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 appendicectomy, 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.

Conclusion Of 109 MOCs, most had primary histology and early stage. Metastatic carcinoma had absent borderline areas, smaller size, bilaterality and advanced stage. Routine appendicectomy 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.

2022-RA-644-ESGO SURVIVAL IMPACT OF HISTOLOGICAL RESPONSE TO NEOADJUVANT CHEMOTHERAPY ACCORDING TO NUMBER OF CYCLES IN PATIENTS WITH ADVANCED OVARIAN CANCER

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Introduction/Background We sought to evaluate the impact of chemotherapy response score according to the number of cycles of neoadjuvant chemotherapy, on disease-free survival and overall survival, in patients with advanced epithelial ovarian cancer ineligible for primary debulking surgery.

Methodology Our multicenter retrospective study included patients with FIGO stage IIIC-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.

2022-RA-645-ESGO CONTRACEPTIVES AND CANCER RISKS IN *BRCA1/2* PATHOGENIC VARIANT CARRIERS, A SYSTEMATIC REVIEW AND META-ANALYSIS

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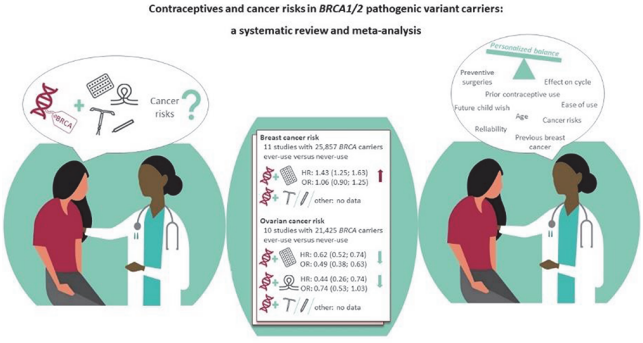
Introduction/Background *BRCA1*/2 pathogenic variant (PV) carriers have a high risk of breast and ovarian cancer. Contraceptives impact these risks in the general population. Among *BRCA1*/2-PV carriers, sufficient data and clear recommendations regarding contraceptives are lacking. We investigated how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



Abstract 2022-RA-645-ESGO Figure 1

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-WORD THERAPY AND CLINICAL AND PATIENT-REPORTED OUTCOMES IN PATIENTS WITH NEWLY DIAGNOSED ADVANCED OVARIAN CANCER: FIRST DESCRIPTION OF THE SCOUT-1 STUDY CENTERS (NOGGO OV54, NCT04830709)

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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 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 (gyneco)oncological sites. Majority of participating sites are certified (gyneco)oncological centres according the German Cancer Society. Each site treated on average 28 patients with 1L OC in 2021, with a large range of 4–127 patients (13% treated < 1 patient/month, 45% 1–2 patients/month and 43% >2 patients/month). The sites mainly diagnosed advanced stage FIGO III or IV disease (74%), serous histology (71%) and high-grade carcinoma (75%). Most patients received cytoreductive surgery. The majority of patients (80%) received and responded to platinum-based chemotherapy.

Conclusion The analysis of cumulative data is in line with other epidemiologic sources in Germany and reflects a potential to enroll a representative cohort of patients with advanced OC in the SCOUT-1 study. Study is ongoing and is open for recruitment.

2022-RA-649-ESGO RESPONSE TO TREATMENT AND PROGNOSTIC SIGNIFICANCE OF SUPRADIAPHRAGMATIC DISEASE IN PATIENTS WITH HIGH-GRADE SEROUS OVARIAN CANCER

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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 ^{18}F-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.

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.