative complications and the duration of the overall stay in hospital did not differ between these two groups. None of the patients required secondary transfer from PACU or normal ward to an intensive care unit (ICU).

Conclusion Our data support the assumption that the care concept of transferring patients to a PACU24 represents a safe and cost-saving pathway for the postoperative care of patients even after complex gynecological-oncological procedures.

Disclosures All authors declare no conflict of interests.

#1013 Ovarian Granulosa Cell Tumor: Diagnostic and Therapeutic Challenges

Mariem Garz*, Amani Abdeljabbar, Amine Ben Mansour, Ghada Abdelmoula, Omar Abdelhekein, Mehdi Makni, Tahar Makhoud, Nabil Mathlouthi, Cyrine Belghith, Olfa Slimani, Charles Nicolle University Hospital, Tunis, Tunisia

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Introduction/Background Ovarian Granulosa Cell Tumors have a particular clinical and evolutionary profile. Preoperative diagnosis is difficult. The aim of our study is to understand the diagnostic features of these tumors and to evaluate the therapeutic modalities.

Methodology This is a retrospective study about eleven patients operated for ovarian granulosa cell tumors, collected during the period from January 1, 2016 to January 31, 2023.

Results In this study, seven women had the adult-type Granulosa Cell Tumor of the Ovary (AGCT). The rest of the patients had Juvenile Granulosa Cell Tumor (JGCT) of ovary. The mean age of patients varied between 19 and 61 years. For the AGCT group, the mean age was 53 years. Four women were postmenopausal. Pelvic pain was the most common discovery circumstance. All tumors were unilateral. Their average size was 13 cm. Three patients had endometrial thickening. All women had optimal surgical treatment and none of them required adjuvant therapy.

Regarding the JGCT group, the average age was 26 years. The masses were unilateral in all cases with a mean size of 13 cm. Only one patient had the tumor at the stage IC according to the International Federation of Gynaecologists and Obstetricians (FIGO). Unilateral adnexectomy, infracolic omentectomy and multiple peritoneal biopsies were performed. Furthermore, she required adjuvant chemotherapy after fertility preservation. The rest of the tumors were classified as stage IA according to FIGO.

Conclusion Surgical staging and assessment of the risk of recurrence can optimize the management of Ovarian Granulosa Cell Tumors. Prospective randomized studies evaluating the efficacy of other therapeutic strategies are essential.

Disclosures The authors have no conflicts of interest to declare. All co-authors have seen and agree with the contents of the manuscript and there is no financial interest to report.

#1018 Launching the PICCOS Trial: Pipac in Cancers of the Colon, Ovary and Stomach

1Sadie Esme Fleur Jones*, 2Emma Hudson, 3Richard Adams, 1Jamie Murphy, 2Christopher Peters, 4Sarah Gwynne, 5Jonathan Frost, 6Elena Brogden, 7Angela Cashard, 6Lisette Nixon, 8Rebecca Hamilton. 1University of Wales, Cardiff, UK; 2Veinbre Cancer Hospital, Cardiff, UK; 3Imperial College, London, UK; 4Singleton Hospital, Swansea, UK; 5Royal Bath Hospital, Bath, UK; 6Cardiff University, Cardiff, UK

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Introduction/Background In the 2021 National Institute for Clinical Excellence (NICE) published interventional procedures guidance stipulating that in the UK, Pressurised Intra-Peritoneal Aerosolised Chemotherapy (PIPAC) should only be used within the context of a randomised control trial to demonstrate efficacy against standard of care. The UK PIPAC collaborative would like to present its first randomised controlled trial assessing the efficacy of PIPAC in the management of peritoneal metastases (PM) in patients with cancer of the colon, ovary and stomach. The PICCOS trial aims to not only assess efficacy compared to standard of care in terms of progression free survival (PFS), but also quality of life.

Methodology This is a basket, phase II trial with a master protocol covering the overarching research methodology, and embedded individual cancer site specific protocols, sample sizes and analysis plans. 78 patients with PM from colon cancer, 62 patients with PM from ovarian cancer and 72 patients with PM from stomach cancer will be randomised to systemic chemotherapy or alternating PIPAC and systemic chemotherapy every 2 or 3 weeks for 18 weeks in total. The primary outcome measure is PFS. CT scans undertaken every 8 weeks following treatment will be assessed against the RECIST criteria to assess disease burden and determine PFS. Quality of life will be assessed using the EORTC QLQ C30 tool.

Results The PICCOS Trial has now secured funding with a National Institute of Health Research Efficacy and mechanism Evaluation (NIHR EME) grant and is due to commence in November 2022 with a four year running period. Publication and dissemination of results is anticipated in 2027.

Conclusion This is the first UK randomised controlled trial assessing the efficacy and impact of quality of life of PIPAC in the treatment of peritoneal metastases aiming to provide high quality evidence to guide clinical practice and further research in the future.

Disclosures None