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.

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 their quality of life. Based on these results, we considered to perform a fully prospective study characterizing the real-world adherence to novel therapies such as rucaparib.