

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.

2022-RA-1105-ESGO

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

¹Felix Boria, ²Ignacio Zapardiel, ³Monica Gutierrez, ²Maria Carbonell, ⁴Lidia Sancho, ⁵Enrique Chacón, ⁵Nabil Manzour, ²Alicia Hernandez, ⁶Luis Chiva. ¹Gynecologic oncology department, Clinica Universidad de Navarra, Madrid, Spain; ²Hospital Universitario La Paz, Madrid, Spain; ³Clinica Universidad de Navarra, Madrid, Spain; ⁴Nuclear medicine department, Clinica Universidad de Navarra, Madrid, Spain; ⁵Gynecologic oncology, Clinica Universidad de Navarra, Pamplona, Spain; ⁶Gynecologic oncology, Clinica Universidad de Navarra, Madrid, Spain

10.1136/ijgc-2022-ESGO.638

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 extraabdominal 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 cut-off for sending patients to neoadjuvant chemotherapy.

2022-RA-1110-ESGO

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

^{1,2}Floriane Jochum, ¹Anne-Sophie Hamy Petit, ¹Enora Laas, ¹Eric Daoud, ¹Elise Dumas, ¹Amyr Kassara, ¹Paul Gougis, ¹Thomas Gaillard, ²Lise Lecointre, ²Cherif Akladios, ¹Fabrice Lecuru, ¹Fabien Royal. ¹Institut Curie, Paris, France; ²Strasbourg University Hospital, Strasbourg, France

10.1136/ijgc-2022-ESGO.639

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.

2022-RA-1111-ESGO

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

¹Ben Johnson, ¹Megan Cannon, ²Juliette Vandenbroucq, ³Yelena Parada, ⁴Katie Lucero. ¹MedScape Oncology Global, Den Haag, Netherlands; ²MedScape Oncology Global, London, UK; ³MedScape Oncology, MedScape Educational Global, London, UK; ⁴MedScape Audience Engagement and Outcomes, New York, NY

10.1136/ijgc-2022-ESGO.640

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