

between pelvic lymphadenectomy and RFS, either mBOT or sBOT.

Conclusions Histological type is definitely one of factors which effects recurrence rate, sBOT is more likely to recurrence than mBOT. But for sBOT, mBOT separately in my study, lymphadenectomy is not related with lower recurrence rate, this part may need to be further studied.

IGCS19-0120

343 PREDICTIVE VALUE OF BIOMARKERS DURING CHEMOTHERAPY IN PATIENTS WITH EPITHELIAL MALIGNANT OVARIAN CANCER

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Objectives At present there is no predictive value univocally associated with the success of chemotherapy. Biomarkers produced by ovarian cancer (HE4 and Ca125) could have a good prognostic significance. The aim of this study is to prove the ability of biomarkers to identify patients with the highest risk of not optimal response during the chemotherapy and to predict which patients will most probably develop recurrence of disease.

Methods We analyzed 78 patients with EOC who underwent surgery in the biennium 2016–2017. All the patients performed chemotherapy after surgery or interval debulking surgery following neoadjuvant therapy. Serum levels of HE4 and Ca125 were measured at the diagnosis and at each cycle of chemotherapy. We established the degree of response to the treatment by CT-scan and the patients were followed up (FU median: 10 months). The parameters PFS and DFS were related to serum levels of biomarkers.

Results The average markers values became both negative at the fourth cycle in the patients with good response to chemotherapy. HE4 compared earlier than Ca125. The parameters that best correlated with a long PFS were: negativization of the marker after the third cycle of chemotherapy (HE4: OR 5.5; Ca125: OR 9.1) and biomarker serum levels lower than the mean value in the affected population at the time of diagnosis (HE4: OR 3.4; Ca125: OR 3.7).

Conclusions We can conclude that the monitoring of HE4 and Ca125 during chemotherapy, especially at the third cycle, is recommended, because their variation is a good prognostic factor.

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344 CLINICAL AUDIT ON QUALITY OF CANCER CARE WITHIN THE ONCOLOGICAL NETWORK OF PIEDMONT AND VALLE D'AOSTA: OVARIAN CANCER TREATMENT

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Objectives The aim of this study is to assess the management of patients affected by ovarian cancer at first diagnosis in the Oncological Network of Piedmont and Valle d'Aosta.

Specific objectives of this audit are: description of first line treatment, evaluation of adherence to international guidelines, description of overall survival and assessment of clinical and organisational factors that could influence the outcome.

Methods This audit includes a retrospective and a prospective part. The retrospective analysis concerns incident cases between January and June 2016, which are useful to describe structure and process indicators at baseline.

The prospective analysis concerns patients with ovarian cancer treated in the hospitals of the oncological network from May 2017 until today and will last three years. The outcomes are shared with the operators every six months.

Results There has been a significant improvement in adherence to the correct treatment pathways: the percentage of patients following the correct diagnostic-therapeutic pathway increased from 2.3% in 2015 to 68.2% in 2017 with a further improvement in the last year. Focusing on retrospective analysis, a comparison with a similar previous study (COROP 2009) shows a centralisation of treatments, an increase in early diagnosis, a better adherence to protocols with a significant improvement in overall survival.

Conclusions Retrospective data showed an improvement in care pathways confirmed by a preliminary analysis of prospective data. If these results will be confirmed at the end of the Audit, it could be possible to exporting this system also outside the Oncological Network in order to set improvement strategies.

Palliative Care

IGCS19-0401

345 PERCEIVED KNOWLEDGE IMPACTS INTENTION TO PREPARE ADVANCE DIRECTIVES IN THAI GYNECOLOGIC CANCER PATIENTS

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Objectives Advance Directives (AD) have not been widely discussed or used in Thailand. The objectives of the study were to assess knowledge, attitude and factors impact intention to prepare of AD among Thai gynecologic cancer patients.

Methods Gynecologic cancer patients were approached for recruitment at a tertiary-care hospital in the city area of Bangkok, Thailand. We conducted paper-and-pencil survey on self-perceived and objective knowledge, decision for oneself, intention to prepare the AD, influential person, past experiences of illness and loss. Multiple regression analysis was used to identify the indicators that were associated with the intention to prepare the AD.

Results One hundred and one participants were enrolled. Six participants (5.9%) had completed their AD. Twenty-two (21.8%) planned to prepare later, 18 (17.8%) did not have an intention to prepare and fifty-five (54.5%) were unsure. Sixty-two participants (61.4%) never heard about AD, 36 (35.7%) knew at some level and 3 (3.0%) reported that they knew