Results Overall, 195 patients were included in the present analysis. Rate of CR was with 45% significantly lower in the intraoperatively excluded patients vs the tumor-free operated patients of the original LION analysis. This had a significantly negative impact on OS and PFS. Only 60% of the screening failed patients had histologically positive LN in final pathology. There was no significant difference in PFS or OS between the tumor-free operated screening failed patients versus those randomized, regardless of their histological LN-status and whether an LND was performed.

Conclusion/Implications Our findings confirm the lack of therapeutic LND in advanced OC even in patients with suspicious LN. Non-tumor-free operated patients had worse outcome. We demonstrated that intraoperative LN evaluation by the surgeon is subjective and inaccurate.

PO014/#364

LAPAROSCOPIC CYTOREDUCTION AFTER NEOADJUVANT CHEMOTHERAPY (LANCE): FEASIBILITY PHASE OF A RANDOMIZED TRIAL

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Introduction In patients who respond to neoadjuvant chemotherapy (NACT) for advanced-stage epithelial ovarian cancer (EOC), minimally invasive surgery (MIS) may reduce the morbidity of surgery. Studies evaluating oncologic outcomes of minimally invasive interval cytoreductive surgery are largely retrospective.

Methods LANCE is a prospective, multicenter, international, randomized trial evaluating whether MIS is non-inferior to laparotomy in terms of disease-free survival, among patients with stage IIIC and IV EOC with normalization of CA125 after 3–4 cycles of NACT. The planned 100 patients were enrolled in a lead-in phase to assess the feasibility of the trial with respect to cross-over among those assigned to MIS, complete gross resection, and recruitment. Patients were randomized (1:1) to undergo open or MIS (laparoscopic or robotic) surgery. Surgeons applied maximal effort to resect all visible tumor, conversion to open surgery was performed when necessary to attain complete resection.

Results From September 2020-February 2023, 100 patients were randomized (51 open, 49 MIS). The mean age was 62 years, 67% had stage IIIC, and 54% received 3 cycles of NACT. Six patients randomized to MIS (12.2%;95%CI: 4.6–24.8%) underwent conversion to open surgery. Surgeons achieved complete gross resection in 87.5% (95%CI: 74.8–95.3%) and 83% (95%CI: 69.2–92.4%) of patients assigned to MIS and open (p=0.6). There were three (6.3%) intraoperative complications in the MIS group and three (6.4%) in the open group. Two patients (4.1%) in the MIS group experienced grade 4–5 adverse events following surgery.

Conclusion/Implications Evaluation of MIS interval cytoreductive surgery is feasible, enrollment is ongoing in a definitive trial.

Abstract PO014/#364 Table 1 Demographic and clinical characteristics (n = 100)

	OPEN (n = 51)		Minimally Invasive (n = 49)	
Characteristic	**N**	**%**	**N**	**%**
Age (Years)				
Mean (SD)	63 (10.2)		61.4 (9.5)	
Ethnicity				
Hispanic or Latino	14	29.1	18	36.7
Not Hispanic or Latino	34	70.8	31	63.3
Missing or unknown	1		0	
Race				
White or Caucasian	46	90.2	44	89.8
Black or African American	3	5.9	0	0
Asian	1	1.9	3	6.1
Other	1	1.9	2	4.1
Disease primary site				
Ovary	40	78.4	43	87.8
Fallopian tube	2	3.9	0	0
Peritoneum	9	17.6	6	12.2
BRCA status				
Negative	25	75.8	25	73.5
BRCA1	5	15.1	3	8.8
BRCA2	3	9.1	6	17.6
Unknown/Missing	18		15	
Stage				
IIIC	34	66.7	33	67.3
IV	17	33.3	16	32.6
HIPEC				
No	37	78.7	39	81.2
Yes	10	21.3	9	18.7
Missing or unknown	4		1	
Residual disease				
R0	39	83	42	87.5
< 5mm	3	6.4	3	6.2
>5 - 10 mm	3	6.4	3	6.2
> 1cm	2	4.3	0	0
Missing or unknown	4		1	
Intraoperative Complication				
No Complications	44	93.6	45	93.7
EBL > 2000 ml	0	0	1	2.1
Vascular Injury	0	0	1	2.1
Organ Injury	3	6.4	1	2.1
Missing or unknown	4		1	

Focused Plenary 01: Quality of Life

AS19. Survivorship

SO001/#159

EXPLORING THE ASSOCIATION BETWEEN FRAILTY AND GYNECOLOGIC CANCER SURVIVORSHIP: A CROSS-SECTIONAL ANALYSIS OF THE CANADIAN LONGITUDINAL STUDY ON AGING

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Introduction Patients with gynecologic cancers are living longer after diagnosis, but the consequences of aggressive treatments