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 appendices and both were grossly abnormal. 23 patients recurred – 12 intraperitoneal, 8 extra-abdominal. Median follow-up of 49 months and 3-year PFS 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.

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REAL-WORD THERAPY AND CLINICAL RESPONSE TO TREATMENT AND CONTRACEPTIVES

Int J Gynecol Cancer
A250

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

Conclusions

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

Introduction/Background

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 included in the study. The cumulative data was systematically recorded as it occurred. Progression-free and overall survival were measured by using Kaplan-Meier and 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 (gyneco)oncological sites. Most 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 Cox models.

Conclusion

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