

the colon, splenectomy, cholecystectomy and segmental hepatectomy due to intraparenchymal metastatic invasion in IV segment and tumor invasion of the gallbladder.

The techniques and maneuvers performed are detailed in the video.

Results With an overall mean follow-up of 42 months. 47 women (PDS) and 28 (IDS) women were included.

Rates of complete resection (R0) were 72.3% of patients after PDS and 57.2% of patients after IDS ($p=0.217$). Postoperative rates of adverse effects and mortality were slightly higher after PDS than after IDS ($p=0.793$).

Median progression-free survival was 60 months in the PDS group and 52 months in the IDS group ($p=0.04$). Factors in multivariable analysis associated with increased risk of recurrence included residual tumor $>1\text{cm}$ (HR: 2.72, 95% CI 1.06–6.98, $p=0.037$) and stable/progression in response to chemotherapy (HR 8.85, 95% CI 1.76–44.45, $p=0.008$).

Median overall survival was not reached for the PDS group and 78 months for the IDS group (HR: 1.63, 95% CI 0.72–3.65, $p=0.235$) and 28 months for the ChT group (HR: 2.47, 95% CI 1.13–5.39, $p=0.022$).

Conclusion Higher complete cytoreduction rate indicates that the correct patients have been selected and those that benefit the most.

Disclosures Complete resection of all macroscopic disease (at primary or interval surgery) was the strongest independent variable in predicting overall survival (HR: 4.52, 95% CI 1.86–11.02, $p=0.001$).

#730 HEPATIC HILUM CYTOREDUCTIVE SURGERY FOR OVARIAN CANCER RELAPSE

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Introduction/Background Ovarian cancer relapse is a challenge situation, that requires the evaluation of many clinical aspects with a multidisciplinary approach.

A recent randomized trial showed that cytoreductive surgery followed by chemotherapy in women with recurrent ovarian cancer, resulted in longer overall survival than chemotherapy alone.

Methodology The video shows step by step the technique of cytoreduction surgery in a patient with an ovarian cancer tumoral relapse at the level of the hepatic hilum.

The surgery has being performed by General surgeons and Gynecological Oncological surgeons at La Paz University Hospital, Madrid, Spain.

Results 53 years old patient who was diagnosed in February 2022 of endometrioid ovarian carcinoma G2. The patient was proposed for primary cytoreductive surgery. After complete cytoreduction, the final stage of the disease was IIIC stage.

Adjuvant treatment was administered based on a combination chemotherapy with paclitaxel plus carboplatin (6 cycles).

In February 2023 a recurrence was confirmed through PET-CT scan that showed a peritoneal nodule adjacent to hepatic hilum suggestive of tumoral tissue.

A complete cytoreductive surgery was performed:

The first step was the common hepatic artery dissection, followed by the common bile duct dissection as the second step. The third step was the portal vein dissection. After

identification and dissection of all the hilum hepatic structures; the resection and removal of the tumoral relapsed was performed.

Conclusion Complete secondary cytoreduction surgery in relapsed ovarian cancer at hepatic hilum is feasible in selected patients with a multidisciplinary approach.

#803 RADICAL OOPHORECTOMY TYPE II (MODIFIED POSTERIOR EXENTERATION). SURGICAL PROCEDURES FOR CYTOREDUCTION IN ADVANCED OVARIAN CANCER

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Introduction/Background The aim of this video is to show the different steps and the surgical techniques performed for debulking advanced ovarian cancer.

Methodology Observational and retrospective study of 101 women who had primary cytoreductive surgery (PDS) or interval debulking surgery (IDS) between January 2008-March 2023.

The techniques and maneuvers performed are detailed in the video

Results With an overall mean follow-up of 42 months. 47 women (PDS) and 28 (IDS) women were included.

Rates of complete resection (R0) were 72.3% of patients after PDS and 57.2% of patients after IDS ($p=0.217$). Postoperative rates of adverse effects and mortality were slightly higher after PDS than after IDS ($p=0.793$).

Median progression-free survival was 60 months in the PDS group and 52 months in the IDS group ($p=0.04$). Factors in multivariable analysis associated with increased risk of recurrence included residual tumor $>1\text{cm}$ (HR: 2.72, 95% CI 1.06–6.98, $p=0.037$) and stable/progression in response to chemotherapy (HR 8.85, 95% CI 1.76–44.45, $p=0.008$).

Median overall survival was not reached for the PDS group and 78 months for the IDS group (HR: 1.63, 95% CI 0.72–3.65, $p=0.235$) and 28 months for the ChT group (HR: 2.47, 95% CI 1.13–5.39, $p=0.022$).

Conclusion Higher complete cytoreduction rate in the PDS and IDS group indicates that the correct patients have been selected and those that benefit the most.

Disclosures Complete resection of all macroscopic disease (at primary or interval surgery) was the strongest independent variable in predicting overall survival (HR: 4.52, 95% CI 1.86–11.02, $p=0.001$).

#885 TUMORAL CLEARANCE OF THE RIGHT PORTAL HILAR AREA: SURPRISES BEYOND «NO VISUAL DISEASE»

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Introduction/Background Forty-five years old woman admitted with abdominal pain and weight loss for the last 6 months. In the computerized tomography scan, a 13 cm mass with prominent solid components in the left ovary, retroperitoneal lymphadenopathy, and peritoneal carcinomatosis were detected.