any untoward medical occurrence in a patient; AE data were only collected if AEs resulted in dose reduction or treatment interruption or discontinuation. This analysis reports data by country with a planned pooled analysis at the third year of follow-up. Included are patients followed between index date and first data extraction (France) or with a minimum follow-up of 1 year (Italy and UK).

Results By the end of January 2022, Italy (n=125) and UK (n=116) had completed enrolment; data were available from the first 83 patients from France. Baseline patient characteristics are shown in table 1. Most patients had a diagnosis of FIGO stage III disease. Anaemia, nausea, fatigue, and neutropenia were the most frequently reported AEs across the countries (table 2). Progression-free survival endpoint data are not yet mature.

Conclusion These preliminary descriptive analyses provide insights into real-world management of newly diagnosed advanced OC in Italy, UK, and France. Safety was consistent with previous reports of maintenance olaparib in this setting. Future analyses will focus on survival endpoints and country-specific analyses.

2022-RA-948-ESGO NEOADJUVANT CHEMOTHERAPY (NACT) AND INTERVAL DEBULKING SURGERY (IDS) IN A GROUP OF PATIENTS WITH ADVANCED STAGE EPITHELIAL OVARIAN CANCER, UNSUITABLE FOR UPFRONT SURGERY

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Introduction/Background Neoadjuvant chemotherapy (NACT) has been advocated for patients with advanced stage epithelial ovarian carcinoma (EOC) with an aim to improve resectibility rate and survival. In this study we reported our experience in patients with advanced stage epithelial ovarian cancer.

Methodology This was a prospective observational study conducted at National Institute of Cancer Research & Hospital, Dhaka, Bangladesh from November,2018 to November,2019 for a period of 1 year. Advanced-stage EOC (FIGO stage-III and IV) patients with poor performance status (Eastern Co-operative Oncology Group scale 3 and 4), had received 3–6 cycles of 3weekly paclitaxel 175 mg/m^2 and carboplatin AUC5 or AUC6. Response evaluation was done after 3rd and 6th cycle according to RECIST(Response evaluation criteria in solid tumor) criteria. Interval debulking surgery (IDS) was performed, unless there was evidence of disease progression. The primary end point was the proportion of patients made suitable for surgery. Statistical analysis was done by using SPSS version 23. Chi-square (χ^2) test and Fisher's Exact test were done, *p*-value less than 0.05 was taken as a level of significance.

Results Fifty patients were eligible for the study. They received the protocol treatment with NACT. Complete response was obtained in 46% cases and partial response 32%, stable disease 16%, progressive disease 6%. IDS was performed in 47 patients and 3 returned to chemotherapy with change schedule due to progressive disease. Complete resection (R0) rate was 53.2%, optimal resection (R1) 21.30% and suboptimal resection (R2) 19.10%. Complete (R0) resection was achieved in cases with complete response to NACT in 91.30% of patients, $p < 0.000$.

Conclusion Neoadjuvant chemotherapy for primary unresectable ovarian cancer leads to the selection of a subset of patients sensitive to chemotherapy in whom cytoreduction can be achieved in a high proportion of cases.

2022-RA-949-ESGO VOCAL (VIEWS OF OVARIAN CANCER PATIENTS-HOW MAINTENANCE THERAPY AFFECTS THEIR LIVES) STUDY: PATIENT PREFERENCE FOR TREATMENT FORMULATION AND ADMINISTRATION

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Introduction/Background Patient preference on treatment options following frontline platinum-based chemotherapy for epithelial ovarian cancer (EOC) remains unstudied. Multiple treatment options are available, including PARP inhibitors, so understanding patient preference is critical.

Methodology A cross-sectional survey was completed by US patients with newly-diagnosed EOC eligible for frontline maintenance therapy. Maintenance preference was assessed via time trade-off simulation. Patients selected their preferred post-chemotherapy treatment approach: surveillance, oral daily (QD), oral twice daily (BID), intravenous every 3 weeks (IV-Q3W), or combination IV-Q3W/BID, assuming equivalent efficacy (for all scenarios) and safety (medication scenarios only). Patients were asked to select between a series of maintenance scenarios comparing decreased time to progression (TTP) on their preferred option with constant TTP with alternative options. Relative disutility of each scenario was calculated.

Abstract 2022-RA-949-ESGO Table 1 Patient (N=153) preferences for formulation and dosing frequency of frontline maintenance for EOC

Table 1. Patient (N=153) preferences for formulation and dosing frequency of frontline maintenance treatment for EOC

Treatment	Preferred treatment,[1] n (%)	Mean trade-off time, months[2]	Disutility[3]
Surveillance (no medication)	67 (43.8)	6.2	11.4%
QD	58 (37.9)	2.3	0.0%
BID	14 (9.2)	3.2	2.6%
IV-Q3W	11 (7.2)	5.5	9.4%
IV-Q3W/BID	3 (2.0)	7.5	15.5%

[1]Percentage of patients who selected each treatment as their most preferred option.

[2]Average amount of TTP that patients would trade off or "give up" from 36 months on their respective preferred treatments to be considered equivalent to this treatment. Smaller numbers indicate higher preference.

[3]Calculated by dividing mean TTO for each treatment by the treatment with the best TTO mean (oral QD). Higher disutility indicates lower preference.

BID, oral twice daily; EOC, epithelial ovarian cancer; IV-Q3W, intravenous every 3 weeks; QD, oral daily; TTO, time trade-off; TTP, time to progression.

Results 153 patients completed the survey, median age was 52.3 years; 30% were non-White, and 83% had health insurance covering full EOC treatment. Of all medication strategies, QD treatment was preferred (38%, table 1); patients were willing to trade the least amount of time (2.3 months) without progression on this scenario versus other choices. For patients who preferred to take a medication even when

surveillance offered the same amount of time without progression (n=86), the most common reason was a feeling of taking an active approach to treatment (66%), having a reason to regularly visit a doctor/hospital (30%), being cared for/monitored more regularly and carefully (28%), and because taking medication is reassuring (24%).

Conclusion Patients preferred QD treatment more than other medication strategies for EOC maintenance following frontline platinum-based chemotherapy; patients who preferred medication felt they were taking an active approach to treatment. Patient preferences should be considered in treatment decisions and further studied.

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2022-RA-950-ESGO LOW GRADE AND HIGH GRADE SEROUS OVARIAN CANCER: COMPARISON OF SURGICAL OUTCOME AFTER SECONDARY CYTOREDUCTIVE SURGERY

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Introduction/Background Retrospective series have shown secondary cytoreductive surgery (SCS) improves oncological outcomes in recurrent low-grade serous ovarian cancer (LGSOC), a relatively chemoresistant subtype. We aim to describe surgical procedures and complications, for this subset of patients compared to the high-grade serous ovarian cancer (HGSOC) counterpart.

Methodology This is a retrospective single-institution study on patients affected by platinum sensitive recurrent LGSOC and HGSOC undergoing SCS between 2009–2021. Patients were matched for clinical characteristics such as age, stage, residual tumor at first surgery, and platinum-sensitivity. Complexity of surgery was assessed by Aletti's score and post-operative complications by Clavien Dindo classification.

Results Fifty-two patients undergoing SCS were included in our analysis. Patients' characteristics are described in table 1. Recurrence was mainly localized in the peritoneum in both groups but reached a statistically significant higher rate for the diaphragm (38.5% vs 11.5%, p=0.026) and the small bowel (53.8% vs 7.7%, p<0.001) in LGSOC compared to HGSOC counterpart. On the contrary, HGSOC showed a higher rate of nodal recurrences than LGSOC (38.5% vs 23.1%, p= 0.18). Overall, surgical complexity (Aletti's score group >1) was higher in LGSOC than in HGSOC patients (65.4% vs 37.5%; p=0.045), with LGSOC cases undergoing multiple bowel resections more frequently than HGSOC (26.9% vs 3.8%; p=0.025). Median EBL was also higher in LGSOC than in HGSOC patients (400 vs 100 ml; p=0.036). Twenty-five patients achieved optimal residual disease after SCS in both groups (p=0.75) with no statistically significant differences in term of post-operative complications.

Abstract 2022-RA-950-ESGO Table 1 Patient's characteristics, surgical and complication data

	Variable	Low grade N (%)	High grade N (%)	Total N (%)	P value
	All cases	26	26	52	
Site of recurrence	Peritoneal carcinomatosis	17 (65.4)	17 (65.4)	34 (65.4)	0.61
	Nodal disease	6 (23.1)	10 (38.5)	16 (30.8)	0.18
	Diaphragm	10 (38.5)	3 (11.5)	13 (25)	**0.026**
	Small bowel	14 (53.8)	2 (7.7)	16 (30.8)	**<0.001**
	Liver	1 (3.8)	1 (3.8)	2 (3.8)	0.75
	Spleen	3 (11.5)	2 (7.7)	5 (9.6)	0.5
Surgery	Aletti's complexity score group>1 (intermediate-high)	17 (65.4)	9 (37.5)	26 (52)	**0.045**
	Splenectomy	6 (23.1)	4 (15.4)	10 (19.2)	0.36
	Peritonectomy	18 (69.2)	17 (65.4)	35 (67.3)	0.5
	Bowel resection				
	small	7 (26.9)	3 (11.5)	10 (19.2)	0.14
	large	11 (42.3)	8 (30.8)	19 (36.5)	0.28
	multiple	7 (26.9)	1 (3.8)	8 (15.4)	**0.025**
	Lymphadenectomy	9 (34.6)	13 (50)	22 (42.3)	0.20
	RT <1 cm	25 (96.2)	25 (96.2)	52 (96.2)	0.75
	Median Operative time (range)	239 (50-630)	222 (50-480)	227 (50-630)	0.78
	Median EBL (range)	400 (50-8000)	100 (0-1000)	200 (0-8000)	**0.036**
Complications	Early postoperative	7 (26.9) (1 grade 1; 3 grade 2; 1 grade 3a; 1 grade 3b; 1 grade 4b)	10 (38.5) (1 grade 1; 4 grade 2; 3 grade 3a; 2 grade 3b)	17 (32.7)	0.27

Conclusion SCS in LGSOC patients is associated with higher complexity, multiple bowel resections, and higher median estimated blood loss than in HGSOC. However, the comparable rate of post-operative complications confirms the role of SCS in this group of patients.

2022-RA-951-ESGO COMPARISON OF COMPLICATIONS IN PATIENTS UNDERGOING UPPER VERSUS LOWER ABDOMINAL CYTOREDUCTIVE SURGERY IN OVARIAN CANCER

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Introduction/Background Ovarian cancer is still the most lethal type of gynecological cancer because it does not show signs of the disease in the early period and there is no effective screening method. Cancer stage is an independent risk factor affecting the prognosis of the disease; and after primary staging surgery in the early stage and optimal cytoreductive surgery in the advanced stage, the disease-free and overall survival times of patients without visible residual tumor tissue increase significantly. Due to the superficial peritoneal spread of ovarian cancer, upper abdominal surgical procedures are often required to achieve surgical optimal cytoreduction. The aim of this study is to compare the mortality and morbidity