

**Abstract 266 Figure 1** Patient recruitment. Patients were recruited from the Department of Gynecology at Freiburg University Hospital between July 2013 and July 2015. Data and samples of 43 of the patients were analyzed with an age range of 19 to 81 years

**Conclusion\*** The calculated formula with the combination of CA125, HE4, OPN, leptin and prolactin plasma levels surpasses each single marker in its diagnostic value to discriminate between benign and malignant ovarian tumors. The formula, applied to our patient population was highly accurate but should be validated in a larger cohort.

**267 OUTCOME QUALITY STANDARDS IN ADVANCED OVARIAN CANCER SURGERY**

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**Introduction/Background\*** Advanced ovarian cancer surgery (AOCS) frequently results in serious postoperative complications. Because managing AOCS is difficult, some standards need to be established that allow surgeons to assess the

quality of treatment provided and consider what aspects should improve. This study aimed to identify quality indicators (QIs) of clinical relevance and to establish their acceptable quality limits (i.e., standard) in AOCS.

**Methodology** We performed a systematic search on clinical practice guidelines, consensus conferences, and reviews on the outcome and quality of AOCS to identify which QIs have clinical relevance in AOCS. We then searched the literature (from January 2006 to December 2018) for each QI in combination with the keywords of advanced ovarian cancer, surgery, outcome, and oncology. Standards for each QI were determined by statistical process control techniques. The acceptable quality limits for each QI were defined as being within the limits of the 99.8% interval, which indicated a favorable outcome.

**Result(s)\*** A total of 38 studies were included. The QIs selected for AOCS were complete removal of the tumor upon visual inspection (complete cytoreductive surgery), a residual tumor of < 1 cm (optimal cytoreductive surgery), a residual tumor of > 1 cm (suboptimal cytoreductive surgery), major morbidity, and 5-year survival. The rates of complete cytoreductive surgery, optimal cytoreductive surgery, suboptimal cytoreductive surgery, morbidity, and 5- year survival had quality limits of < 27%, < 23%, > 39%, > 33%, and < 27%, respectively.

**Conclusion\*** Our results provide a general view of clinical indicators for AOCS. Acceptable quality limits that can be considered as standards were established.

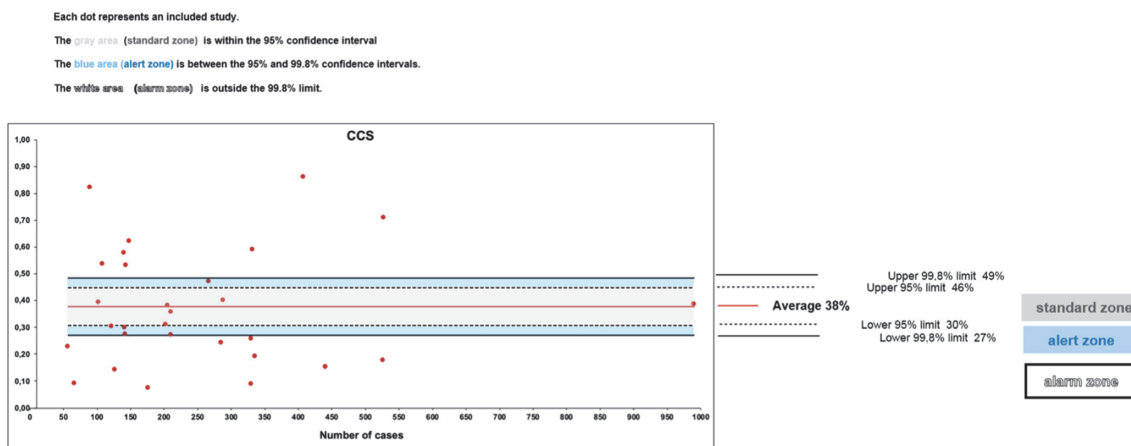
**268 VALIDATION OF THREE PREDICTIVE MODELS FOR SUBOPTIMAL CYTOREDUCTIVE SURGERY IN ADVANCED OVARIAN CANCER**

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**Introduction/Background\*** The standard treatment for advanced ovarian cancer (AOC) is cytoreduction surgery and adjuvant chemotherapy. Tumor volume after surgery is a major

**Complete cytoreductive surgery (CCS) rate (P-chart).**



**Abstract 267 Figure 1** Complete cytoreductive surgery (CCS) rate (P-chart). Each dot represents an included study. The gray area (standard zone) is within the 95% confidence interval, the blue are (alert zone) is between the 95% and 99.98% confidence intervals, and the white area (alarm zone) is outside the 99.8% limit