achieved in 19 patients (60%), while 5 (16%) had postoperative residual disease (n=8 missing data). Sixteen patients (50%) commenced systematic treatment within 90 days from surgery, as documented. Thirty- and 90-day surgical mortality rates were 1 (3%) and 2 (6%), respectively. Within a postoperative median follow-up time of 43.8 months, 12 (38%) deaths were reported. Median overall survival after surgery (OS) was 54.0 months. One- and 2-year OS rates were 91% and 84%, respectively.

Conclusion Cytoreductive surgery for subsequent ovarian cancer relapse appears feasible and with low mortality in selected patients who received non-surgical treatment at 1st relapse despite a positive AGO -score. Surgery could be considered as an option in carefully selected patients also later in their journey within a specialized gynecological cancer setting.

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REAL WORLD DATA OF TREATMENT AND OUTCOME OF PATIENTS WITH EARLY OVARIAN CANCER (FIGO I) IN GERMANY (QS OVAR OF THE AGO STUDY GROUP)

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**Introduction/Background** Recent data regarding treatment quality in patients with early ovarian cancer (FIGO I) on a nationwide basis are largely missing for Germany. Surgery was the first option in carefully selected patients also later in their journey within a specialized gynecological cancer setting.

**Methodology** Surgery quality was categorized as CT+: 48-months PFS 84% vs. 63% (p<0.001) and 48-months OS 90% vs. 68% (p<0.001). The overall treatment quality cohort 1 increased from 37.9% to 54.1%. 48-months PFS was 86% vs. 76% vs. 62% in group 1 vs. 2 vs. 3, respectively (p<0.001), 48-months OS rates were 93% vs. 81% vs. 68% in group 1 vs. 2 vs. 3, respectively (p<0.001).

**Conclusion** The QS Ovar shows that the quality of therapy has steadily improved over the years in Germany. Best prognosis could be achieved if surgery and chemotherapy is done according to treatment guidelines.