achieved in 19 patients (60%), while 5 (16%) had postoperative residual disease (n=8 missing data). Sixteen patients (50%) commenced systemic 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.

2022-RA-285-ESGO 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 and outcome of patients with early Ovarian Cancer (FIGO I) on a nationwide basis are largely missing for Germany.

Methodology All German hospitals treating patients with ovarian cancer were asked to document all patients with first diagnosis in the third quarter of the years 2004, 2008, 2012 and 2016. Surgery quality was categorized as 'optimal' (OP+: maximum 1 parameter missing), vs 'suboptimal' (OP-). Chemotherapy was defined as optimal according to national guidelines. The overall treatment quality was classified in 3 categories: (1) surgery and chemotherapy optimal (OP+/CT+) versus (2) optimal/suboptimal combined (OP+/CT- or OP-/CT+) versus (3) both suboptimal (OP-/CT-).

Results 19.9% (n=700) of all OC patients were diagnosed FIGO I, of which 47.1% were FIGO IA, 47.9% FIGO IC. Median follow-up period was 51.0 months. Median age was 60 years and 37.1% showed high-grade serous ovarian cancer. The OP+ collective increased from 42.2% to 70.9%. Most common not performed surgical steps were peritoneal biopsies, paraaortic and pelvic lymphadenectomy. Progression-free survival (PFS) and overall survival (OS) were improved with OP+ (84% and 91% at 48-months compared with 71% and 76% with non-optimal surgery: both p<0.001). Optimal chemotherapy standard (CT+) was administered increasingly frequent (71.4% to 80.8%). PFS and OS were prolonged with 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.

2022-RA-367-ESGO RUCAPARIB IN CLINICAL PRACTICE – WHAT ARE THE ELEMENTS OF PATIENT ADHERENCE?

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Introduction/Background Every year, around 127,634 women in Europe are diagnosed with ovarian cancer (OC). The majority of the patients detected are diagnosed in advanced stages due to lack or unspecific symptoms and/or no effective screening methods. Hence prognosis is poor. Although most of the patients will be in complete remission following primary cytoreduction and platinum-based chemotherapy, half of the advanced ovarian cancer patients will experience relapse within two years after the diagnosis. In the recurrent therapy option, PARP became a new target in ovarian cancer. Maintenance with PARP inhibitors significantly improved progression free survival in both primary and relapsed high grade ovarian cancer.

We have previously investigated patients' preferences and expectations from cancer maintenance treatment regimens (Expression IV project). The results from this project indicated that patients choose maintenance therapy primarily to improve the therapeutic outcome and secondarily to improve their quality of life. Based on these results, we considered to perform a fully prospective study characterizing the real-world adherence and progression-free-survival time (PFS), as there is currently limited information available about the adherence to novel therapies such as rucaparib.

Methodology This study will recruit 150 patients with histologically diagnosed platinum-sensitive relapsed high grade ovarian cancer, fallopian tube cancer, or primary peritoneal cancer, that are eligible for rucaparib maintenance therapy according to Summary of Product Characteristics (SmPC). Throughout the study, individual patient data will be collected at baseline and every three months until disease progression or patient's death whichever occurs first. To capture adherence to rucaparib therapy an adaption (according to the rucaparib therapy) of the 'Essener Compliance Score' (ECS) is used. As of June 2022, 13 patients have been included in this study.

Results /

Conclusion /