Results 109 patients were included in the study. Primary staging was done in 62%. 88% presented at stage I. 75% had primary ovarian mucinous histology, while 25% had metastatic histology. Metastatic MOC had absent borderline areas and advanced stage. 32% underwent appendectomy. 2 cases had positive appendice and both were grossly abnormal. 23 patients recurred – 12 intraperitoneal, 8 extra-abdominal. Median follow-up of 49 months and 3-year DFS and OS were 70.2% and 77.9%. Early-stage MOC – median OS was not reached. Metastatic carcinomas had significantly poorer OS compared to advanced primary (10 vs 41 months p<0.001). Fertility-sparing surgery with only ovarian cystectomy significantly reduced OS compared to adnexectomy.

Conclusion Of 109 MOCs, most had primary histology and early stage. Metastatic carcinoma had absent borderline areas, smaller size, bilaterality and advanced stage. Routine appendectomy may not have a prognostic role. Factors affecting OS were the stage of disease and extent of surgery; not chemotherapy regime. Ovarian cystectomy alone resulted in poorer survival.

**SURVIVAL IMPACT OF HISTOLOGICAL RESPONSE TO NEOADJUVANT CHEMOTHERAPY ACCORDING TO NUMBER OF CYCLES IN PATIENTS WITH ADVANCED OVARIAN CANCER**


**CONTRACEPTIVES AND CANCER RISKS IN BRCA1/2 PATHOGENIC VARIANT CARRIERS: A SYSTEMATIC REVIEW AND META-ANALYSIS**

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**INTRODUCTION/BACKGROUND** BRCA1/2 pathogenic variant (PV) carriers have a high risk of breast and ovarian cancer. Contraceptives impact these risks in the general population. Among BRCA1/2/PV carriers, sufficient data and clear recommendations regarding contraceptives are lacking. We investigated how contraceptives modify breast and ovarian cancer risk in BRCA1/2/PV carriers.

**METHODOLOGY** We investigated the risk ratio for developing breast cancer or ovarian cancer in BRCA1/2/PV carriers who have used contraception (any kind) versus BRCA1/2/PV carriers who have not. A systematic search identified studies describing breast and/or ovarian cancer risk in BRCA1/2/PV carriers as modified by contraception. Random-effects meta-analyses were used to estimate pooled effects for breast and ovarian cancer risk separately. Subgroup analyses were conducted for BRCA1 versus BRCA2 and per contraceptive.

**RESULTS** Meta-analysis of 11 studies, including 25,857 women, reveals that breast cancer risk may be increased by the oral
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.

2022-RA-647-ESGO REAL-WORLD THERAPY AND CLINICAL AND RESPONSE TO TREATMENT AND CONTRACEPTIVE USE IN PATIENTS WITH HIGH-GRADE SEROUS OVARIAN CANCER: INTERIM RESULTS OF THE SCOUT-1 STUDY CENTERS

Introduction/Background In the prospective non-interventional study SCOUT-1 (NOGGO OV54, NCT04830709) investigates clinical real-world management of patients with advanced ovarian cancer in Germany with a special focus on quality of life (QoL) over a study period of seven years.

Methodology All sites initiated through March 2022 were invited to document the cumulative number and characteristics of their OC patients treated in 2021. Details on site type and certification were also collected. The analysis has a descriptive and exploratory character. The variables are summarized using appropriate statistical methods.

Results Until April 1st, 2022, 47 sites provided cumulative data: 36 (77%) full-service hospitals (university hospital, hospital with maximum or specialized care), 3 (6%) base service hospitals, and 8 (17%) office-based (gynaeco)oncological sites. Majority of participating sites are certified (gyneco)oncological sites.

2022-RA-649-ESGO RESPONSE TO TREATMENT AND PROGNOSTIC SIGNIFICANCE OF SUPRAIDIAPHRAGMATIC DISEASE IN PATIENTS WITH HIGH-GRADE SEROUS 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 diagnosed by imaging techniques was systematically recorded as it occurred. Progression-free and overall survival were measured by using Kaplan-Meier and appropriate statistical methods.

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 after surgery was the only variable influencing survival outcomes.

Conclusion Supradiaphragmatic disease respond to chemotherapy in most patients affected by advanced EOC and recurrence mainly occurs in the abdomen. Results from this study confirms that abdominal optimal cytoreduction is the main surgical goal in the treatment of women affected by FIGO stage IV EOC.