Oral (OO3)

Epithelial Ovarian Cancer including Borderline Tumor

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Effect of cytoreductive surgery and hyperthermic intraperitoneal chemotherapy on epithelial ovarian, fallopian tube and peritoneal cancer: an institutional review of outcomes and its clinical implications

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Objective: The study aimed to determine the efficacy and safety of cytoreductive surgery (CRS) with hyperthermic intraperitoneal chemotherapy (HIPEC) vs. CRS for patients with epithelial ovarian, fallopian tube and peritoneal cancer.

Methods: This retrospective cohort study included 50 patients (20 CRS with HIPEC, and 30 patients who underwent CRS). Records of these patients from 2014–2020 were reviewed and tabulated.

Results: Recurrence rate between CRS with HIPEC and CRS alone was not statistically significant (50% vs. 43%, $p=0.774$). Median time to recurrence was 10 and 9 months ($p=0.636$). Five percent expired in the HIPEC group, and 13% expired in the CRS ($p=0.636$). More post-operative complications were noted in the HIPEC group ($p=0.007$), but only 2 cases had grade 3 to 4 complications (10%). HIPEC patients had longer operative time ($p<0.001$) and post-operative hospital stay ($p=0.026$). There were no intra- or peri-operative mortalities in both groups.

Conclusion: CRS with HIPEC and CRS alone showed similar time to recurrence and recurrence rate. CRS with HIPEC had low risk of grade 3–4 complications and may still be considered as a treatment option for advanced and recurrent epithelial ovarian, fallopian tube and peritoneal cancer.

Oral (OO4)

Surgical Techniques Perioperative Management

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Cytoreductive surgery after neoadjuvant chemotherapy in ovarian cancer: Does Neoadjuvant chemotherapy really ease the burden?

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Objective: Neoadjuvant chemotherapy (NACT) is used in most advanced ovarian cancer cases, not amenable to upfront surgery.

Apart from the anesthetic implications of chemotherapy, the desmoplastic reaction to chemotherapy also poses a difficulty to surgical resection compared to upfront surgery. Interval cytoreductive surgery (CRS) requires surgical expertise, knowledge about the disease recurrence pattern after NACT, and diligent perioperative care to minimize complications. The present study describes the standardized surgical technique to reduce complications and increase recurrence free survival (RFS), as practiced by the author routinely.

Methods: An audit of a prospectively maintained computerized database in the department of surgical oncology was done. Intraoperative and immediate postoperative outcomes and patterns of recurrence and RFS were analyzed. We described our surgical technique perfected over 106 cases of post-NACT, CRS and hyperthermic intraperitoneal chemotherapy (HIPEC).

Results: In 516 cases of ovarian cancer operated from January 2014 to November 2020, CRS and HIPEC was performed after NACT in 106 patients. Nerve-sparing hysterectomy and nerve-sparing retroperitoneal lymph node dissection were performed in 33% (31/106) cases. The mean duration of surgery was 310.8 minutes. The mean duration of hospital stay was 6.82 days, and the mean intensive care unit stay duration was 1.7 days. The predominant pattern of recurrence was peritoneal, followed by nodal recurrence.

Conclusion: Interval CRS + HIPEC is a unique challenge with increased surgical complexity. Standardization of the surgical technique can reduce associated complications and optimizes outcomes.

Oral (OO5)

Epithelial Ovarian Cancer including Borderline Tumor

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Effect of BRCA mutational status on survival outcomes after secondary cytoreduction in platinum-sensitive relapsed ovarian cancer

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Objective: To investigate impact of BRCA1/2 mutational status on survival outcomes after secondary cytoreduction in platinum-sensitive relapsed (PSR), epithelial ovarian cancer (EOC).

Methods: We identified patients who underwent secondary cytoreductive surgery for PSR EOC between January 2009 and March 2021 and who received BRCA1/2 gene testing by either germline or somatic methods. Patients were divided into BRCA mutation and wild-type groups, followed by comparisons of clinicopathologic characteristics and survival outcomes after secondary-line treatment.