Conclusion Tumor characteristics of long-term survivors of advanced stage ovarian carcinoma are unfavorable in some cases. Currently we work on characterization of genetic and medical specifics of these patients in order to understand the reasons for their resilience.

**CAN PREOPERATIVE FDG-PET/CT HELP TO PREDICT COMPLETE RESECTION AT PRIMARY CITORREDUCTIVE SURGERY IN HIGHLY PRE-SELECTED PATIENTS?**

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**Introduction/Background** The primary objective of this study was to analyze the impact of comorbidities, postoperative complications and center volume on overall survival in a real-life cohort of ovarian cancer patients in France. The primary objective of this study was to analyze the impact of comorbidities, postoperative complications and center volume on overall survival in a real-life cohort of ovarian cancer patients in France. The primary objective of this study was to analyze the impact of comorbidities, postoperative complications and center volume on overall survival in a real-life cohort of ovarian cancer patients in France.

Methodology All French women aged 18 years or over, with an ovarian cancer newly diagnosed between January 2013 and December 2019, registered in the general health insurance coverage plan were included in the cohort. Ovarian cancer treatments, comorbidities, postoperative complications and death were extracted from hospital discharge reports. The characteristics of the centers were also collected.

Results We included 29,879 patients with ovarian cancer in the cohort. The median age was 66 [57–74] years, and 24,783 (82.9%) presented an advanced stage at diagnosis (FIGO IIB-IVB). A total of 16,048 (53.7%) patients had at least one comorbidity at the time of diagnosis, with mainly hypertension (n=6,800) and obesity (n=2,505). Patients received primary surgery, interval surgery, or chemotherapy alone in 31.5%, 30.4%, and 38.1% of cases, respectively. A total of 3,031 (16.1%) patients presented a postoperative complication Clavien-Dindo III or more within 90 days of cytoreduction surgery, mainly digestive (60.4%). For advanced stage, the median overall survival was 47 [45.9–48] months. The number of comorbidities, the occurrence of a complication and low center volume had a significant negative impact on the overall survival.

Conclusion Real-life data give the opportunity to study the key health indicators in ovarian cancer. In order to improve quality of care, a personalization of the care pathway for patients with comorbidities and at risk of postoperative complications must be carried out.

**CASE STUDIES AS A VALUABLE TOOL TO IMPROVE PHYSICIAN COMPETENCE REGARDING IDENTIFICATION OF PATIENTS AND SELECTION OF TREATMENT FOR NEWLY DIAGNOSED ADVANCED OVARIAN CANCER**

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**Introduction/Background** Poly ADP-ribose polymerase (PARP) inhibitor maintenance has helped shift the clinical landscape for patients with newly diagnosed advanced ovarian cancer over recent years. With an influx of clinical data and approvals within Europe it is paramount that physicians are aware of practically how to incorporate these treatment options into their clinical protocol to benefit eligible patients.

Methodology Oncologists and gynecologists participated in an online, interactive clinical case-based educational activity providing clinicians with practical guidance on the optimal implementation of new PARP inhibitor maintenance regimens in clinical practice. Educational effect was assessed using a repeated-pair design with pre-/post-assessment. 3 multiple choice questions assessed competence, and 1 question rated on a Likert-type scale assessed confidence. Data were collected from 20/05/21 to 04/11/22.

Results The responses of 97 oncologists and 286 gynecologists, who answered all questions as part of the pre- and post-assessment, were included in the analysis. A significant increase in knowledge and competence was observed. A large majority of physicians (94.9%) correctly identified the potential benefits and drawbacks of PARP inhibition maintenance. A higher proportion of physicians (84.4%) now felt a high level of confidence in the clinical benefit, efficacy, and safety of PARP inhibitor maintenance compared to pre-assessment. A significantly higher proportion of physicians (83.0%) felt that PARP inhibitor maintenance should now be considered in their clinical practice. Parity was found in the main practice pattern shift towards PARP inhibitor maintenance.

Conclusion Real-life data give the opportunity to study the key health indicators in ovarian cancer. In order to improve quality of care, a personalization of the care pathway for patients with comorbidities and at risk of postoperative complications must be carried out.

**IMPACT OF COMORBIDITIES, POSTOPERATIVE COMPLICATIONS AND CENTER VOLUME ON OVERALL SURVIVAL IN A REAL-LIFE COHORT OF 29,879 OVARIAN CANCER PATIENTS**

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**Introduction/Background** The primary objective of this study was to analyze the impact of comorbidities, postoperative complications and center volume on overall survival in a real-life cohort of ovarian cancer patients in France.