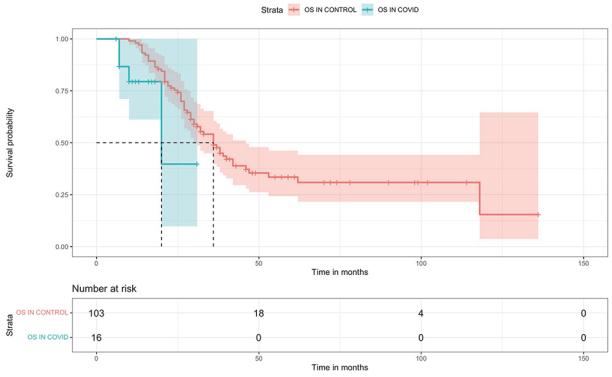
suggests that the survival in the two groups leans towards better survival in control group (p=0.05).

Conclusion Administration of additional cycles of chemotherapy beyond 3–4 cycles in the COVID group seemed to decrease the OS in these patients, however Delayed CRS is a viable option for patients who may be deemed inoperable after 3–4 cycles of NACT. In view of small size and retrospective nature, further prospective study is needed.



Abstract #100 Figure 1 Overall Survival analysis of patients undergoing delayed CRS due to Covid versus control group

Disclosures None to declare.

#126 REAL-WORLD TREATMENT, CLINICAL AND PATIENT-REPORTED OUTCOMES IN PATIENTS WITH NEWLY DIAGNOSED ADVANCED OVARIAN CANCER: UP-DATE ON THE CUMULATIVE NUMBERS OF PATIENTS TREATED AT THE SITES (NOGGO OV54, NCT04830709)

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Introduction/Background The prospective, non-interventional study SCOUT-1 (NCT04830709; NOGGO ov54) evaluates real-world management of patients with primary advanced (FIGO stage III or IV) high-grade epithelial ovarian cancer (OC) to assess the effectiveness of standard treatment sequences used in routine clinical practice in Germany with focus on patients´ needs and health-related quality of life.

Methodology As described earlier, all initiated sites are asked once a year to provide cumulative data on their patients treated for OC. Additionally, site characteristics such as type, and certification were collected. Data analysis was done in a descriptive and explorative manner using appropriate statistical methods.

Results Out of 73 sites initiated by March 2023 55 sites provided their characteristics. Most sites are full-service hospitals (64%), 20% base service hospitals and 16% office-based gynecological sites. Most of the sites are certified from German Cancer Society as (gyneco)oncological centers (89%).

Cumulative data for 2022 were provided by 44 sites (35 also took part on last year questioning). Overall 24 patients with newly diagnosed OC were in mean treated by the sites in 2022 (range 5–96 patients). 14% of the sites treated < 1 patient/month, 59% 1–2 patients/month and 25% >2 patients/month. The sites mainly diagnosed advanced stage FIGO III or IV (72.0%), serous histology (71.0%) and high-grade carcinoma (72%). Cyto-reductive surgery was performed in 75.0% of the reported cases. Most of the patients received (72%) and if received, responded well to platinum-based chemotherapy (77%).

Conclusion Analysis of site specific, cumulative data showed similarity to other epidemiological sources in Germany. Compared to 2021 cumulative mean number of patients with newly diagnosed OC remains stable, even if there were some changes on a site level. Data from 2022 continues to support that a representative cohort of OC patients will be enrolled in the SCOUT-1 study.

Disclosures

Sponsor AstraZeneca and Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc., Rahway, NJ, USA, in cooperation with North-Eastern German Society of Gynecological Oncology (NOGGO e.V.). Medical writing assistance was provided by Dr. Katharina Bakhaus, Alcedis GmbH, Giessen

#128 DEBULKING SURGERY FOR TREATMENT ADVANCED-STAGE OVARIAN CANCER WITH HIPEC COMPARED WITH DEBULKING SURGERY WITHOUT HIPEC, SHORT-TERM AND EARLY LONG-TERM OUTCOMES

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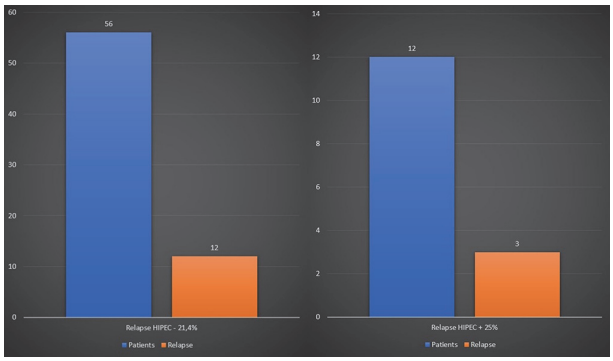
Introduction/Background The gold standart of advanced-stage ovarian cancer treatment is debulking surgery and systematic chemotherapy. However, alternative ways of drug delivery are exist and Hyperthermic Intraperitoneal Chemotherapy (HIPEC) is one of such methods.

Since June 2020 we have started to perform these procedures for the purpose of upgrade the medical care for women with advanced-stage ovarian cancer.

Results Sixty eight cytoreduction procedures were made from June 2020 through April 2023 and HIPEC was considered at the time of debulking surgery in twelve cases. There were nine patients with stage 3B, fifty five patients with stage 3C, two patients with stage 4A and two patients with recurrence of disease. The mean time of procedure was 558 minutes in debulking surgery plus HIPEC group and 382 minutes in the group of debulking surgery only. The median postoperative hospital stay was 21,9 days in the group with HIPEC and 13,4 days in the group without HIPEC. It was performed 22 optimal debulking procedures with the completeness of cytoreduction score (CC) – 1, and 46 complete debulking procedures CC – 0. The average score of peritoneal carcinomatosis index was 11,7. The percentage of patients who had adverse events of grade 3 or 4 in surgery with HIPEC group was 25%, and in surgery group without HIPEC – 21,4%. The postoperative mortality was 2,9% (two patients). Out of 68 patients 15 were relapsed (22%) within 5–24 months (average time 11,8 months), three relapses were in HIPEC group (25%) and twelve without HIPEC (21,4%). Three of them have died (4,4%), two in HIPEC group und 1 without HIPEC.

Conclusion Overall, our data shows that addition HIPEC to the debulking procedure extends mean time of procedure, postoperative hospital stay, does not increase risk of adverse events grade 3 or 4 but also does not improve oncological outcomes



Abstract #128 Figure 1

Disclosures All authors have no conflicts of interest to declare.

#129 SURVIVAL OUTCOMES OF THE PATIENTS WHO UNDERWENT AGGRESSIVE CYTOREDUCTIVE SURGERY FOR OVARIAN CANCER

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Introduction/Background Because of its asymptomatic progression,ovarian cancer is mainly encountered in advanced stages in women.The standard treatment for ovarian cancer is cytoreductive surgery and chemotherapy with a platinum-taxane combination.Diaphragm peritonectomy,splenectomy,liver resection are among the procedures for the cytoreduction of ovarian cancer that have been reported to be both feasible and associated with acceptable morbidity.

This study aims to evaluate the characteristics,treatment process,survival outcomes of patients who underwent aggressive cytoreductive surgery to achieve optimal cytoreduction in ovarian cancer.

Methodology This study was a retrospective analysis involving patients with epithelial ovarian cancer who underwent cytoreductive surgery by a single gynecologist oncologist between November 2014 and September 2022 in a single center.In the study, aggressive cytoreduction was defined anatomically as debulking of disease proximal to the ligament of Treitz. The patients who underwent aggressive surgery were included in Group 1,and those who did not receive aggressive surgery were included in Group 2.

Results The patients in Group 1 have received more cycles of chemotherapy (p=0.028).The study population's median progression-free survival (PFS) was 11.8 months,the mean overall survival (OS) was 67.3 months.Median PFS was determined as 11.3 months for Group 1 and 12.2 months for Group 2.No statistically significant difference was observed between the two groups regarding median PFS(p=0,593).Mean OS was 46.2 months for Group 1 and 75.6 months for Group 2.The Mean OS of Group 2 was statistically significantly more extended than Group 1(p=0.011).

Conclusion We aimed to analyze the effect of aggressive surgery on the survival outcomes of ovarian cancer patients.We did not observe a clear benefit of aggressive surgery since the PFS results were similar in the two groups of patients.The longer OS in Group 2 might result from subsequent treatments,including surgery,single-agent chemotherapy, and combined chemotherapy regimens.Although there was a limited number of patients in our study, this data will contribute to the literature.

Abstract #129 Table 1 Perioperative/postoperative complications and progression free/overall survival rates between groups.

Variables	Group 1 Upper + Lower (n=65)	Group 2 Lower (n=97)	P value
Intraoperative Complications n(%)	28(43.1)	32(33)	0.245
Postoperative Complications n(%)	30(46.2)	23(23.7)	**0.004**
Length of hospital stay (days) mean±SD	11.23±9.31	8.09±8.02	**0.002**
Need for intensive care unit n(%)	38(58.5)	42(43.3)	0.078
Received Carboplatin+Paclitaxel n(%)	60(92.3)	77(79.4)	**0.028**
Frequency of chemotherapy n(%)			**0.043**
Weekly	23(35.4)	37(38.1)	
21 days	37(56.9)	40(41.2)	
None	5(7.7)	20(20.6)	
Cycle of chemotherapy n(%)			0.068
3 cycles	5(7.7)	11(11.3)	
6 cycles	47(72.3)	60(61.9)	
Over 6 cycles	8(12.3)	6(6.2)	
None	5(7.7)	20(20.6)	
PFS (months) median [min-max]	11.3[8.7-13.8]	12.2[7.9-16.5]	0.593
OS (months) median [min-max]	46.2[38.7-53.7]	75.6[66.4-84.7]	**0.011**

Data are expressed as mean±SD, median, minimum, maximum or number (%).
p ≤ 0.05 significant difference, comparison of groups.

Disclosures None.

#132 INCIDENCE OF LYMPHATIC METASTASES IN WOMEN WITH OVARIAN CANCER

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Introduction/Background The aim of our study is to determine the frequency of lymphatic metastases in women with ovarian cancer.

Methodology Material and methods: The study is single-center, retrospective for 1 year and was conducted in the Clinic of General and Oncological Gynecology, Millitary Medical Academy. All patients with histologically proven ovarian carcinoma in stage II according to TNM were included. All women underwent preoperative laboratory tests, gynecological examination with ultrasound, and preoperative imaging of the lung, abdomen, and pelvis. All patients underwent total laparohysterectomy with oophorectomy, lymphatic dissection, omentectomy and metastasectomy.

Results In our study were included 37 female patients with an average age of 53.4 years (from 26 to 89 years). Serous ovarian carcinoma was diagnosed in 24 (64.9%) patients, 5 (13.5%) endometrioid ovarian cancer, 3 (8.1%) – clear cell ovarian cancer, 3 (8.1%) – mucinous ovarian cancer, 1 (2.7%) – neuroendocrine ovarian cancer, 1 (2.7%) – small cel ovarian cancerl. A total of 275 lymph nodes were removed, or an