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.

METHODS

**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 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 non-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 resection. 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 cut-off for sending patients to neoadjuvant chemotherapy.

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.

**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.