Result(s)* 40 of 98 centres replied to the survey. 78% consented to become involved in an international registry. 63% of centres who replied receive between 50 - >100 referrals of ovarian cancer per year and 90% perform HIPEC in ovarian cancer. 79% (31/40) stated they had been practising CRS & HIPEC for >10 years. The number of CRS with HIPEC per year performed was <20 cases in 56% of respondents and >50 in 4%.

21% of centres held international accreditation for ovarian cancer CRS and 51% held national accreditation. Of interest was that 82% reported that no certification was required for the administration of HIPEC in their country.

Conclusion* Given the multiple reports demonstrating variations in practice across the globe we believe this could be a very important opportunity for implementing change for women with ovarian cancer. For centres that consented to participation a further survey will be issued focusing on operating standards for CRS in ovarian cancer and protocols for HIPEC administration.

**BLOOD-BASED DETECTION OF CIRCULATING DICKKOPF-1 AS A PROGNOSTIC BIOMARKER IN OVARIAN CANCER PATIENTS**

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Introduction/Background* Dickkopf-1 (DKK-1) is a secreted protein, known for suppressing the differentiation and activity of bone-building osteoblasts by acting as an inhibitor of Wnt-signalling. Soluble DKK-1 (sDKK-1) has been proposed as a prognostic biomarker for a wide range of malignancies, however, clinical relevance of sDKK-1 as a potential blood-based marker for ovarian cancer is unknown.

Methodology sDKK-1 levels were quantified in a cohort of 150 clinically documented ovarian cancer patients by a commercially available DKK-1 ELISA (Biomedica, Vienna, Austria).

Result(s)* Median sDKK-1 level was significantly elevated at primary diagnosis of ovarian cancer compared to healthy controls (estimated difference (ED) of 7.75 ng/mL (95%CI: 3.01 – 12.30 ng/mL, p = 0.001)). Higher levels of sDKK-1 at diagnosis indicated an increased volume of intraoperative malignant ascites (ED 7.08 pmol/L, 95%CI: 1.46 – 13.05, p = 0.02) and predicted suboptimal debulking surgery (ED 6.88 pmol/L, 95%CI: 1.73 – 11.87, p = 0.01). sDKK-1 did not correlate with CA125, and higher sDKK-1 levels predicted a higher risk of recurrence and poor survival (PFS: HR = 0.507, 95%CI: 0.317 – 0.809; p = 0.004; OS: HR = 0.561, 95%CI: 0.320 – 0.986; p = 0.044). Prognostic relevance of sDKK-1 was partly sustained in wtBRCA patients (PFS: HR = 0.507, 95%CI: 0.317 – 0.809; p = 0.004).

Conclusion* This is the first study demonstrating the prognostic relevance of sDKK-1 in ovarian cancer patients, including those with wtBRCA1/2 status. Our data encourage further evaluation of sDKK-1 in ovarian cancer patients, possibly in terms of a therapy monitoring marker or a response predictor for sDKK-1-directed targeted therapies.