(31.4% LGSC vs 64.5% BOT, p = <0.0001). 47.8% of LGSC-patients did not know the difference between LGSC and HGSC and 73.9% were not offered a hormone replacement therapy. BOT-patients estimate the aggressiveness (31.2% BOT vs. 52.2% LGSC) and the risk of recurrence (28.2% BOT vs. 44% LGSC) of their disease lower than LGSC-patients.

**Conclusion**
This study underlines the high need for more detailed explanation in this specific patient group with a greater focus on the underlying tumor biology and the corresponding course of disease and prognosis.

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**THE IMPACT OF THE PATTERN OF RECURRENCE ON POST-RELAPSE SURVIVAL ACCORDING TO SURGICAL TIMING IN PATIENTS WITH ADVANCED OVARIAN CANCER**

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**Introduction/Background**
Our study aimed to evaluate the association between the timing of cytoreductive surgery (CRS) and the pattern of presentation of the first recurrence in patients with advanced ovarian cancer who underwent CRS. We also aimed to assess the impact of the pattern of recurrence on post-relapse overall survival (OS2) according to surgical timing.

**Methodology**
This retrospective multicenter study evaluated patients with IIIC-IV FIGO stage ovarian cancer who underwent either primary debulking surgery (PDS), early interval debulking surgery (IDS) after 3–4 cycles of neoadjuvant chemotherapy (NACT), or delayed debulking surgery (DDS) after 6 cycles with minimal or no residual disease, between January 2008 and December 2015. Survival analyses were conducted using the Logrank test and the Cox model. Cumulative incidences of the different patterns of recurrence were estimated using a competing risks methodology.

**Results**
A total of 549 patients were included: 175 (31.9%) had PDS, 224 (40.8%) early-IDS, and 150 (27.3%) DDS. The cumulative incidence of peritoneal recurrences at two years was higher with increasing NACT cycles (PDS 24.4%, early-IDS 30.9%, DDS 39.2%; p = 0.019). For pleural or pulmonary recurrences, it was higher after early-IDS (PDS 9.9%, early-IDS 13.0%, DDS 4.1%; p = 0.022). Median OS2 was 33.5 months (95%CI [24.3–44.2]), 26.8 months (95%CI [22.8–32.6]), and 24.5 months (95%CI [18.6–29.4]) for PDS, early-IDS, and DDS groups, respectively (p = 0.025). The pattern of the first recurrence (lymph node: HR 0.42, 95%CI [0.27–0.64]), surgical timing (DDS: HR 1.53, 95%CI [1.11–2.13]) and time to first recurrence (HR 0.95, 95%CI [0.93–0.96]) were associated with OS2. For PDS and early-IDS, lymph node recurrences were associated with significantly longer OS2.

**Conclusion**
The pattern of first recurrence was associated with surgical timing, with peritoneal recurrences being more frequent after NACT. Lymph node recurrences were associated with better prognosis, having higher OS2, and was more marked after PDS and early-IDS.