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 2017 as per the hospital records. Descriptive statistical analysis of sociodemographic and clinical characteristics and laboratory parameters together with the survival outcome 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.

OP287/#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.

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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 RECURRENT 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