standard for classification of postoperative residual disease is surgeon’s subjective evaluation at the end of surgery. Thus, a reliable objective predictive marker is currently missing.

Methodology In this prospective single-center study, patients with advanced HGSOC (≥ FIGO IIIA1), who underwent surgery between July 2021 and December 2022, were included.

Tumor tissue from multiple intraperitoneal locations was obtained intraoperatively and blood samples were collected preoperatively, at day 2 and 10 postoperatively. Low-coverage whole genome sequencing (WGS) was used to identify structural variants (SV), single nucleotide variants (SNVs) and insertion deletions (Indels) in tumor tissue in order to develop personalized digital PCR (dPCR) fingerprint assays.

Results In all tumor samples of the 31 included patients, dPCR assays were successfully developed and validated, with a median of 5 biomarkers (SVs and SNVs) per patient. For each patient, an individual SV profile could be established, which remained largely constant throughout multiple tumor localizations of each patient. 30/31 (97%) patients had circulating tumor DNA (ctDNA) detected at baseline before surgery at levels ranging from 0.0005% to 31% variant allele frequency. ctDNA was persistently detected in all patients with macroscopic tumor residuals. A significant decrease in ctDNA was observed in 15/20 (75%) patients with advanced HGSOC and in 6/6 (100%) patients with stage IIIA1-IIIB disease, who had macroscopic complete resection. In 8/20 (40%) patients with complete resection, ctDNA decreased below the detection limit.

Conclusion In this feasibility study, tumor-informed ctDNA was preoperatively detectable in 97% participants. In patients with multiple tumor biopsies, the fingerprint was consistent for all tumor locations. A decrease in ctDNA detection correlated with complete tumor resection.

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Video Sessions/Video Cinema

01. Cervical cancer

#127 LAPAROSCOPIC NERVE SPARING EXTRAPERITONEAL PARAAORTIC LYMPHADENECTOMY; CASE PRESENTATION

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Introduction/Background laparoscopic extraperitoneal approach was introduced since 1995 which was primarily used for the evaluation of aortic metastases in patients with cervical cancer. The main advantages of extraperitoneal approach are allowing the surgeon to focus on the operative field without interference of the bowel, consequently overcoming issues related to obesity, and generating fewer de novo adhesions than the transperitoneal laparoscopic approach. In this abstract we will discuss the application of laparoscopic nerve sparing extraperitoneal lymphadenectomy in a patient with advanced cervical cancer associated with bulky paraaortic lymph node metastasis.

Methodology We applied the left sided laparoscopic nerve sparing extraperitoneal approach for excision of a 5 cm retroperitoneal paraaortic nodal mass for 39 years old female patient with history of Advanced cervical cancer stage IIIc.

The decision of surgical removal of this bulky paraaortic nodal mass is to facilitate the effect of the definitive chemoradiotherapy.