six series followed by six months of observation. After the observation, we determined the therapy’s response with the RECIST Criteria (Response Criteria in Solid Tumors). Immunohistochemistry (retrospective) tests to ovarian cancer tissue and flow cytometry (prospective) blood tests then were performed to examine the expression of CD44+/CD24+, RAD6 and DDB2.

**Results**
There were significant overexpression of CD44+/CD24+, RAD6 and underexpression of DDB2 (p <0.05) in chemoresistance ovarian cancer tissue with significant AUC value (p<0.05). There were significant overexpression of CD44+/CD24+, and RAD6 (p <0.05) in blood circulation of chemoresistance ovarian cancer patients while CD44+/CD24+ has significant AUC value (p<0.05).

**Conclusions**
We conclude that there were overexpression of CD44+/CD24+, RAD6, underexpression of DDB2 in ovarian cancer tissue, and overexpression of CD44+/CD24+ in blood circulation and these proteins were good predictors of ovarian cancer chemoresistance.

**EP287/#314**

**OVARIAN CANCER MANAGEMENT AND SURVIVAL OUTCOME – 10 YEARS STUDY FROM A TERTIARY CARE CENTRE IN INDIA**

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Objectives
Ovarian cancer (OC) is the second most common gynecological cancer in India but there is paucity of Indian data regarding its treatment and survival outcome. This study is a ten year audit of the disease characteristics, treatment protocols and survival outcomes of OC cases managed at our centre over 10 years.

Methods
This prospective and retrospective cohort study was conducted in the department of Obstetrics and gynaecology in collaboration with department of pathology over a period of one year. Ethical clearance was obtained from the institutional ethics committee and informed consent from all patients. Total 360 cases of OC were diagnosed between January 2010 to December 2019 as per the hospital records. Details of disease characteristics, type of treatment, recurrence and its treatment were tabulated. Survival outcomes of 191 contactable patients were analysed through SPSS 21.0.

Results
Out of 360 cases, maximum were epithelial type (86.3%) and presented in stage III/IV (78.8%). Almost half were treated by primary surgery and half by neoadjuvant chemotherapy. Out of 191 contactable cases 57% had complete response by first treatment, 32.9% developed recurrence and 9.9% had a refractory/resistant disease. About 51.5% were alive and 48.5% had expired. The median overall survival duration was 48 months, and disease free survival duration was 29.94 months. The OS (p = 0.005) and DFS (p=0.012) were significantly more with primary surgery as compared to NACT.

Conclusions
Early stage of disease and complete surgical debulking have significantly better survival outcomes.

**EP288/#278**

**COMPARATIVE ASSESSMENT OF PATTERNS OF RECURRENCE BETWEEN PRIMARY AND INTERVAL DEBULKING SURGERY IN ADVANCED EPITHELIAL OVARIAN CANCER: ANALYSIS FROM A TERTIARY REFERRAL CENTRE**

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Objectives
This study assessed the differences in the pattern and timing of recurrence in women with advanced epithelial ovarian cancer (EOC) who had primary debulking surgery (PDS) followed by chemotherapy or interval debulking surgery (IDS) after neoadjuvant chemotherapy (NACT).

Methods
Retrospective data on the sociodemographic and clinical characteristics and laboratory parameters together with the recurrence status after a 3-year follow-up of 126 women with advanced EOC who had undergone standard treatment between January 2008 and December 2017 were collected and analysed.

Results
There were 46 (68.7%) recurrences in the IDS group compared to 37 (62.7%) in the PDS group (P=0.88). The Kaplan-Meier curve comparing the progression-free survival (PFS) between PDS and IDS in women with advanced EOC showed no statistically significant difference (P=0.38). There was also no statistically significant association between type of surgical treatment and PFS after adjustments for covariates such as age and pre-existing medical morbidity in the multivariate analysis (HR=1.46, 95%CI: 0.90–2.37, P=0.12).

Conclusions
We found no conclusive evidence to suggest that IDS between cycles of chemotherapy compared with conventional treatment using PDS followed by adjuvant chemotherapy (ACT) improved the PFS of women with advanced EOC. We, therefore, suggest a need to further evaluate the potential benefit of an individualised treatment selection rather than a blind extrapolation of all women with advanced EOC to NACT and IDS.

**EP289/#608**

**TIMING OF RECURRENCE AND OVERALL SURVIVAL IN EPITHELIAL OVARIAN CANCER: A 10-YEAR RETROSPECTIVE REVIEW IN A TEACHING HOSPITAL**


Objectives
The timing of recurrence of epithelial ovarian cancer (EOC) after a standard primary treatment is an important indicator of the degree of response of the tumour to treatment. It, however, remains unclear if the timing of recurrence will predict survival outcomes.

Methods
Data was extracted from patients who underwent standard primary treatment and follow-up after EOC diagnosis between January 2011 and December 2020. Descriptive statistics were computed for all patients’ data and Kaplan-Meier...