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.

---

**#1064 RE-HYPERThERMIC INTRAOPERATIVE INTRAPERITONEAL CHEMOTHERAPY (RE-HIPEC) IN PATIENTS WITH RECURRENT OVARIAN CANCER**

Dogan Vatansever*, Burak Giray, Emin Erhan Domnem, Emre Balik, Tonguc Arslan, Maiti Arvas, Cagatay Taskiran, Koc University School of Medicine, Istanbul, Türkiye; American Hospital, Istanbul, Türkiye

**Introduction/Background** The usage of cytoreductive surgery combined with hyperthermic intraperitoneal chemotherapy (HIPEC) for advanced gynecological cancers is increasing. HIPEC has been widely investigated in patients with peritoneal carcinoma, including those with epithelial ovarian cancer. We aimed to evaluate the effects of re-HIPEC in patients with recurrent epithelial ovarian cancer who underwent re-CRS and re-HIPEC.

**Methodology** It was a retrospective study analyzing the patients (n=9) with advanced stage EOC undergoing HIPEC following the CRS at two tertiary hospitals.

**Abstract #1064 Table 1**

<table>
<thead>
<tr>
<th>Patient</th>
<th>Dose</th>
<th>Age</th>
<th>Stage</th>
<th>Chemopre</th>
<th>Peritoneal</th>
<th>Peritoneal</th>
<th>Time</th>
<th>Complication</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 HIPEC</td>
<td>50</td>
<td>3</td>
<td>IIIB</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>12</td>
<td>-</td>
<td>Alive</td>
</tr>
<tr>
<td>2 HIPEC</td>
<td>52</td>
<td>3</td>
<td>IIIB</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>14</td>
<td>-</td>
<td>Alive</td>
</tr>
<tr>
<td>3 HIPEC</td>
<td>50</td>
<td>3</td>
<td>IIIB</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>16</td>
<td>-</td>
<td>Alive</td>
</tr>
<tr>
<td>4 HIPEC</td>
<td>50</td>
<td>3</td>
<td>IIIB</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>18</td>
<td>-</td>
<td>Alive</td>
</tr>
<tr>
<td>5 HIPEC</td>
<td>50</td>
<td>3</td>
<td>IIIB</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>20</td>
<td>-</td>
<td>Alive</td>
</tr>
<tr>
<td>6 HIPEC</td>
<td>50</td>
<td>3</td>
<td>IIIB</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>22</td>
<td>-</td>
<td>Alive</td>
</tr>
<tr>
<td>7 HIPEC</td>
<td>50</td>
<td>3</td>
<td>IIIB</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>24</td>
<td>-</td>
<td>Alive</td>
</tr>
<tr>
<td>8 HIPEC</td>
<td>50</td>
<td>3</td>
<td>IIIB</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>26</td>
<td>-</td>
<td>Alive</td>
</tr>
<tr>
<td>9 HIPEC</td>
<td>50</td>
<td>3</td>
<td>IIIB</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>28</td>
<td>-</td>
<td>Alive</td>
</tr>
</tbody>
</table>

**Results** The mean age was 53.22 ± 4.68 years. The subtypes of the patients were high-grade serous cancer (n=8) and clear cell ovarian cancer (n=1) (table 1). The median recurrence time after first HIPEC was 15 (8–53, range) months. None of them developed complication during re-HIPEC.

**Conclusion** Re-cytoreduction with re-HIPEC is feasible and safe in recurrent ovarian cancer patients.

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

---

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

Katerina Kharchenko*, Olena Postupalenko. Kyiv City Clinical Oncology Center, Kyiv, Ukraine

10.1136/ijgc-2023-ESGO.700

**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

---

**#1072 TREATMENT AND OUTCOME OF LIVER METASTASES IN PATIENTS WITH OVARIAN CANCER: EXPERIENCE OF A TERTIARY HEPATIC CENTER**

Miklos Acz, Ivan Adam Panczali, Przemyslaw Slowik, Katja Evert, Lea Neumann, Zoltan Herald, Hans Schilt, Christina Hackl. Department of Surgery, University Medical Center Regensburg, Regensburg, Germany, Regensburg, Germany; Semmelweis University, Budapest, Hungary; Department of Pathology, University of Regensburg, Regensburg, Germany, Regensburg, Germany; Department of Internal Medicine and Oncology, Semmelweis University, Budapest, Hungary, Budapest, Hungary

10.1136/ijgc-2023-ESGO.701

**Introduction/Background** Aim To evaluate the perioperative and survival outcomes of hepatic resections for ovarian cancer derived liver metastases, as part of cytoreductive surgery.

**Methodology** A university tertiary hepatic center database was investigated retrospectively for patients with primary and
recurrent ovarian cancer who underwent liver resection as part of cytoreductive surgery from January 1992 to December 2022.

**Results** Disease-specific (DSS) and overall survival (OS) was defined as the time elapsed between the hepatic resection and tumour-related and all-cause death, respectively. All survival models were adjusted for the year of tumour diagnosis.

A total of 45 patients (age: 58.76 ± 13.36 years, mean ± standard deviation), of whom 9 and 36 had primary and recurrent ovarian tumour, respectively, were included. 5 (55.56%) and 30 (83.33%) from the primary and recurrent groups had histologically confirmed hepatic metastasis (Hep-Met). Colon (77.14% vs. 30%; p = 0.0091) and greater omentum (77.14% vs. 40%; p = 0.0488) resection, and the prior use of chemotherapy (82.86% vs. 40%; p = 0.0133) was more common in the HepMet group.

Although the univariate effect of hepatic metastases over patient survival could not be justified neither for OS (p = 0.2835) nor for DSS (p = 0.6718), its significant effect over DSS was justifiable in a multivariate setting. If analysed together with age (p = 0.0018), peritoneal carcinosis index (p = 0.0204), body-mass index (p = 0.3078) and HIPEC during the surgery (p = 0.0252), it was a significant effector of patient survival (p = 0.0394).

**Conclusion** Complete cytoreductive surgery with inclusion of hepatic resection for advanced and recurrent ovarian cancer is feasible and may confer survival benefit.

**Disclosures** No conflicts of interest

---

**Introduction/Background** Sister Mary Joseph’s nodule is an exceptional metastatic site of cancer, often pelvic, with a poor prognosis due to its delayed diagnosis.

The aim of our work is to specify the diagnostic difficulties that practitioners face at the clinical, radiological, and pathological stages, particularly in determining the primary origin of this metastasis.

**Methodology** We report the case of a patient who presented to the Hassan II University Hospital in Fez with a bulging umbilical mass: Sister Mary Joseph’s nodule.

**Results** On clinical examination, the patient was conscious and stable in terms of hemodynamics and respiration, with the presence of an umbilical swelling: Sister Mary Joseph’s nodule, and on gynecological examination, a mass was found in the left-lateralized cul-de-sac of Douglas filling the left lateral cul-de-sac. The patient underwent a pelvic MRI and then a thoraco-abdomino-pelvic CT scan revealing multiple solid-cystic peritoneal masses, the largest of which involved the cul-de-sac of Douglas.

A biopsy of the Sister Mary Joseph’s nodule was performed with histopathological and immunohistochemical results in favor of a secondary cutaneous localization of a high-grade serous adenocarcinoma of very probable gynecologic origin.

**Conclusion** Sister Mary Joseph’s nodule remains a rare tumor of metastatic origin, most often from a digestive cancer. The prognosis is still very poor, requiring early and systematic screening. This involves a biopsy of any umbilical nodule or mass to determine the nature of the pathological lesion.

**Disclosures** In this case study, we followed a patient whose umbilical metastases, showing aggressive disease and a poor prognosis. Their appearance is strongly linked to the progression of peritoneal carcinomatosis, suggesting a mixed mechanism of dissemination, most likely by lymphatic diffusion and promiscuity.