**Methodology** A survey was prepared using the 'SurveyMonkey' application and distributed across gynecological oncology groups using social media platforms from 2nd October to 8th November 2022. There were 21 survey questions;6 on demography and 15 on diagnosis and management. Descriptive statistics including frequencies and percentages were used to report data and analyses were performed using SPSS version 25.

**Results** There were a total of 203 responses from 50 countries across 6 continents. The majority responding to the survey were gynecological oncologists (73.10%). Only 29.56% of institutions used immunohistochemistry along with tissue morphology for diagnosis.55.78%practitioners offered platinum-based Neoadjuvant Chemotherapy for newly diagnosed apparent Stage III C disease seemingly inoperable.44.83% of practitioners offered adjuvant Chemotherapy(±Bevacizumab) followed by hormonal maintenance (HM) for advanced stage after optimal cytoreduction. Letrozole was the preferred drug (63.37%). In recurrent settings not feasible for secondary cytoreduction, there was a lack of consensus on further management. Regarding targeted therapy,83% of practitioners had never used MEK inhibitors in practice. In patients desirous for fertility preservation in sub-optimally staged apparent Stage IA LGSOC, most clinicians (71%) offered completion staging with preservation of the uterus and other ovary followed by observation if histologically confirmed Stage IA. Regarding adjuvant treatment for optimally staged IC disease, there were varied opinions ranging from observation, chemotherapy alone, chemotherapy followed by HM or HM alone. The use of HIPEC in any setting was not favored by the majority (81.26%). A majority (45.32%) of practitioners didn't offer routine genetic testing in all cases.

**Conclusion** There are global similarities and disparities regarding the management of LGSOC. These factors may be considered while formulating international guidelines.

## #652 HAS TIME TO CHEMOTHERAPY FROM PRIMARY DEBULKING SURGERY IN ADVANCED OVARIAN CANCER AN IMPACT ON SURVIVAL? – A POPULATION-BASED NATIONWIDE SWEGCG STUDY

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**Introduction/Background** To investigate time to chemotherapy (TTC) from primary debulking surgery (PDS) and relative survival (RS) in advanced epithelial ovarian cancer (EOC) in a nationwide population-based cohort.

**Methodology** All women diagnosed with EOC, stage IIIC-IV and registered in the Swedish Quality Register for Gynecologic Cancer between 2008–2018 with PDS performed followed by chemotherapy were included. Patient and tumor characteristics including no (R0) or residual disease (RD), were retrieved. The TTC was categorized into five groups. The 2- and 5-year RS (95%CI) were calculated and uni- and multivariable Poisson regression of excess mortality rate ratios (EMRRs) analyzed with covariates; TTC, age, FIGO stage, serous and non-serous histology and residual disease.

**Results** In total, 1710 women were included. The mean age was 64.3 years. R0 was achieved in 47.7%; 39.0% of 292 women with TTC <21 days, 46.9% of 360 with 22–28 days, 48.5% of 392 (29–35 days), 52.1% of 303 with 36–42 days and 51.0% of 363 women with TTC >42 days, respectively. In the total cohort, age <70 years, stage IIIC, serous histology and R0 were found significant prognostic factors for 5-year RS but not TTC. Two-year RS for FIGO stage IV and R0 was 92.9% (82.8–1.00) for TTC <21 days compared with 66.3% (50.8–81.8) for TTC >42 days. The corresponding figures for stage IIIC and R0 were 91.0% (84.7–97.4) and 82.4% (75.8–89.0), respectively. Five-year RS for FIGO stage IV and R0 was 67.2% (48.0–86.3) for TTC <21 days and 42.6% (25.2–59.9) for TTC > 42 days. The corresponding 5-year RS for stage IIIC and R0 were 56.4% (45.2–67.6) and 51.6% (42.8–60.5), respectively.

**Conclusion** Our data indicate that TTC after PDS may be associated with short-term survival among stage IV disease without residual disease. Updated results with EMRR data for subgroups will be presented.

**Disclosures** The authors declare no conflicts of interest.

## #682 ROLE OF LYMPHADENECTOMY (LND) IN ADVANCED OVARIAN CANCER (OC) –A SUBGROUP ANALYSIS OF THE PATIENTS EXCLUDED FROM THE ORIGINAL LION TRIAL (THE CHARITÉ COHORT)

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**Introduction/Background** The results of the prospective randomized phase-III LION-trial failed to demonstrate a therapeutic benefit from LND in tumor-free operated advanced OC patients with macroscopically normal appearing LN. Patients were randomized intraoperatively with exclusion of those thought by the surgeon not to be fully operable or with suspicious/bulky LN by inspection or palpation. We wished to address the surgical and survival outcomes of this excluded group in a single center.

**Methodology** This is a monocentric analysis in a tertiary ESGO-accredited center of excellence for OC. A total of 202 patients were screened for the original study; 120 were excluded, and 82 included in the final LION analysis. Excluded cases were retrospectively analyzed according to the same endpoints (PFS and OS) of the LION-trial with a subsequent comparison analysis.

**Results** Overall, 195 patients were included in the present analysis. Rate of CR was with 45% significantly lower in the intraoperatively excluded patients vs the tumor-free operated patients of the original LION analysis. This had a significantly

negative impact on OS and PFS. Only 60% of the screening failed patients had histologically positive LN in final pathology. There was no significant difference in PFS or OS between the tumor-free operated screening failed patients versus those randomized, regardless of their histological LN-status and whether an LND was performed.

**Conclusion** Our findings confirm the lack of therapeutic LND in advanced OC even in patients with suspicious LN. Non-tumor-free operated patients had worse outcome. We demonstrated that intraoperative LN evaluation by the surgeon is subjective and inaccurate.

## #709 THE EFFECTS OF NIRAPARIB DOSE REDUCTION ON LONG-TERM OUTCOMES IN OVARIAN CANCER PATIENTS: A LARGE RETROSPECTIVE, OBSERVATIONAL STUDY

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**Introduction/Background** Niraparib is a Poly (ADP-ribose) polymerase inhibitor (PARP-I) approved for the maintenance in primary advanced ovarian cancer (AOC) and recurrent platinum-sensitive ovarian cancer (ROC). More than half of patients are supposed to reduce dose during treatment, but it is unknown if side effects occur more commonly in AOC or ROC; also, the impact of Niraparib dose reduction on survival has rarely been investigated.

**Methodology** This study includes women with primary (AOC group) or recurrent (ROC group) high-grade serous ovarian cancer in maintenance with Niraparib between 2019–2022. Niraparib dosing was based on described individualized starting dose of 200mg/day or 300mg/day for those with a weight $\geq$ 77 kg and platelet count $\geq$ 150,000/µL. The primary outcome was the impact of Niraparib dose reductions on progression-free survival (PFS), in AOC and ROC separately. The secondary outcome was the comparison of reduction rates between the two groups.

**Results** 215 Niraparib-treated patients, 124 (57.7%) with AOC and 91 (42.3%) with ROC, were included. The majority of patients started Niraparib at 200mg/day (87.4%), in the both groups; most of reductions occurred within the first 4 cycles (figure 1A,B); dose reductions from 200 to 100mg/day occurred more frequently in AOC compared with ROC (35.9% vs 7.5%, p<0.001).

PFS was estimated in case of treatment longer than 12 weeks, to avoid biases; therefore, analysis focused on patients treated with 200mg or 100mg. In AOC, median PFS was 28 months for 200 mg compared with Not Reached for 100 mg (p=0.49; figure 1C). Similarly, among ROC, median PFS was not significantly affected by the dose (100mg 17 months vs 200mg Not Reached, p=0.31) (figure 1D).

**Conclusion** Niraparib dose reduction occurs in almost half of patients within 30 days, regardless of disease setting, albeit it's significantly more common in first-line setting. Survival outcomes seem not to be impaired by dose reduction.

**Disclosures** none

## #727 APPLICATION OF ENDOMETRIAL CANCER MOLECULAR CLASSIFICATION TO ENDOMETRIOSIS-RELATED OVARIAN CANCER: A SINGLE CENTER PRELIMINARY DATA

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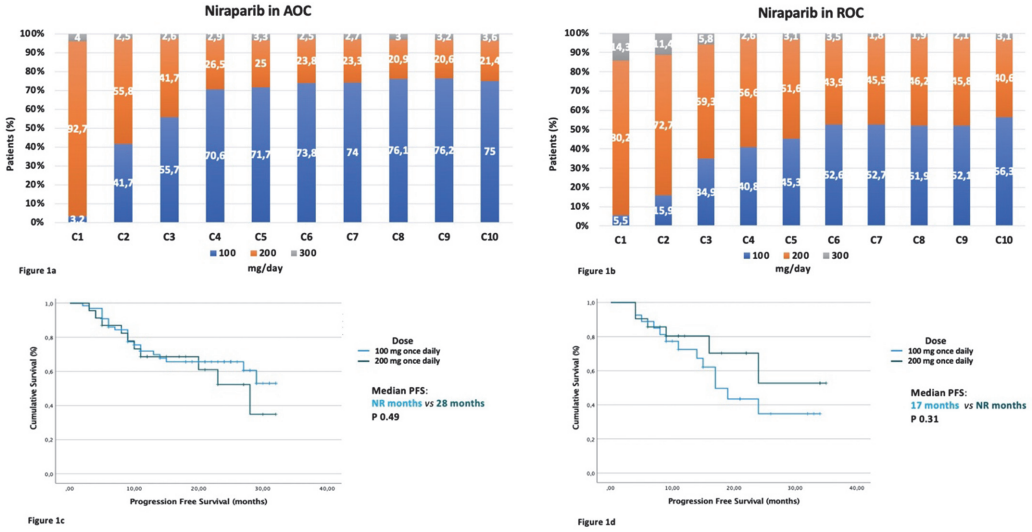
**Introduction/Background** Endometriosis-associated ovarian cancers (ENOCs), endometrioid and clear cell, show higher survival rates, younger age and earlier stage at diagnosis




Niraparib dose reduction during the cycles (***Figure 1a**: Dose reduction in primary advanced ovarian cancer (AOC) maintenance. **Figure 1b**: Dose reduction in recurrent ovarian cancer (ROC) maintenance)*
Progression free survival (***Figure 1c**: PFS in primary ovarian cancer 200 mg/day vs 100 mg/day. **Figure 1d**: PFS in recurrent ovarian cancer 200 mg/day vs 100 mg/day)*

**Abstract #709 Figure 1**