Through the treatment, the pathologic chemotherapy response score (CRS), examined on the omental specimen in the interval debulking surgery, have been validated as an OS prognostic factor. The inspection of tumor- macrophages infiltration characterizing the higher score CRS specimens (CRS3) led to the investigation of the relationship between hematologic indices at diagnosis, and the CRS achieved in the surgery.

**Methodology** Retrospectively from 2016 to 2022, at a single center, data regarding cases diagnosed with advanced serous ovarian carcinoma, who were referred to NACT and underwent surgery, were extracted from electronic records and analyzed statistically.

**Results** 116 women were included, and divided into three groups of CRS: 1, 2 and 3, there were no differences in their characteristics: age, primary tumor site, stage, preoperative bevacizumab administration or BRCA status mutation (table 1); OS and PFS were found significant in CRS 1+2 vs CRS 3, median time 53.9 vs. 71.6 months to OS, and 15.2 vs. 51.33 median time to PFS; (p=0.003) and (p<0.001) respectively (figure 1). NLR and monocytes% at diagnosis were not found significant.

NLR and monocytes% distribution was not significantly different in the CRS groups, still independently CRS and NLR and monocytes% predicted OS according to COX regression model.

**Conclusion** NLR and monocytes% as pretreatment indices may play a role in the interaction of the tumor cells and the immune system cells, still their effect is not mediated by CRS, and affect prognosis independently.

**Disclosures** Authors have no conflict of interest to declare.