Peritoneal Surface Oncology PS GI Group International

PSOGI International Symposium on Advanced Ovarian Cancer

Causes, Symptoms and Treatments Multidisciplinary Approach

Faculty

J. Spiliotis
P. Sugarbaker

April 11th-13th 2019

Eugenides Foundation
Athens, Greece

Under the Auspices of

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Welcome Address

Dear friends and colleagues,

It is a great pleasure for us to welcome you to the **PSOGI International Symposium on Advanced Ovarian Cancer** in **Athens, Greece**.

Ovarian cancer remains the most lethal gynecological cancer worldwide. The cornerstone of the management is extensive meticulous surgery and sustaining chemotherapy, on the other hand in the first three years after initial treatment 50-40% of the cases are recurrent due to chemoresistance, tumor biology and residual disease from inappropriate operation.

The PSOGI Symposium is a highly specialized symposium that promises a stimulating, multi-disciplinary program aimed at providing the latest ideas and information on management of health of patients suffering from ovarian cancer.

The scientific program of the PSOGI Symposium will be a stimulating combination of cutting edge scientific knowledge and practical advice. All sessions are planned to cover diagnosis and pretreatment staging through follow-up. Evidence regarding cytoreductive surgery and perioperative chemotherapy will be presented and/or debated. After each session, audience participation will occur through voting on the proper answers to pertinent questions regarding best recommendations for patient management. A final draft concerning conclusions on diagnosis and treatment will be produced. Audience participation will be a key ingredient to the success of this event.

The Symposium will feature the most distinguished and brightest experts from around the world, who will share their compelling analysis and valuable insights. Commentaries on rendered reports on several diagnostic and frequently controversial issues will be presented, in order to generate a fruitful discussion among the participants.

Our intention at the Symposium is to create an interactive symposium that will provide a forum for the exchange of ideas and experiences through a rigorous study, to spread and help the delegates to learn innovative care models, update methodologies and to assess the resulting outcomes from around the world. It will also create an opportunity to examine how fruitful collaborations can be struck between partners at local, national and international levels and to build systems that seamlessly provide care for the whole community, including people with complex care needs. The symposium will facilitate both scientific and human exchange.

We are happy to welcome you in Athens and we wish you a pleasant stay!!!

Symposium Chairmen

Spiliotis J.

Surgical Oncologist,
Director and Chairman of the Peritoneal Surface Malignancy Unit, European Interbalkan Medical Center Thessaloniki, Athens Medical Center, Athens, Greece

Sugarbaker P.

Medical Director, Center for Gastrointestinal Malignancies, Chief, Program in Peritoneal Surface Oncology, MedStar Washington Hospital Center, Washington, DC,USA

Symposium Chairmen

Spiliotis J. (Greece)
Sugarbaker P. (USA)

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Kecmanovic D.
Kopanakis N.

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Sugarbaker P. (USA)
Tentes A.-A. (Greece)
Topgul K. (Turkey)
Tsiatas M. (Greece)
Van Driel W. (Netherlands)
Vizza E. (Italy)

Thursday, April 11th 2019

16:30	**Registrations**
17:30 - 17:50	**LECTURE** Chairmen: **A. Raptis** (Greece), **M. Tsiatas** (Greece) Imaging algorithm in PC from ovarian cancer **St. Kyriazi** (Greece)
17:50 - 18:50	**ROUND TABLE** **MEDICAL ONCOLOGISTS' OPINION ON OVARIAN CANCER** Chairmen: **M. Tsiatas** (Greece), **A. Christopoulou** (Greece) The role of PARP inhibitory **E. Lianos** (Greece) The role of immunotherapy in advanced ovarian cancer **M. Tsiatas** (Greece) Genetic aspects of epithelial ovarian cancer. Clinical implications **Ch. Emmanouilides** (Greece)
18:50 - 19:10	**Coffee Break**
19:10 - 19:30	**LECTURE** Chairmen: **Ch. Iavazzo** (Greece), **V. Kalles** (Greece) Laparoscopy staging in advanced ovarian cancer **A. Fagotti** (Italy)
19:30 - 19:50	**LECTURE** Chairmen: **P. Sammartino** (Italy), **A. Raptis** (Greece) How Biology and Genetics influence ovarian cancer prognosis and therapy **E. Vizza** (Italy)

Thursday, April 11th 2019

19:50 - 20:10 **LECTURE**
Chairmen: **K. Topgul** (Turkey), **I. Kalogiannidis** (Greece)

Protocols in management of ovarian cancer
R. Lo Dico (France)

20:10 - 20:30 **LECTURE**
Chairmen: **N. Akrivos** (Greece), **V. Sioulas** (Greece)

Management of borderline ovarian tumors with peritoneal implants
I. Kalogiannidis (Greece)

20:30 - 20:50 **LECTURE**
Chairmen: **J. Spiliotis** (Greece), **P. Sammartino** (Italy)

PIPAC in management of peritoneal metastasis
K. Topgul (Turkey)

20:50 - 21:10 **LECTURE**
Chairmen: **P. Sugarbaker** (USA), **Y. Li** (China)

HIPEC for ovarian cancer, an update
J. Spiliotis (Greece)

21:10 **OPENING CEREMONY**
Welcome Addresses
P. Sugarbaker (USA)
J. Spiliotis (Greece)
M. Deraco (Italy)

Certificates Ceremony
European School of Peritoneal Surface Oncology (ESPSO)

21:30 **Welcome Cocktail**

Friday, April 12th 2019

08:30 - 09:30 **Oral Presentations**

Chairmen: **D. Farmakis** (Greece), **T. Metaxas** (Greece)

O01 **CYTOREDUCTION PLUS HIPEC IN ADVANCED OVARIAN CANCER: 10-YEAR EXPERIENCE OF THE NAVAL AND VETERANS HOSPITAL OF ATHENS**

Papageorgiou D., Kyriazanos I., **Kalles V.**, Zoulamoglou M., Deskou E., Stamos N., Ivros N.

Department of Surgery, Naval and Veterans Hospital of Athens, Greece

O02 **CYTOREDUCTIVE SURGERY AND HIPEC IN COMBINED TREATMENT OF OVARIAN CANCER. A SINGLE CENTER EXPERIENCE IN UKRAINE**

Fetsych M., Yarema R., Volodko N., Fetsych T.

The Danylo Halytsky Lviv National Medical University, Department of Oncology and Medical Radiology, Lviv

O03 **SPLENECTOMY DURING CYTOREDUCTIVE SURGERY FOR OVARIAN CANCER**

Koustas P.[1], Ntinas A.[1], Kopanakis N.[2], Metaxas T.[1], Farmakis D.[1], Efstathiou E.[2], Spiliotis J.[1,2]

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[2]Department of Peritoneal Metastasis Unit, European Interbalkan Medical Center, Thessaloniki, Greece
[3]Department of Surgery, Metaxa Cancer Hospital, Piraeus, Greece

O04 **COMBINED TREATMENT FOR OVARIAN CANCER AND THE ROLE OF HIPEC: ONE SIZE FITS FOR ALL?**

Vaira M.[1], Valabrega G.[2], Marocco F.[3], Robella M.[1], Borsano A.[1], Mittica G.[2], Giannone G.[2], Tuninetti V.[2], Ponzone R.[2], De Simone M.[1]

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[2]Medical Oncology Department, Candiolo Cancer Institute, Candiolo, Italy
[3]Unit of Gynecological Oncology, Candiolo Cancer Institute, Candiolo, Italy

09:30 - 09:50 **LECTURE**

Chairmen: **N. Akrivos** (Greece), **N. Bakouras** (Greece)

Organ sparing cytoreductive surgery in ovarian cancer
I. Kyriazanos (Greece)

09:50 - 10:10 **LECTURE**

Chairmen: **J. Spiliotis** (Greece), **A. Arjona Sanchez** (Spain)

Neoadjuvant chemotherapy approaches in advanced primary ovarian cancer. When does it make sense?
Ch. Papadimitriou (Greece)

Friday, April 12th 2019

10:10 - 11:10 **ROUND TABLE**
SURGICAL ONCOLOGISTS' OPINION ON OVARIAN CANCER
Chairmen: **I. Kyriazanos** (Greece), **A. Larentzakis** (Greece)

Surgery for advanced ovarian cancer where and when should stop
K. Stamou (Greece)

Advanced ovarian cancer surgical management
A. Nissan (Israel)

Advanced ovarian cancer: Urgent surgical approach
N. Kopanakis (Greece)

11:10 - 11:30 **Coffee Break**

11:30 - 11:50 **LECTURE**
Chairmen: **N. Kopanakis** (Greece), **P. Sammartino** (Italy)

CRS and HIPEC by minimally invasive approach in primary peritoneal carcinomatosis from ovarian cancer, a new point of view
A. Arjona Sanchez (Spain)

11:50 - 12:10 **LECTURE**
Chairmen: **I. Kyriazanos** (Greece), **A. Larentzakis** (Greece)

Serous Papillary Peritoneal Carcinoma (SPPC)
M. Deraco (Italy)

12:10 - 12:30 **LECTURE**
Chairmen: **N. Kopanakis** (Greece), **G. Hilaris** (Greece)

Primary debulking surgery versus Interval debulking surgery after neo-adjuvant chemotherapy for patients with high-grade serous ovarian, fallopian tube and primary peritoneal cancer and diffuse peritoneal metastases. Outcome in selected patients in both treatment groups receiving peritonectomy procedures plus HIPEC
P. Sammartino (Italy)

12:30 - 14:30 **Light Lunch**

Friday, April 12th 2019

14:30 - 15:30 **Ovarian Cancer Case Presentations**
Panelists: **P. Sugarbaker** (USA), **Y. Li** (China), **R. Lo Dico** (France), **A. Nissan** (Israel), **W. Van Driel** (Netherlands)

C01 **DIAGNOSTIC APPROACH AND MANAGEMENT OF A YOUNG WOMAN WITH SALPINGEAL CARCINOMA MIMICKING BILATERAL SALPINGITIS**
V. Psomiadou, C. Iavazzo
Department of Gynecologic Oncology, Metaxa Cancer Hospital, Piraeus, Greece

C02 **HIPEC AND CYTOREDUCTIVE SURGERY IN A PATIENT WITH RECURRENCE OF OVARIAN CANCER AFTER FIRST DEBULKING SURGERY AND ADJUVANT CHEMOTHERAPY**
A. Fotiou, C. Iavazzo
Department of Gynecologic Oncology, Metaxa Cancer Hospital, Piraeus, Greece

15:30 - 16:30 **SURVEY**
Chairmen: **A. Christopoulou** (Greece), **Ch. Emmanouilides** (Greece)

Surgical Oncology
N. Kopanakis (Greece)

Gynecological Oncology
Ch. Iavazzo (Greece)

Medical Oncology
M. Tsiatas (Greece)

Discussion

16:30 - 16:50 **LECTURE**
Chairmen: **I. Kalogiannidis** (Greece), **M. Tsiatas** (Greece)

Chemotherapy every 3 or every 1 week as first line treatment
Th. Floros (Greece)

16:50 - 17:10 **LECTURE**
Chairmen: **N. Bakouras** (Greece), **Ch. Emmanouilides** (Greece)

The role of targeted therapies in ovarian cancer
A. Christopoulou (Greece)

17:10 - 17:30 **Coffee Break**

Friday, April 12th 2019

17:30 - 17:50 **LECTURE**
Chairmen: **J. Spiliotis** (Greece), **N. Bakrin** (France)

Role of HIPEC in recurrent ovarian cancer
J.M. Classe (France)

17:50 - 18:10 **LECTURE**
Chairmen: **A. Raptis** (Greece), **A. Christopoulou** (Greece)

New frontiers in the management of advanced ovarian cancer
K. Botsolis (Greece)

18:10 - 18:30 **LECTURE**
Chairmen: **N. Kopanakis** (Greece), **K. Topgul** (Turkey)

Timing for HIPEC
J. Spiliotis (Greece)

18:30 - 18:50 **LECTURE**
Chairmen: **A.-A. Tentes** (Greece), **J. Spiliotis** (Greece)

Management of peritoneal metastases from ovarian cancer, a historical perspective
P. Sugarbaker (USA)

Saturday, April 13th 2019

08:30 - 09:30 **Oral Presentations**

Chairmen: **I. Kyriazanos** (Greece), **V. Kalles** (Greece)

O05 **PRIMARY PERITONEAL SEROUS PAPILLARY CANCER (PPSPC): A RETROSPECTIVE STUDY FROM A TERTIARY CENTRE**

Iavazzo C., Blontzos N., **Vafias E.**, Psomiadou V., Vorgias G., Kalinoglou N.
Gynaecological Oncology Department, Metaxa Cancer Hospital, Piraeus, Greece

O06 **PROGNOSTIC VALUE OF METASTATIC LYMPH NODES IN ADVANCED OVARIAN CANCER**

Tentes A.A.[1], Panoskaltsis T.[1,2], Pallas N.[1], **Karamveri C.[1]**, Kyziridis D.[3], Hristakis C.[3], Kiriakopoulos V.[1], Kalakonas A.[3], Vaikos D.[3], Tzavara C.[4], Papadimitriou C.[5]
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O07 **RESIDUAL OR RECURRENT OVARIAN CANCER: DIFFERENCE IN PROGNOSIS?**

Iavazzo C.[1], Kopanakis N.[2], Christopoulou A.[3], Spiliotis J.[4,5]
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O08 **SEVERE HYPERNATRAEMIA FOLLOWING SODIUM THIOSULFATE IN PERITONEAL CARCINOMATOSIS CYTOREDUCTIVE SURGERY AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY**

Tse A., Amin T., Al Shahrani M., Sarkar A., Alzahrani N., Liauw W., Morris D.
University of New South Wales, St. George Public Hospital, Sydney, Australia

Saturday, April 13th 2019

09:30 - 10:30 — **ROUND TABLE**
GYNECOLOGICAL ONCOLOGISTS' OPINION ON OVARIAN CANCER
Chairmen: **V. Sioulas** (Greece), **D. Farmakis** (Greece)

Lymphadenectomy in ovarian cancer. A technical gimmick or true clinical value
N. Akrivos (Greece)

Risk reducing surgery for patients at hereditary risk for ovarian cancer
V. Sioulas (Greece)

Indications for HIPEC in treatment of ovarian carcinoma
W. Van Driel (Netherlands)

10:30 - 10:50 — **Coffee Break**

10:50 - 11:10 — **LECTURE**
Chairmen: **J.M. Classe** (France), **K. Papakonstantinou** (Greece)

Prognosis factors associated to early relapse after complete CRS and HIPEC in ovarian peritoneal carcinomatosis
N. Bakrin (France)

11:10 - 11:30 — **LECTURE**
Chairmen: **I. Kyriazanos** (Greece), **Th. Metaxas** (Greece)

Why are we failing to cure ovarian cancer?
K. Papakonstantinou (Greece)

11:30 - 11:50 — **LECTURE**
Chairmen: **J. Spiliotis** (Greece), **M. Deraco** (Italy)

CRS+HIPEC to treat ovarian cancer: Practice changing in China
Y. Li (China)

11:50 - 12:10 — **LECTURE**
Chairmen: **N. Kopanakis** (Greece), **N. Bakouras** (Greece)

HIPEC Morbidity / Mortality
E. Efstathiou (Greece)

12:10 - 13:30 — **MEET THE EXPERTS**

13:30 — **Conclusions**

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Akrivos Nikos
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Director of the Department of Surgical Oncology Gynecologic Oncology, IRCCS Regina Elena National Cancer Institute, Rome, Italy

Case Studies & Oral Presentations

Case Studies

CO1
DIAGNOSTIC APPROACH AND MANAGEMENT OF A YOUNG WOMAN WITH SALPINGEAL CARCINOMA MIMICKING BILATERAL SALPINGITIS

Psomiadou V., Iavazzo C.

Department of Gynecologic Oncology, Metaxa Cancer Hospital, Piraeus, Greece

Background: Primary fallopian tube carcinoma (PFTC) is a very rare gynecologic malignant tumor accounting for approximately 0.14-1.8% of female genital malignancies. More than 60% of cases occur in postmenopausal women, with a mean age of 55 years. Due to nonspecific symptoms, the diagnosis is often mistaken for an ovarian carcinoma or a tube-ovarian mass. The aim of our presentation is to report an interesting case of tubal cancer diagnosed in a nullipare patient

Methods: A 26-year old premenopausal patient presented with a 15-day history of mesocycle vaginal bleeding and lower abdominal pain, with multiple abdominopelvic masses, detected through pelvic ultrasound.

Results: Exploratory laparotomy was performed, and one of the tumors was diagnosed as a primary fallopian tube carcinoma (PFTC), as well as bilateral salpingitis' formations. The patient underwent complete debulking after informed consent. Pathology revealed a stage 1A2 serous tubal carcinoma. After MDT's discussion, the patient received adjuvant chemotherapy. Sixteen months after initial surgery, the patient in excellent condition.

Conclusion: Tubal cancer is extremely rare in young patients, however it should be considered in the differential diagnosis of pelvic masses.

Case Studies

CO2
HIPEC AND CYTOREDUCTIVE SURGERY IN A PATIENT WITH RECURRENCE OF OVARIAN CANCER AFTER FIRST DEBULKING SURGERY AND ADJUVANT CHEMOTHERAPY

Fotiou A., Iavazzo C.

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Background: Ovarian cancer is the most lethal gynecologic malignancy worldwide and is plagued by high recurrence rate. Cytoreductive surgery and adjuvant chemotherapy is considered the gold standard treatment for advanced ovarian cancer patients. HIPEC is an option for patients with peritoneal and recurrent disease.

Aim: We intend to present a case of a patient with recurrent ovarian cancer managed initially with primary debulking surgery and adjuvant chemotherapy and afterwards with second cytoreductive surgery and HIPEC.

Presentation of case: A 49 years old patient referred to our clinic for ovarian cancer treatment. Total abdominal hysterectomy, omentectomy, splenectomy, distal pancreatectomy, extended right colectomy and partial peritonectomy were performed. Adjuvant chemotherapy with carboplatin and paclitaxel was applied. 3 months after completion of chemotherapy, she was diagnosed with recurrence. She underwent second cytoreductive surgery and HIPEC. 3 months after her second surgery she presented with new recurrence; this time to the para-aortic lymph nodes and the Haller tripod's lymph nodes.

Conclusion: Complete cytoreduction is the gold standard treatment for advanced ovarian cancer. Several studies have shown the utility of HIPEC in patients with advanced ovarian cancer with peritoneal metastases regarding disease free survival rate after extended debulking surgery.

Oral Presentations

O01
CYTOREDUCTION PLUS HIPEC IN ADVANCED OVARIAN CANCER: 10-YEAR EXPERIENCE OF THE NAVAL AND VETERANS HOSPITAL OF ATHENS

Papageorgiou D., Kyriazanos I., **Kalles V.**, Zoulamoglou M., Deskou E., Stamos N., Ivros N.

Department of Surgery, Naval and Veterans Hospital of Athens, Greece

Objectives: Ovarian cancer is the most common cause of gynecological malignancy mortality in the western world. Hyperthermic intraperitoneal chemotherapy is a method of locoregional treatment that has recently been applied to selected patients. The present study presents the 10-year experience of our department in the use of cytoreductive surgery in combination with hyperthermic intraperitoneal chemotherapy in patients with advanced stage ovarian cancer.

Methods: From 2009 to 2018, 30 patients with an average age of 56.6 years (37-78 years) underwent cytoreductive surgery and hyperthermic intraperitoneal chemotherapy for ovarian cancer. In 9 cases, interval cytoreductive surgery was performed, and in 21 cases it was performed for tumor recurrence. Outcomes were evaluated by recording the complications and mortality of the method, as well as disease-free survival and overall survival of patients.

Results: The mean intraoperative PCI score was 19 (2-39). The mean operation time was 318 minutes (180 – 490). Optimal cytoreduction (CC-0/1) was achieved in 29 cases. In 1 case CC-2 was conducted. The mean postoperative ICU stay was 1.6 days, and the mean postoperative hospital stay was 21.6 days (9 – 45). Severe (Grade III/IV) complications were documented in 8 cases (26.7%), and three patients underwent a reoperation for intra-abdominal bleeding and intra-abdominal collection, respectively. There was one case of postoperative mortality (3,3%). The mean follow-up period was 28.4 months. The median disease – free survival was 24 months for the interval CRS group, and 17 months for the recurrence group, whereas the median overall survival was 42 months for both groups.

Conclusion: The implementation of CRS and HIPEC for peritoneal carcinomatosis is a safe option, in a certified center for the treatment of peritoneal surface malignancy. Our results indicate a benefit in terms of disease - free and overall survival in patients undergoing CRS and HIPEC, however the small sample and low number of events inhibit an analysis that would provide safe conclusions at present.

O02
CYTOREDUCTIVE SURGERY AND HIPEC IN COMBINED TREATMENT OF OVARIAN CANCER. A SINGLE CENTER EXPERIENCE IN UKRAINE

Fetsych M., Yarema R., Volodko N., Fetsych T.

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Background: During the last decades oncologists observe improving of recurrent-free and overall survival of patients with ovarian cancer. This became possible by changing surgical paradigm to achieve full or optimal cytoreduction both during primary surgical operation and treatment of residual or recurrent cancer process. In certain groups of patients can be used hyperthermic intraperitoneal chemotherapy (HIPEC) and systemic chemotherapy. However, indications and effectiveness of these methods require scrupulous research. Our aim was to investigate the effectiveness of combined treatment using cytoreductive

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surgery (CRS), HIPEC and systemic chemotherapy for treatment of ovarian cancer patients with peritoneal metastasis and explore prognostic factors in these patients.

Material and Methods: The analysis of the effectiveness of cytoreductive surgery, HIPEC and systemic chemotherapy in the combined treatment of 59 patients with ovarian cancer and peritoneal carcinomatosis (49 patients with recurrent ovarian cancer and 10 patients with primary ovarian cancer). HIPEC was conducted in a "closed" procedure using cisplatin or cisplatin in combination with doxorubicin.

Results: Postoperative surgical complications developed in 22% of patients, 60-day postoperative mortality was 6.8%. The disease-free and overall median survival of patients was 13.9 months and 30.2 months, respectively. Within univariate analysis of the likely impact on survival characterized by the following factors: the presence of ascites, chemosensitivity and duration of disease-free period in patients with recurrent ovarian cancer, peritoneal cancer index, completeness of cytoreduction and presence of extraperitoneal metastases. (Tab. 1)

Tab. 1

Index	Overall median survival	95%CI	p
Primary ovarian cancer Reccurent ovarian cancer	29 ±1,6 19 ± 2,4	25,9-32,03 14,2-23,8	0,12
Ascites No ascites	3 ± 0,8 23,5 ± 3,0	1,5-4,5 17,6-29,4	0,003
Chemo-sensitive reccurence (>6 months) Chemo-resistant reccurence (<6 months)	21 ± 1,7 12 ± 2,7	17,6-24,4 6,6-17,4	0,001
Dissease-free before CRS+ HIPEC 0-6 months 7-12 months > 12 months	 12 ± 2,7 21 ± 4,5 25 ± 2,8	 6,8-17,2 12,2-29,8 19,4-30,6	0,002
Peritoneal cancer index PCI 0-10 11-20 >20	 27 ± 1,5 21 ± 2,0 11 ± 3,4	 24,1-29,9 17,1-24,9 4,4-17,6	0,002
Completeness of cytoreduction CC-0 CC-1 CC-2, CC-3	 25 ± 3,4 20,5 ± 5,2 8,5 ± 3,2	 18,4-31,6 10,3-30,7 4,3-15,6	0,008
Lymph metastasis No lymph metastasis	19 ± 6,4 21 ± 4,1	6,5-31,6 12,9-29,1	0,05
Extraperitoneal metastasis No extraperitoneal metastasis	19 ± 6,9 21 ± 5,0	5,4-32,6 11,1-30,9	0,04

Conclusions: The use of aggressive combined treatment of ovarian cancer with peritoneal carcinomatosis using cytoreductive surgery and HIPEC demonstrates acceptable immediate results and promising survival rates of patients.

Keywords: ovarian cancer, cytoreductive surgery, HIPEC

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O03
SPLENECTOMY DURING CYTOREDUCTIVE SURGERY FOR OVARIAN CANCER

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Introduction: Splenic metastasis from ovarian cancer is unusual. It is well demonstrated that splenectomy alone, places the patient at significantly higher risk of overwhelming infection, compared to the normal population. In our retrospective analysis we sought to examine how splenectomy as part of cytoreductive surgery and HIPEC in ovarian cancer influences the postoperative course and affects survival.

Methods: We reviewed the cases of relapsed ovarian cancer from 2005 to 2016 and found 40 cases who had a splenectomy as a part of their cytoreductive surgery, and they were compared to 110 who did not undergo splenectomy.

Results: In the splenectomy group the mean age was 64 (44-83) years. A total of CC_0/CC_1(84%) was achieved.

The median overall survival for patients with splenectomy was 28 months versus to the no-splenectomy group that was 40 months.

Conclusions: The addition of splenectomy to cytoreductive surgery and HIPEC was feasible and safe. It appears though to have shortened survival that is seems to be unrelated to postoperative outcome.

Probably indicates more aggressive disease.

O04
COMBINED TREATMENT FOR OVARIAN CANCER AND THE ROLE OF HIPEC: ONE SIZE FITS FOR ALL?

Vaira M.[1], Valabrega G.[2], Marocco F.[3], Robella M.[1], Borsano A.[1], Mittica G.[2], Giannone G.[2],

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Introduction: In our Institution, the treatment of epithelial ovarian cancer (EOC) is done by integrated approach by medical, surgical and gynecological oncologists. Cytoreductive surgery (CRS) eventually associated to locoregional treatments such as HIPEC is a routine practice. Recent reports and clinical data on outcome about HIPEC have to be better clarified both on literature reports and in clinical experience.

Methods: We performed a Pubmed Search for "HIPEC" and "Ovarian Cancer". We found 156 scientific articles about the topic. After "cleaning" of off-topic papers we analyzed which variables were considered in the impact on HIPEC outcome. We then briefly describe our Institute casuistry.

Results: In recent reports, timing of HIPEC (first presentation or recurrent disease), associated to

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"hystorical" outcome hotpoints such as completeness of cytoreduction, kind of drug and technique used, mordidity rate are updated with some new aspects: the biological features of EOC may play the same role of clinical features. The impact of monoclonal-antiangiogenesis antibodies, the emerging role of PARP inhibitors and the impact of intraperitoneal chemotherapy associated to CRS and HIPEC in BRCA positive patients must be considered for timing and indication for IP treatment. In our casuistry, we analyzed the impact of secondary cytoreductive surgery, HIPEC and chemotherapy alone in relapsed platinum sensitive ovarian cancer.

Discussion: The clinical variables need to be merged with emerging biological data, in order to purpose the HIPEC treatment to the "right" subgroups of patients.

O05
PRIMARY PERITONEAL SEROUS PAPILLARY CANCER (PPSPC): A RETROSPECTIVE STUDY FROM A TERTIARY CENTRE

Iavazzo C., Blontzos N., **Vafias E.**, Psomiadou V., Vorgias G., Kalinoglou N.

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Aim: To present a case series of patients with PPSPC focusing on the main clinical and laboratory characteristics of the disease.

Methods: Retrospective study of 19 patients with PPSPC who were managed in the Gynaecological Oncology Department of Metaxa Memorial Cancer Hospital between January 2002 and December 2017. Our electronic database and medical notes were retrospectively studied for each individual.

Results: Biomarkers' measurement during the initial management of the patients revealed abnormal values of CA-125 for all the participants (median value 565 U/ml). HE4 (human epididymis secretory protein 4)and ratios of blood count were also measured. Perioperative peritoneal cancer index ranged from 6 to 20. Optimal debulking was achieved in 5 cases. All patients were staged as IIIC and IV PPPSC and received standard carbo-taxol chemotherapy, whereas bevacizumab was added in the 5 more recent cases. Median overall survival was 24months.

The median age of the patients was 66 years ranging from 44 to 76 years. Clinically PPSPC presented with abdominal distention and pain (17/19 cases), constipation (6/19), while 14 patients complained of loss of appetite. All patients except for one had abnormal values of CA-125 at the time of initial diagnosis, ranging from 119 to 12767.3 U/ml, with a median value of 565 U/ml. HE4 was measured in the 4 more recent patients and the average was 372.85 pmol/l, ranging between 185 and 627 pmol/l. Median values of NLR (neutrophil-to-lymphocyte ratio) and PLR (platelet-to-lymphocyte ratio) were calculated for all patients studied and the median values were found to be 5.94 (range:1.7-17.93) and 140 (range:68.9-625.9) respectively. Perioperative PCI (peritoneal cancer index) was estimated from 6 to 20 (average: 13). Optimal debulking (residual tumor size less than 1cm) was achieved in 5 cases. All patients were staged as IIIC and IV in accordance with FIGO staging classification, and received standard carbo-taxol chemotherapy, whereas bevacizumab (Avastin) was added in the 5 more recent cases. Median overall survival was 24 months, ranging from 13 to 39 months.

Conclusion: PPSPC is a rare malignancy the management of which should take place in tertiary oncologic centers.

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O06
PROGNOSTIC VALUE OF METASTATIC LYMPH NODES IN ADVANCED OVARIAN CANCER

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Objectives: The addition of colectomy and extensive lymphadenectomy in the treatment of advanced ovarian cancer has been questioned. The objective of the study is the identification of the rate of metastatic lymph nodes according to their anatomic distribution, and its possible influence on survival and recurrence in advanced ovarian cancer.

Methods: Retrospective analysis of 152 patients with advanced ovarian cancer that underwent complete (CC-0) or near-complete (CC-1) cytoreduction which included at least one colonic resection. Clinical and histopathological variables were correlated to survival and recurrence.

Results: The mean age of the patients was 58.8 years. CC-0 surgery was possible in 72.4%. The rates of in-hospital mortality and major morbidity were 2.6% and 15.7%, respectively. Only, 122 (80.3%) patients were able to complete adjuvant systemic chemotherapy (ASCH). Metastatic total lymph nodes (TLN), para-aortic and pelvic (PAPLN) lymph nodes and large bowel lymph nodes (LBLN) were 58.7%, 58.5%, and 51.3%, respectively. The median, 5- and 10-year survival rate was 39 months, 43%, and 36.2%, respectively. The recurrence rate was 35.5%. On univariate analysis, CC-1, high Peritoneal Cancer Index (PCI), in-hospital morbidity, and no adjuvant chemotherapy were adverse prognostic factors both for survival and recurrence. On multivariate analysis, negative prognostic survival indicators were the advanced age of patients, extensive peritoneal dissemination, low total number of resected lymph nodes (TLN) and no systemic PAPLN, while metastatic LBLN and segmental resection of the small bowel (SIR) were associated with a high risk for recurrence.

Conclusions: Retroperitoneal lymph nodes are frequently involved in advanced ovarian cancer. Our data show that extensive lymphadenectomy, including LBLN and PAPLN, may be essential in advanced ovarian cancer surgery, as it may confer to survival improvement and decrease the risk of recurrence.

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O07
RESIDUAL OR RECURRENT OVARIAN CANCER: DIFFERENCE IN PROGNOSIS?

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Aim: To discuss the possible differences in survival between residual and recurrent disease in ovarian cancer patients presenting with disease relapse.

Material and methods: 200 women with ovarian carcinoma relapse during the period 2005-2017 were retrospectively studied using our database.

Results: The main sites of residual disease included great omentum, epiploic appendices, liver round ligament, gallbladder, cervical/vaginal stump. Median survival for women with residual disease treated with CRS +HIPEC+ systemic chemotherapy was 38 months compared to the control group which reached 23,8 months. The morbidity rates were 18% versus 7% respectively while the mortality rates were 2.5% versus 1.3%. The main sites of recurrent disease included mesenterium, pelvic floor, diaphragm, and Glisson's capsule. Women with recurrent disease treated with CRS +HIPEC+ systemic chemotherapy had median survival rates of 26 months versus 16 months in the control group. The morbidity rates were 22% versus 15% respectively while the mortality rates were 3.3% versus 0%.

Conclusion: A different prognosis is presented in women undergoing secondary debulking plus HIPEC for ovarian carcinoma relapse when comparing cases with residual to those with recurrent disease.

O08
SEVERE HYPERNATRAEMIA FOLLOWING SODIUM THIOSULFATE IN PERITONEAL CARCINOMATOSIS CYTOREDUCTIVE SURGERY AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY

Tse A., Amin T., Al Shahrani M., Sarkar A., Alzahrani N., Liauw W., Morris D.

University of New South Wales, St. George Public Hospital, Sydney, Australia

Purpose: Cytoreductive surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC) has evolved as an effective method for the management of selected patients with peritoneal carcinomatosis (PC). Cisplatin is one commonly used agent for HIPEC for peritoneal spread from mesothelioma, ovarian and gastric primary cancers. Nephrotoxicitiy is the primary dose-limiting toxicity associated with the administration of cisplatin. When intraperitoneal cisplatin therapy is combined with intravenous sodium thiosulfate (STS), it has been shown to offer significant protection against renal damage. However, there have been reports of biochemical disturbances secondary to STS use.

Methodology: Analysis of prospectively collected biochemistry data of patients who received intraperitoneal cisplatin with and without concomitant STS during CRS for PC.

Results: Ten patients had STS with CRS for PC from mesothelioma (n=4) and ovarian cancer (n=6). 124

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did not receive STS. The differences in serum sodium between STS and non-STS cohorts were compared (mean). There was an early significant difference at Day 0 (149.6 vs 143.3, p=0.001) and D1 (147.1 vs 143.3, p=0.034). This was persistent to D3 (145.0 vs 140.5 p=0.006).Two patients within the STS group developed severe delirium correlating with severe hypernatraemia. We observed a trend of acute severe hypernatraemia, increased anion gap and metabolic acidosis, in the immediate postoperative period following STS administration. There were no major differences in preoperative serum sodium, ASA score, intraoperative fluid management and the other measured metabolic parameters.

Conclusion: Cautious administration of concomitant STS with cisplatin HIPEC was suggested due to potential severe hypernatraemia.

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General Information

Dates and Symposium Venue
April 11th - 13th 2019
Eugenides Foundation
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English will be the official language of the Symposium and no simultaneous translation will be provided.

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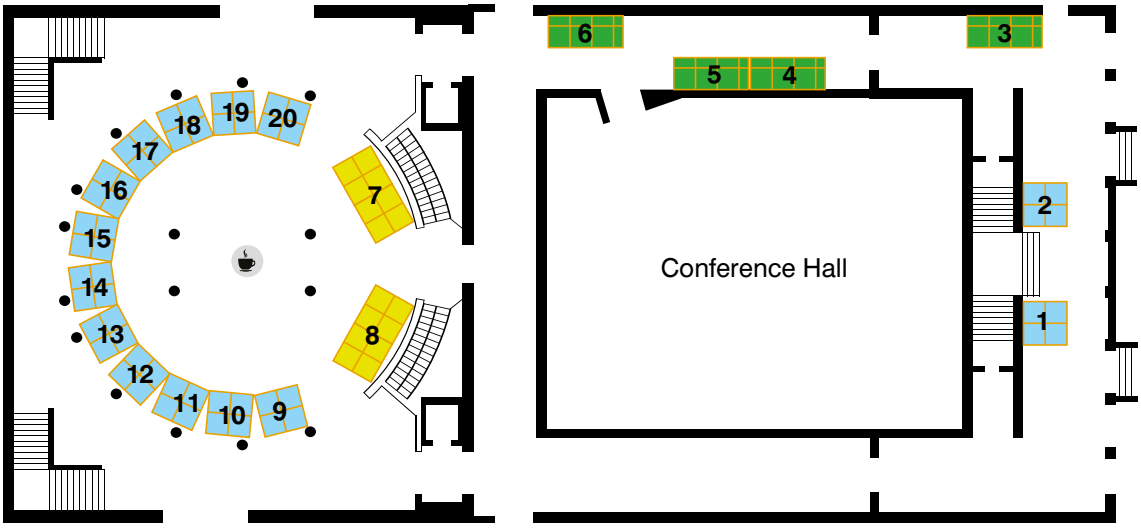

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