predicted by a kNN model that included age and CCI (figure 1).

Conclusion The k-NN algorithm is a versatile and promising tool for R0 resection in HGSOC patients, which outperforms logistic regression. The model, which is very much reflective of 'previous clinical experience' can be directly available to clinicians and is expected to improve accuracy with data expansion.

Disclosures No disclosures.

250 SURVIVAL IMPLICATION OF PRE-TREATMENT IMAGING TUMOR DISSEMINATION PATTERN IN PATIENTS SURGICALLY TREATED FOR ADVANCED HIGH GRADE SEROUS OVARIAN CANCER

Alexandros Laios, Yong Tan, Angelika Kaufmann, Mohamed Otify, Richard Hutson, Amudha Thangavelu, George Theophilou, David Nugent, Diederick Dejong. *St James's University Hospital; Leeds Teaching Hospitals; Gynaecologic Oncology*

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Introduction/Background Clarity and precision about the anatomical extent of disease in cancer is essential for prognostication, research, and cancer-control activities. To select effective therapeutic approaches for advanced high-grade serous ovarian cancer (HGSOC), yet the most prevalent and lethal form, it is important to identify stratification factors that could accurately predict prognosis before initial intervention. We hypothesized that women with different tumor dissemination patterns at pre-treatment imaging would have different prognosis.

Methodology This was a retrospective analysis of 209 FIGO stage III-IV HGSOC women, who were scheduled for cytoreductive surgery in SJUH Leeds between Jan 2015 to Dec 2018 with curative or life-prolonging intent. CT scans were reported by an MDT radiologist. Three pre-treatment imaging dissemination patterns were identified and verified by final histology. A Cox proportional hazard analysis was used to test the effect of imaging dissemination patterns, age, performance status (PS), timing of surgery (upfront vs delayed cytoreduction), surgical complexity score (SCS), residual disease (RD), disease score, and type of chemotherapy on survival. Kaplan-Meier survival curves were produced using SPSS® 26.

Results There were no statistical differences in the cytoreduction rates amongst the three groups (figure 1). The mean progression free survival (PFS) for patients grouped as intraperitoneal (n=137), intraperitoneal and lymphatic (n=56), and intraperitoneal and haematogenous (n = 16) was 26.5 (95% CI 23.4–29.6), 21.3 (95% CI 18.3–24.4) and 19.1 months (95% CI 15.1–22.9), respectively. The mean overall survival (OS) was 45.8 (95% CI 41.5–50.2), 34.8 (95% CI 29.2–40.3) and 30.7 months (95% CI 24.5–36.9), respectively (p=0.05) (figure 2). The mean PFS and OS for the entire cohort was 25 months (95% CI 22.6–27.3) and 41.8 (95% CI 38.3–45.2), respectively. For PFS, Cox regression analysis identified PS (HR 1.23, 95% CI 1.1–1.5, p=0.04), RD (HR 0.69, 95% CI 0.46–0.98, p=0.05) as statistically significant. For OS, Cox regression analysis identified PS (HR 1.47, 95% CI 1.14–1.89, p=0.03), dissemination pattern (HR 1.36, 95% CI 1.02–1.86, p=0.05) as statistically significant.

Conclusion For HGSOC prognosis, one should consider not only the patient's disease burden but also their overall medical status and ability to undergo extensive surgery. Prolonged survival rates were found predominantly in those patients with intraperitoneal only pre-treatment imaging dissemination pattern. Baseline tumor dissemination pattern can be a prognostic factor for overall survival. Classification of such patterns can help counsel patients initially on their prognosis and identify those who might benefit from intraperitoneal chemotherapy.

Disclosures No disclosures.

257 CONTRASTING CLINICAL CHARACTERISTICS AND TREATMENT PATTERNS IN WOMEN WITH NEWLY DIAGNOSED ADVANCED-STAGE OVARIAN CANCER IN AUSTRALIA, SOUTH KOREA AND TAIWAN

[1]Hung-Hsueh Chou, [2]Anna Defazio, [3]Byoung-Gie Kim, [4]Chih-Long Chang, [5]David Bowtell, [6]Heng-Cheng Hsu, [5]Nadia Traficante, [3]Soo Young Jeong, [7]Wen-Fang Cheng, [5]Sian Fereday. *[1]Cgmh-Lk Chang Gung Medical Foundation, Linkou Branch; [2]Centre for Cancer Research, The Westmead Institute for Medical Research; The University of Sydney; Department of Gynaecological Oncology, Westmead Hospital; [3]Samsung Medical Center, Sungkyunkwan University School of Medicine; [4]Mackay Memorial Hospital; [5]Peter Maccallum Cancer Centre; Sir Peter Maccallum Cancer Centre Department of Oncology, The University of Melbourne; [6]National Taiwan University Hospital, Hsin-Chu Branch; [7]National Taiwan University Hospital*

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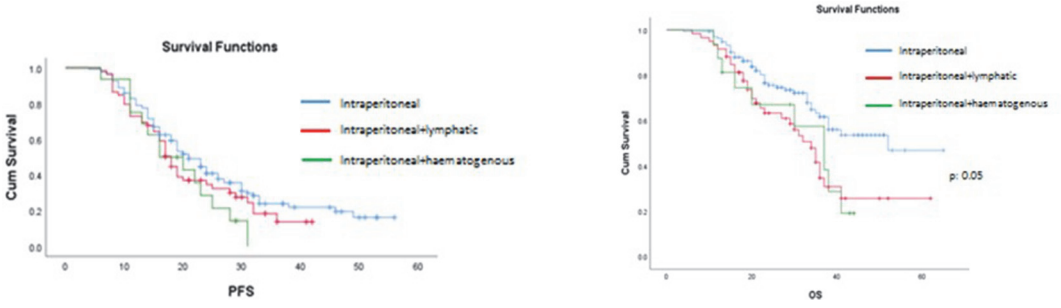
Introduction/Background Epithelial ovarian cancer (EOC) is often associated with diagnosis at an advanced stage, poor prognosis and high mortality. Limited data exist on the clinical management of ovarian cancer (OC) patients in the Asia-Pacific region. We evaluated secondary databases from Australia, South Korea and Taiwan to review the current standard of care in a real world setting prior to the introduction of poly-(adenosine diphosphate-ribose) polymerase inhibitor (PARPi) maintenance after first-line chemotherapy.

Methodology Data from medical records of nearly 1,000 women diagnosed with advanced-stage EOC in a 5 year period, between January 2014 and December 2018 were obtained from clinic- (Taiwan, South Korea) and cohort-based



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