Introduction/Background We sought to evaluate the impact of chemotherapy response score according to the number of cycles of neoadjuvant chemotherapy in patients with advanced ovarian cancer ineligible for primary debulking surgery.

Methodology Our multicenter retrospective study included patients with FIGO stage III-IV epithelial ovarian cancer who underwent 3–4 or 6 cycles of a platinum and taxane-based neoadjuvant chemotherapy, followed by complete cytoreduction surgery (CC-0) or cytoreduction to minimal residual disease (CC-1), between January 2008 and December 2015, in four institutions. Disease-free survival and overall survival were assessed according to the histological response to chemotherapy defined by the validated chemotherapy response score.

Results A total of 365 patients were included: 219 (60.0%) received 3–4 cycles of neoadjuvant chemotherapy and 146 (40.0%) had 6 cycles of neoadjuvant chemotherapy before cytoreductive surgery. There were no significant differences in early relapses, disease-free survival and overall survival according to the number of neoadjuvant chemotherapy cycles, however, regardless of the number of neoadjuvant chemotherapy, persistent extensive histological disease (chemotherapy response score 1–2) was significantly associated with a higher peritoneal cancer index, minimal residual disease (CC-1) and early relapses. Median disease-free survival in patients with complete or near-complete response (score 3) was 28.3 months (95% CI [21.6–36.8]), whereas it was 16.3 months in patients with chemotherapy response score 1–2 (95% CI [14.7–18.0]), (p<0.001).

Conclusion In our cohort, the number of neoadjuvant chemotherapy cycles was not associated with disease-free survival or overall survival. Chemotherapy response score 3 improved oncological outcome regardless of the number of neoadjuvant chemotherapy cycles.
Abstracts

contraceptive pill, depending on outcome measure: hazard ratio 1.43 (95% confidence interval (CI) 1.25–1.63) and odds ratio 1.06 (95% CI 0.90–1.25), and the risk remains increased after cessation of use. Meta-analysis of 10 studies with 21,425 women shows that ovarian cancer risk is decreased among oral contraceptive pill users: HR 0.62 (95% CI 0.52; 0.74) and OR 0.49 (95% CI 0.38; 0.63) and the protective effect vanishes after cessation of use. Tubal ligation protects against ovarian cancer (HR 0.44 (95% CI 0.26; 0.74) and OR 0.74 (0.53; 1.03)). Data regarding other contraceptives were unavailable. No differences were observed between BRCA1 and BRCA2-PV carriers.

Conclusion The oral contraceptive pill potentially increases breast cancer risk, while ovarian cancer risk decreases by both the oral contraceptive pill and tubal ligation in BRCA1/2-PV carriers. Counselling of BRCA1/2-PV carriers about contraceptives should be a personalized weighing of genetic and non-genetic factors and patients’ preferences.

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BRCA1/2 carriers. Counselling of genetic factors and patients’ preferences should be a personalized weighing of genetic and non-genetic factors and patients’ preferences.

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RESPONSE TO TREATMENT AND PROGNOSTIC SIGNIFICANCE OF SUPRADIAPHRAGMATIC DISEASE IN PATIENTS WITH HIGH-GRAD SERIOUS OVARIAN CANCER

Introduction/Background This study was designed to investigate the response to chemotherapy of supradiaphragmatic disease diagnosed by preoperative imaging. As secondary objectives, oncologic outcomes of patients affected by supradiaphragmatic disease and their pattern of recurrence were also evaluated.

Methodology Data of consecutive patients with newly diagnosed FIGO stage IV (for supradiaphragmatic disease) epithelial ovarian cancer undergoing either primary debulking surgery or neoadjuvant chemotherapy plus interval debulking surgery between 2004 and 2021, were retrospectively collected. All patients were preoperatively evaluated by chest/abdominal CT scan or 18F-FDG PET/CT preoperatively and at follow-up to evaluate response to chemotherapy. At follow-up visits, site of recurrence was determined using Kaplan-Meier and Cox models.

Results A total of 130 patients was included in this study with a median (range) follow-up of 32.9 (12.8–176.7) months. Complete or partial response was achieved in most of the patients after 3 cycles (77.7%) and 6 cycles (85.4%) of chemotherapy. At follow-up, recurrence occurred in 96 (73.8%) patients and the main site of recurrence was abdomen only in 64 (66.7%) patients. At multivariate analysis, residual disease patients and the main site of recurrence was abdomen only in.