**Abstracts**

**EP251/#311  COMPARISON OF SURVIVAL OUTCOMES ACCORDING TO BRCA1/2 VARIANT TYPE IN HIGH-GRADE SEROUS OVARIAN CANCER**

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**Objectives**  Mutations of BRCA1/2 improve cancer prognosis due to their better response to platinum-based chemotherapy. To appropriately evaluate the influence of pathogenic BRCA1/2 mutations on survival outcomes, various clinical factors related to chemotherapy should be controlled because those mutations are correlated with platinum-based chemotherapy agents. However, few previous studies have considered factors, such as delivered dose intensity (DDI) of chemotherapy agents, relative dose intensity (RDI), or treatment delay. This study evaluated OS and PFS under similar conditions of first-line adjuvant chemotherapy within seven years in HGSOC.

**Methods**  A total of 160 patients with HGSOC were enrolled. All patients underwent chemotherapy with a combination of taxane and platinum drugs. A germline BRCA1/2 genetic test was conducted by two methods: NGS and PCR with direct sequencing. The pathogenic BRCA1/2 variant group included PV and LPV, while the non-pathogenic group included wild-type and VUS. For first-line chemotherapy, DDI, RDI, and delay of duration were calculated in all patients.

**Results**  Of the tested variants, 108 (67.5%) were non-pathogenic and 52 (32.5%) were pathogenic. No significant difference was found in various clinical factors of cancer stage, surgery. In chemotherapy, there was no significant difference for the number of cycles, DDI, RDI, delayed period. There was no significance for OS or PFS within five or seven years.

**Conclusions**  In patients with HGSOC, the OS and PFS for germline BRCA1/2 pathogenic and non-pathogenic variants were not significantly different under similar conditions of first-line adjuvant chemotherapy within seven years.

**EP252/#515  PREDICTION OF SURGICAL OUTCOMES OF INTERVAL DEBULKING SURGERY (IDS) USING IN ADVANCED OVARIAN CANCER: A NOVEL SCORING SYSTEM USING POST-NEOADJUVANT CHEMOTHERAPY (NAC) COMPUTED TOMOGRAPHY (CT)**

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**Objectives**  Residual disease after interval debulking surgery (IDS) is the most critical prognostic predictor in advanced ovarian cancer. Predicting complete resection is important to reduce futile surgery and improve survival rate. The aim of this study is to create new radiologic scoring system in preoperative computed tomography (CT) for prediction of optimal cytoreduction.

**Methods**  CT scans of 72 patients who underwent IDS were retrospectively reviewed. Residual disease measuring ≥ 0.5 cm was presented suboptimal cytoreduction. All surgical record and new radiologic scoring model were made according to

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**Abstract EP252/#515 Figure 1** Importance of features in the prediction of optimal cytoreduction. LNE, lymph node enlargement, IMA, inferior mesenteric artery.

**Abstract EP252/#515 Figure 2** A: Graphs show area under reviewer operating characteristic curve (AUC) of random forest model with top 8 features. AUC (95% CI) = 0.847 (0.759, 0.929). B: Graph show AUC of random forest model with top 3 features. AUC (95% CI) = 0.729 (0.622, 0.833)