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.

Abstracts

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CANT PREOPERATIVE FDG-PET/CT HELP TO PREDICT COMPLETE RESSECTION AT PRIMARY CITOREDUCTIVE SURGERY IN HIGHLY PRE-SELECTED PATIENTS?

Felix Boria, Ignacio Zapardiel, Monica Gutierrez, Maria Carbonell, Lidia Sancho, Enrique Chacon, Nabil Manzour, Alicia Hernandez, Luis Chiva. Gynecologic oncology department, Clinica universidad de Navarra, Madrid, Spain; Hospital Universitario La Paz, Madrid, Spain; Clinica Universidad de Navarra, Madrid, Spain; Nuclear medicine department, Clinica Universidad de Navarra, Madrid, Spain; Gynecologic oncology, Clinica Universidad de Navarra, Pamplona, Spain; Gynecologic oncology, Clinica Universidad de Navarra, Madrid, Spain

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Introduction/Background The objective of this study was to assess the value of preoperative PET/CT scan, combined with clinical variables, in predicting complete resection in highly pre-selected patients operated in centers with high rate of complete resection.

Methodology This multicentric, observational, retrospective study evaluated ovarian cancer patients who underwent primary cytoreductive surgery for advanced ovarian cancer in two Spanish centers between January 2017 and January 2022. All PET/CT were reviewed, and a modified PCI score was calculated. Clinical variables and preoperative findings in the PET/CT were analyzed and a multivariate model was built. A predictive value score based on the OR of the variables was constructed.

Results 45 patients underwent upfront primary cytoreductive surgery. The complete resection rate was 80% (36 patients). On multivariate analysis, 2 clinical variables and 2 preoperative PET/CT findings were associated with no-complete resection surgery: Presence of extra-abdominal lymph node, modified PCI value of 6 or more, Age 58 years and ASA score 3. The predictive score value of each variable was 11, 2, 2 and 1, respectively. For this multivariate model predictive of non-complete cytoreduction, the AUC was 0.881. A predictive value of 5 or more was the most predictive cutoff for non-complete cytoreduction. Complete resection rate was 91.7% in patients with a score of 4 or less and 33.3% in patients with 5 or more points in the predictive value score.

Conclusion In highly pre-selected cohorts of patients, a predictive score value can be considered as a cutoff for sending patients to neoadjuvant chemotherapy.

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

Ben Johnson, Megan Cannon, Juliette Vandenbroucke, Yelena Parada, Katie Lucero. Medscape Oncology Global, Den Haag, Netherlands; Medscape Oncology, Global London, UK; Medscape Oncology, Medscape Educational Global, London, UK; Medscape, Audience Engagement and Outcomes, New York, NY

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