

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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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.

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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 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.

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.