between pelvic lymphadenectomy and RFS, either mBOT or sBOT.

Conclusions Hisotological 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.

**Abstracts**

**IGCS19-0120**

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

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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**

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

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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 the AD.

Conclusions 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 The aims of this study are to assess the management of patients affected by ovarian cancer at first diagnosis in the Oncological Network of Piedmont and Valle d’Aosta.

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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.