surveillance offered the same amount of time without progress-
ion (n=86), the most common reason was a feeling of taking
an active approach to treatment (66%), having a reason to
regularly visit a doctor/hospital (30%), being cared for/moni-
tored more regularly and carefully (28%), and because taking
medication is reassuring (24%).

Conclusion Patients preferred QD treatment more than other
medication strategies for EOC maintenance following frontline
platinum-based chemotherapy; patients who preferred medica-
tion felt they were taking an active approach to treatment.
Patient preferences should be considered in treatment decisions
and further studied.

Previously submitted to the IGCS Global Meeting (29
Sept–1 Oct 2022; New York City, USA)

Funding statement GSK (214511/NCT02655016).

Abstract 2022-RA-950-ESGO Table 1  Patient’s characteristics,
surgical and complication data

<table>
<thead>
<tr>
<th>Variable</th>
<th>Low grade N (%)</th>
<th>High grade N (%)</th>
<th>Total N (%)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>All cases</td>
<td>26</td>
<td>26</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>Peritoneal carcinomatosis</td>
<td>17 (65.4)</td>
<td>17 (65.4)</td>
<td>34 (65.4)</td>
<td>0.61</td>
</tr>
<tr>
<td>Nodal disease</td>
<td>6 (23.1)</td>
<td>10 (38.5)</td>
<td>16 (30.8)</td>
<td>0.18</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>10 (38.5)</td>
<td>3 (11.5)</td>
<td>13 (25)</td>
<td>0.026</td>
</tr>
<tr>
<td>Small bowel</td>
<td>14 (53.8)</td>
<td>2 (7.7)</td>
<td>16 (30.8)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Liver</td>
<td>1 (3.8)</td>
<td>1 (3.8)</td>
<td>2 (3.8)</td>
<td>0.75</td>
</tr>
<tr>
<td>Splen</td>
<td>3 (11.5)</td>
<td>2 (7.7)</td>
<td>5 (9.8)</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Site of recurrence

| Aletti’s complexity score group1* (intermediate-high) | 17 (65.4) | 9 (37.5) | 26 (52) | 0.045 |
| Spleen                   | 6 (23.1) | 4 (15.4) | 10 (19.2) | 0.36 |
| Peritoneum               | 16 (60.7) | 17 (65.4) | 33 (65.3) | 0.6 |

Surgery

| Bowel resection | 11 (42.3) | 8 (30.8) | 19 (36.5) | 0.28 |
| Lymphadenectomy    | 7 (26.9) | 1 (3.8) | 8 (15.4) | 0.025 |
| RT > 1 cm | 25 (92.3) | 25 (92.3) | 50 (96.2) | 0.75 |

Median Operative time (range) | 229 (50-630) | 222 (50-480) | 227 (50-630) | 0.78 |

Median EBL (range) | 400 (50-8000) | 100 (0-1000) | 200 (0-8000) | 0.036 |

Complications

| Early postoperative | 10 (38.5) | 1 (3.8) | 11 (21.1) | 0.27 |

Conclusion SCS in LGSOC patients is associated with higher
complexity, multiple bowel resections, and higher median esti-
mated blood loss than in HGSO. However, the comparable
rate of post-operative complications confirms the role of SCS
in this group of patients.

2022-RA-951-ESGO

COMPARISON OF COMPLICATIONS IN
PATIENTS UNDERGOING UPPER VERSUS
LOWER ABDOMINAL CYTOREDUCTIVE
SURGERY IN OVARIAN CANCER

Gurkan Kiran, Fatma Basak Tanoglu, Caglar Cetin. Bezmialem Vakif University, Istanbul, Turkey

10.1136/ijgc-2022-ESGO.604

Introduction/Background Ovarian cancer is still the most lethal
type of gynecological cancer because it does not show signs of the
disease in the early period and there is no effective
screening method. Cancer stage is an independent risk factor
affecting the prognosis of the disease; and after primary stag-
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gery in the advanced stage, the disease-free and overall
survival times of patients without visible residual tumor tissue
increase significantly. Due to the superficial peritoneal spread
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