

**Setting** Department of Gynaecologic Oncology, tertiary hospital in India, accredited by ESGO in 2019

**Patients** Electronic hospital records of 106 patients with advanced ovarian cancer, between January 1, 2019 – 31 December 2019 were identified, reviewed and analysed using SPSS Version 21.

**Result(s)\*** Ninety out of 106 patients, underwent cytoreductive surgeries by trained gynaecologic oncologists during this period. The first quality indicator target was not met as the complete resection and primary cytoreductive rates were 49% and 37% respectively. Other quality indicators with regard to case load, skills, training and surgeon's experience were fulfilled. Majority (95%) of the patients were discussed in multi disciplinary board meet. Targets for quality indicators with regard to clinical trial recruitment, preoperative work up and discussion in multidisciplinary board, structured operative report, post-operative complication reporting were achieved. The department has supporting high dependency and intensive care units, but lacks an active perioperative management program. Compliance to pathology reporting was 64%. Overall, a total score of 25 was achieved.

**Conclusion\*** The revised quality indicators laid down by the ESGO helps in introspection and auditing of the department's existing practices for advanced ovarian cancer. The audit revealed the need for judicious selection of patients for primary surgery, improving complete cytoreduction rates and a structured active perioperative management. Synoptic pathological reporting improves completeness and accuracy.

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### "OVARIAN CANCER IN YOUNG WOMEN": RESULTS IN A COHORT SPANNING 7 YEARS

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**Introduction/Background\*** Ovarian cancer is the eighth most frequent cancer worldwide. Although the vast majority of ovarian cancers are diagnosed in postmenopausal women and at advanced stage, a significant subset occurs in younger women. Our objective is to describe the diagnosis and treatment of ovarian cancer in young women in a tertiary Spanish hospital during a 7-year period.

**Methodology** Retrospective descriptive cohort study of patients aged between 18 and 45 years old diagnosed with ovarian cancer between 01/2012 and 12/2019 at University Hospital 12 de Octubre, Madrid, Spain.

**Result(s)\*** A total of 34 women were included. The mean age at diagnosis was 35.9 years old and the mean body mass index (BMI) was 23.7 kg/m<sup>2</sup>. 22/34 (64.7%) women were nulligesta; 6/34 (17.6%) had a family history of breast/ovarian cancer; 7/34 (19.6%) were smokers and 3/34 (7.8%) were BRCA mutated.

The mean tumor's size in presurgical imaging workup (ultrasound, CT or MRI scan) was 110.1 ± 68.5mm. The mean Ca-125 serum concentration was 128.4 U/mL in FIGO stages I-II and 393.7 U/mL in FIGO stages III-IV.

The diagnostic method was adnexectomy in 79.4% of the patients; 55.9% performed by laparotomy. 29/34 (85.3%) patients presented epithelial tumours (20.6% low-grade serous, 14.7% high-grade serous, 17.6% mucinous, 14.7% clear cells, 14.7% endometrioid) and 5/34 non epithelial (5.9%

dysgerminoma and 11.8% other non epithelial histology). 23/34 (67.6%) patients were diagnosed at FIGO stages I-II.

In patients with FIGO stage III-IV, 4/11 (36.4%) of patients underwent primary cytoreductive surgery and 6/11 (54.5%) of patients underwent surgery after neoadjuvant chemotherapy. Complete tumor resection was obtained in 90.9% of all surgeries. Fertility preservation was possible in 7/34 patients (20.6%).

Mean follow up time was 48.4 ± 24.7 months. Five patients (14.7%) relapsed, one patient (3.4%) died because of disease and one patient (3.4%) died because other disease.

At the time of last follow up, 28/34 (82.4%) women were tumor free, 2/34 (5.8%) were alive with disease, 2/34 (5.8%) were lost in the follow up.

**Conclusion\*** As reported in literature, women under 45 years old are often diagnosed with early stage ovarian cancer and present optimal survival results with low recurrence rate.

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### AN INTERNATIONAL SURVEY OF PRACTICE PATTERNS IN OVARIAN CANCER: WHAT WE STAND FOR IN 2021

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**Introduction/Background\*** The aim of this study was to investigate the current surgical and non-surgical therapeutic management of advanced epithelial ovarian cancer (AEOC) cases worldwide, using the data from an internationally launched survey.

**Methodology** After the validation of a 58-item survey regarding diagnostic and pathological data, as well as surgical and chemotherapeutic strategies of AEOC in France, in the period between April and May 2021, the survey was launched among the members of the following gynecological cancer societies and study groups: IJGC Fellows, SENTICOL 3 study group, ARCAGY-GINECO, AGO, SFOG, SFOG Campus and FRANCOGYN.

**Result(s)\*** A total of 203 physicians completed the survey and majority of them, 171 (84.7%) were from Europe. Gynecological oncologists represented 49.2% of the respondents, surgical oncologists 25.1% and medical oncologists 13.7%. Most of the participants work in centers, managing more than 20 AEOC per year (91.5%).

According to 66.7% of respondents, less than 50% of patients were eligible for primary debulking surgery (PDS). If neoadjuvant chemotherapy (NACT) was used, resectability was assessed after 3 cycles of NACT before interval debulking surgery (IDS) was performed. The most used peritoneal carcinomatosis index was Sugarbaker (69.8%), whereas Fagotti, modified Fagotti and Makar scores were used in 35.4%, 20.1% and 4.9%, respectively.