debunking surgery (IDS) and those that received only chemotherapy (ChT).

Methodology Observational, longitudinal, analytical, and retrospective study of 101 women between January 2008-March 2023. Association between clinical, imaging, serum markers, surgical and pathological characteristics, and disease recurrence and overall survival was examined in univariable and multivariable analysis (Kaplan-Meier and Cox proportional hazard model).

Results With an overall mean follow-up of 42 months. 47 women (PDS), 28 (IDS) and 26 (ChT) women were included.

Rates of complete resection (R0) were 72.3% of patients after PDS and 57.2% of patients after IDS (p=0.217). Postoperative rates of adverse effects and mortality were slightly higher after PDS than after IDS (p=0.793). Median progression-free survival was 60 months in the PDS group and 52 months in the IDS group (p=0.04). Factors in multivariable analysis associated with increased risk of recurrence included residual tumor >1cm (HR: 2.72, 95% CI 1.06–6.98, p=0.037) and stable/progression in response to chemotherapy (HR 8.85, 95% CI 1.76–44.45, p= 0.008).

Median overall survival was not reached for the PDS group and 78 months for the IDS group (HR: 1.63, 95% CI 0.72–3.65, p= 0.235) and 28 months for the ChT group (HR: 2.47, 95% CI 1.13–5.39, p=0.022).

Conclusion PDS before chemotherapy is the standard of care. Higher complete cytoreduction rate in the PDS group indicates that the correct patients have been selected and those that benefit the most.

Disclosures Complete resection of all macroscopic disease (at primary or interval surgery) was the strongest independent variable in predicting overall survival (HR: 4.52, 95% CI 1.86–11.02, p = 0.001).

Abstract #170 Figure 1 Primary vs Interval Debunking Surgery in advanced ovarian cancer

INVESTIGATING CURRENT TRENDS AND CONVERSATIONS ON OVARIAN CANCER ON INSTAGRAM: A STUDY BY THE EUROPEAN NETWORK OF YOUNG GYNAECOLOGIC ONCOLOGISTS (ENYGO)

Introduction/Background Social media is an increasingly powerful tool to raise awareness of gynaecological cancers and...
share scientific output in the field of gynaecologic oncology. Recent studies on Twitter revealed its impact on raising awareness regarding gynaecological cancers and dissemination of scientific knowledge. Through the use of images, powerful patient stories, and varied infographics, charities and the wider public and patients are raising awareness and support for gynaecological cancers on Instagram. However, the literature on the role of Instagram in gynaecological cancers is lacking. We aim to investigate the volume and content of posts regarding ovarian cancer (OC) on Instagram.

**Methodology**

We retrieved the results on #ovariancancer Instagram query between October 2010 and May 5, 2023. The study made use of Instagram's search feature to identify posts related to the aforementioned hashtag and this was recorded. Instagram algorithm determines and shows a number of 'top' posts. Our study examined the top five posts related to the hashtag in question. These were thematically analysed to identify content of the post.

**Results**

Our query resulted in 375,072 posts. Among the top five posts during the study period, the likes ranged from 2838 to 48. Figure 1 is based on the top Instagram post, which included 26 comments. Moreover, the number of comments among the top five posts ranged from 4 to 202. The descriptions of top posts were awareness, patient education by a patient with OC, a patient sharing her struggles, OC treatment of side effects, and promotion of OC research with a patient story, respectively. It is a word cloud of comments; it shows positivity, love, praying, and hope within the comments section.

**Conclusion**

Instagram is a platform mainly used by patients and advocates to raise awareness regarding OC. There is a potential for medical professionals and societies to increase presence on Instagram.

**Abstract #189 Figure 1** The word cloud of the top #OvarianCancer post

**Table of Contents**

## CHEMO-RESPONSE SCORE AS A PROGNOSTIC INDICATOR OF SURVIVAL IN ADVANCED-STAGE EPITHELIAL OVARIAN CANCER: RETROSPECTIVE STUDY FROM A TERTIARY CARE CANCER CENTRE IN NORTH-EAST INDIA

1Debabrata Barmon*, 2Sharda Patra, 3Eshwarya Kaur, 3Roma Jethani, 3Mahendra Kumar, 3Upasana Banuah, 3Dimpy Begum, 3Shiraj Ahmed, 3Lopamudra Kakoti, 3Ratnadeep Sharma.

1Dr B Borooah Cancer Institute, Guwahati, India; 2Lady Hardinge Medical College, Delhi, India

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**Introduction/Background**

Prognosis of advanced High grade Epithelial Ovarian cancer (HGSOC) depends on multitude of factors including patient factors, disease biology and surgical intervention. Present study aims to correlate survival of patients based on Chemotherapy response score (CRS).

**Methodology**

Retrospective study approved by the Institutional Ethics Board conducted at Dr B Borooah cancer Institute, Guwahati, India from January 2018 to December 2019. Study included HGSOC patients with stages IIIIC onwards, who underwent Interval Cytoreduction. CRS calculated based on tumor burden in postoperative histopathology. Survival outcomes noted, and statistically analysed with univariate and multivariate analysis.

**Results**

103 patients were analysed for Chemoresponse in the resected specimens, Ovary, Omentum and Peritoneal deposits. CRS 3 (complete response) was demonstrated in 10% patients in all three sites (12% in Ovary only and 29% in Omentum only). Early recurrence rate (<10month) was significantly higher in women with residual disease in Omentum (CRS 1&2 ) ((OR 6.2, 95% CI 1.08–16.58, p=0.002) compared to disease in Peritoneum(OR 4.297, 95% CI 1.042 -5.063, p=0.038) and Ovary (OR 3.268, 95% CI 0.107 - 4.674, p=0.005). On analysing predictors of post recurrence survival on cox regression analysis the risk of death post recurrence was highest in women with presence of disease in omentum post NACT (CRS 1&2) ( HR 2.3 95% CI 0.7–7.7, P=0.155) however, presence of disease in the ovary post NACT (CRS 1&2) had the least risk of death with hazard ratio (HR 0.488, CI 0.261 -0.913, p=0.025).

**Conclusion**

Our study showed that omental CRS represents a possible surrogate for prediction of early relapses. Presence of disease in Ovary post NACT did not affect survival, compared to presence of disease in Omentum which showed poor outcome with worse prognosis.

**Abstract #189 Figure 1** Kaplan-Meier Survival analysis: Recurrence to Survival time in CRS Omentum

**Disclosures**

None to declare.