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.

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.

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 (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 citorresection. 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 – 23.9. 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

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