Results There were 354 (76%) and 114 (24%) women in the pre-Covid and Covid cohorts, respectively. Demographics did not differ between cohorts (table 1). At multidisciplinary team evaluations there were no differences in allocation to primary surgery (PDS), interval surgery (IDS) or chemotherapy only (CT) between cohorts. Surgical complexity scores at PDS and IDS were similar in both cohorts. At PDS significantly more women in the covid cohort had residual disease <10 mm. Type and amount of chemotherapy did not differ between cohorts. Significantly more women in the Covid cohort received PARPi maintenance therapy. A significantly higher cumulative incidence of recurrence was found for the covid cohort (p<0.0003), figure 1a. For women undergoing exploratory laparotomy or IDS the risk of recurrence was higher in the Covid cohort than the pre-Covid cohort during initial 18 months after diagnosis, for IDS HR=2.75 [95% CI, 1.45–5.2], figure 1b.

Conclusion Despite equal surgical capacity and favorable prognostic characteristics, women with advanced stage HGSC diagnosed during the Covid pandemic had a significantly higher risk of recurrence when compared to pre-covid cohort, particularly for women undergoing IDS.

2022-RA-1309-ESGO ANALYSIS OF THE PROGNOSTIC VALUE OF SYSTEMIC INFLAMMATION MARKERS OBTAINED FROM THE COMPLETE BLOOD COUNT IN PATIENTS TREATED FOR ADVANCED OVARIAN CARCINOMA AT THE CUN IN THE PERIOD 2000–2015

[1]Jaime Espinós Jiménez, [2]José Manuel Aramendía Beitia, [3]Matías Jurado Chacón, [3]José Ángel Mínguez Milio, [4]Luis Chiva, [2]Marta Santisteban Eslava, [1]Julia Villamayor, [1]Luisa Sánchez Lorenzo, [4]Daniel Vazquez, [4]Teresa Castellanos, [4]Félix Boria, [3]Enrique Chacón, [5]Andrés Alcázar, [6]Lidia Sancho, [7]Teresa Iscar, [1]Antonio González Martín, [3]Juan Luis Alcázar Zambrano. *[1]Medical Oncology, Clínica Universidad de Navarra, Madrid, Spain; [2]Medical Oncology, Clínica Universidad de Navarra, Pamplona, Spain; [3]Gynaecology and Obstetrics, Clínica Universidad de Navarra, Pamplona, Spain; [4]Gynaecology and Obstetrics, Clínica Universidad de Navarra, Madrid, Spain; [5]Radiology, Clínica Universidad de Navarra, Madrid, Spain; [6]Nuclear Medicine, Clínica Universidad de Navarra, Madrid, Spain; [7]Pathological Anatomy, Clínica Universidad de Navarra, Madrid, Spain*

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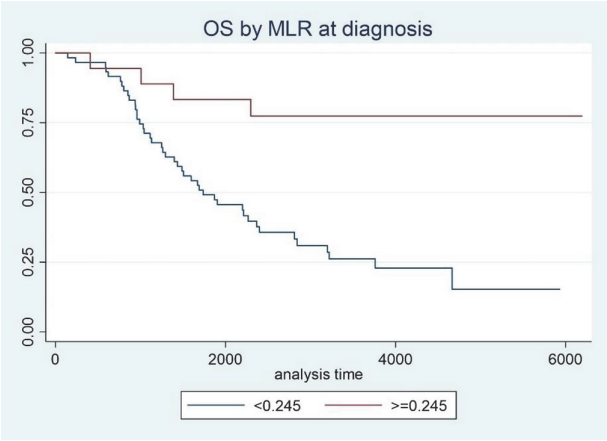
Introduction/Background Markers of systemic inflammation have been described as prognostic factors in epithelial ovarian cancer (EOC). We aimed to retrospectively explore these new markers in our patient population and define its relationship with prognosis.

Methodology Medical records of patients with newly diagnosed FIGO stage III – IV EOC between 2000 and 2015 were reviewed. We examined the red cell distribution width (RDW), mean platelet volume (MPV), neutrophil to lymphocyte (NLR), monocyte to lymphocyte (MLR), and platelet to lymphocyte (PLR) ratios at diagnosis.

Results 77 patients were analyzed. Mean age 58.3 years. FIGO IIIC 56%, serous 87% (80% high grade). 69% had primary surgery, 47% optimal citorreduction. Relevant values at diagnosis: median RDW 13.7 (IQR 12.8 – 14.8), median MPV 8.6 fl (IQR 8.1 – 9.5), median NLR 3.4 (IQR 2.3 – 4–5), median MLR 0.3 (IQR 0.25 – 0.45), median PLR 217.5 (IQR 151.5 – 309.6). Survival analysis: Median PFS 21.8 months, CI95% 18.8 – 77.5. Median OS 74.4 months (CI95% 51.6 – 123.6). Multivariate Cox OS analysis: MLR≥0.245 was a risk factor for OS, HR 7.04, p=0.059 Univariate Cox PFS analysis: MLR at diagnosis >0.32 predicted worse PFS, 19.2 vs 31.7 months, p<0.001, HR 3.49. PLR at diagnosis >289.1 predicted worse PFS, 19.2 vs 24.8 months, p=0.01, HR 2. On multivariate PFS analysis none of the variables retained its significance.



Abstract 2022-RA-1309-ESGO Figure 1

Conclusion In our series, higher MLR at diagnosis predicted worse outcomes in FIGO III – IV patients.

2022-RA-1310-ESGO COST-EFFECTIVENESS OF UNSELECTED MULTIGENE GERMLINE AND SOMATIC GENETIC TESTING FOR EPITHELIAL OVARIAN CANCER

[1]Li Sun, [2,3,4]Monika Sobocan, [5]Isabel V Rodriguez, [1,2]Xia Wei, [2,3]Ashwin Kalra, [2,3]Samuel Oxley, [2,3]Michail Sideris, [6]Robert D Morgan, [2]Dhivya Chandrasekaran, [7]Kelly Rust, [7]Pavlina Spiliopoulou, [8]Rowan E Miller, [8]Shanthini M Crusz, [9]Michelle Lockley, [10]Naveena Singh, [10]Asma Faruqi, [10]Laura Casey, [3]Elly Brockbank, [2,3]Saurabh Phadnis, [11]Tina Mills-Baldock, [11]Fatima El-Khouly, [12]Lucy A Jenkins, [13]Andrew Wallace, [12]Munaza Ahmed, [12]Ajith Kumar, [5]Elizabeth M Swisher, [7]Charlie Gourley, [5]Barbara M Norquist, [13]D Gareth Evans, [1]Rosa Legood, [1,2,3,14,15]Ranjit Manchanda. *[1]Department of Health Services Research and Policy, London School of Hygiene and Tropical Medicine, London, UK; [2]Wolfson Institute for Population Health, CRUK Barts Cancer Centre, Queen Mary University of London, London, UK; [3]Department of Gynaecological Oncology, Barts Health NHS Trust, Royal London Hospital, London, UK; [4]Division for Gynaecology and Perinatology, University Medical Centre Maribor, Maribor, Slovenia; [5]Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, University of Washington, Seattle, WA; [6]Department of Medical Oncology, The Christie NHS Foundation Trust, Manchester, UK; [7]Institute of Genetics and Cancer, Cancer Research UK Edinburgh Centre, University of Edinburgh, Edinburgh, UK; [8]Department of Medical Oncology, Barts Health NHS Trust, London, UK; [9]Barts Cancer Institute, Queen Mary University of London, Charterhouse Square, London, UK; [10]Department of Pathology, Barts Health NHS Trust, London, UK; [11]Department of Medical Oncology, Barking, Havering and Redbridge University Hospitals, Essex, UK; [12]North East Thames Regional Genetics Service, Great Ormond Street Hospital, London, UK; [13]Manchester Centre for Genomic Medicine, Division of Evolution, infection and Genomic Sciences, University of Manchester, Manchester, UK; [14]Institute of Clinical Trials and Methodology, Faculty of Population Health Sciences, University College London, London, UK; [15]Department of Gynaecology, All India Institute of Medical Sciences, New Delhi, India*

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Introduction/Background Parallel panel-germline and somatic-testing in all women with ovarian-cancer (OC) identifies more pathogenic-variants (PV) benefitting from poly-ADP-ribose (PARP) inhibitor (PARP-i) therapy, and unaffected PV-relatives