AS18. Surgical techniques and perioperative management

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**COMPARISON THE OUTCOMES OF LARGE BOWEL SURGERY DURING MAXIMAL CYTOREDUCTIVE SURGERY FOR ADVANCED OVARIAN CANCER BETWEEN GYNECOLOGIC ONCOLOGY SPECIALIST AND GENERAL SURGEON: GORILLA-3006**

1Myeong-Seon Kim*, 2A. Jin Lee, 3Seung-Hyuk Shim, 4Eunbi Jang, 5Nam Kyung Kim, 6Yeeae Kim, 7Dong Hoon Suh, 8Jeejeon Kim, 9Tae-Wook Kang, 10Suk-Joon Chang, 11Dong Won Hwang, 12Soo Jin Park, 13Hee Seung Kim, 14Geun Yoo, 15Sung Jong Lee, 16Yoo Young Lee. 1St.Vincent’s Hospital, The Catholic university of Korea, Obgy, Seoul, Korea, Republic of; 2Konkuk University Hospital, Obstetrics and Gynecology, Seoul, Korea, Republic of; 3Konkuk University School of Medicine, Obstetrics and Gynecology, Seoul, Korea, Republic of; 4Konkuk University Hospital, Obstetrics and Gynecology, Seoul, Korea, Republic of; 5Seoul National University Bundang Hospital, Department of Obstetrics and Gynecology, Seongnam, Korea, Republic of; 6Seoul National University Bundang Hospital, Department of Obstetrics and Gynecology, Seongnam-Si, Korea, Republic of; 7Ajou University Medical Center, Obstetrics and Gynecology, Suwon, Korea, Republic of; 8Seoul National University Hospital, Obstetrics and Gynecology, Seoul, Korea, Republic of; 9Seoul St. Mary’s Hospital, Obstetrics and Gynecology, Daejeon, Korea, Republic of; 10Seoul St. Mary’s Hospital, Obstetrics and Gynecology, Seoul, Korea, Republic of; 11Samsung Medical Center, Obstetrics and Gynecology, Seoul, Korea, Republic of

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**Introduction**

We report the oncological outcomes in patients with advanced ovarian cancer who had bowel surgery which was performed by gynecologic oncologist (GO) during maximal cytoreductive surgery and compared the outcomes with those of bowel surgery performed by general surgeons (GS).

**Methods**

Patients who were FIGO stage I-IV ovarian cancer and had bowel surgery during maximal cytoreductive surgery were eligible. Patients were divided into two groups according to whether bowel resection was performed by GO or GS. In both groups, GO were mainly involved in debulking procedures. Perioperative and survival outcomes were compared between two groups.

**Results**

A total of 439 patients were eligible. 82 patients received large bowel surgery by GO, and 357 patients by GS. The proportion of patients who underwent PDS was higher in GO group than in GS group (80.5% vs 70.9%, p =0.057). The residual disease after maximal cytoreductive surgery did not differ between two groups (P=0.281). The distribution of anastomotic sites of large bowel resections were not different between two groups. There was no significant differences in progression-free and overall survival between two groups. In a multi-variatoe Cox analysis, Time of surgery (PDS vs. IDS, HR 2.124, 95%CI 1.037–4.348, p=0.039) and residual diseases (R0 vs. non-R0, HR 2.133, 95%CI 1.001–4.547, p=0.050) were associated with survivals. Bowel surgery specific complications did not differ between two groups.

**Conclusion/Implications**

Large bowel surgery performed by GO was feasible and safe. We showed equivalent oncological outcomes when compared with those by GS during maximal cytoreductive surgery for advanced ovarian cancer.