chemotherapy (HIPEC) in women with ovarian cancer who underwent primary or interval cytoreductive surgery. We aimed to assess the clinical benefit of HIPEC after primary or interval maximal cytoreductive surgery in women with stage III or IV primary advanced ovarian cancer.

**Methodology** A total of 194 patients with stage III or IV ovarian cancer who underwent cytoreductive surgery (CRS) were included in the study. Sixty-five patients underwent cytoreductive surgery with HIPEC using cisplatin (80 mg/m² for 60 min at 42 °C), carboplatin (800 mg/m² for 60 min at 42 °C), or mitomycin (35 mg/m² for 60 min at 42 °C), 129 patients underwent cytoreductive surgery alone.

**Results** There was no significant difference between baseline characteristics of two groups. The groups were similar in terms of stage and residual disease (table 1). The rates of intraoperative complications were similar. The rate of postoperative complication (all grade) was higher in HIPEC group than CRS only (p=0.036). Grade 3–4 complication rates were similar. Operation time was longer in the HIPEC group (p<0.00).

**Conclusion** The addition of HIPEC to cytoreductive surgery is feasible and safe with acceptable intraoperative complication risk and postoperative morbidity risk in advanced stage ovarian cancer patients.

**Disclosures** All authors declare that there are no conflicts of interest involved with the presented data.

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**#1069 PREDICTIVE VALUE OF PERITONEAL CARCINOMATOSIS INDEX FOR CYTOREDUCTIVE SURGERY**

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**Introduction/Background** Different cutoff values of peritoneal carcinomatosis index (PCI) were proposed for cytoreductive surgery according to the current literature. They differ broadly not only among primary localizations, but among researchers of the same pathology as well. Peritonectomy is a main time-consuming procedure during cytoreductive surgery, thus it may be helpful to predict duration of operation based on clinical data.

**Methodology** Retrospective analysis of operative reports of patients who received high complexity cytoreductive surgery from 2020 to 2023 years in department of minimally invasive surgery (Kyiv City Clinical Oncology Center). Descriptive statistics and automatic linear modeling were applied (IBM SPSS Statistics 23).

**Results** One hundred twenty-four cases were identified. Ovarian cancer patients were the majority of them (n=110; 89%), PCI range from 0 to 38 (mean 14,02±8,82), operative time – 100–800 min (mean 421±138). CA125 has a highest predictor importance for PCI. To predict duration of cytoreductive surgery three major factors were established: CA125 (predictor importance 0,54), PCI (predictor importance 0,41), lymph nodes metastases (predictor importance 0,05). Accuracy of such model was 66,7%.

**Conclusion** CA125 and PCI are the main factors to predict duration of surgery. Further search of additional factors may help in improvement of proposed predictive model.

**Disclosures** none