Gastrointestinal perforation and bowel obstruction were associated with HSUVs of 0.50.

Conclusion Reported HSUVs within health states were heterogeneous; however, they declined following disease progression. Gastrointestinal complications and end-stage disease were associated with the lowest HSUVs. Well-tolerated treatments that extend progression-free survival are crucial in PROC.

Disclosures MI and MP are employees and shareholders of Novocure. ZC is employed under contract by Novocure.

#815 VALIDATION OF LAPAROSCOPIC PREDICTIVE INDEX VALUE AS A PREDICTOR OF COMPLETE RESECTABILITY IN DANISH OVARIAN CANCER PATIENTS

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Introduction/Background Ovarian cancer is the most lethal gynecologic malignancy, often diagnosed in advanced stages with a 5-year survival rate of 40%. Accurate preoperative evaluation of complete tumor resection is critical for improving patient allocation to optimal treatment. The Predictive Index Value (PIV) is a scoring system of seven pre-defined areas in the abdomen, used to evaluate resectability in ovarian cancer patients. A PIV-score ≥8 identifies non-resectable patients better served with chemotherapy. The aim of this study was to validate the PIV as a predictor of complete resectability in a Danish cohort.

Methodology Study data was obtained from the Danish Gynecological Cancer Database of all patients who underwent laparoscopic evaluation of resectability in ovarian cancer at Rigshospitalet from 2015–2022.

Results A total of 217 patients were included, with 147 having PIV <8 (68%) and 70 having PIV ≥8 (32%). Ninety-two patients had subsequent primary debulking surgery (62.5%), 39 had interval surgery (26.3%) and 16 patients had no surgery due to other causes (11%). Complete cytoreduction was obtained in 81 of 92 patients (88%) with PIV <8, indicating a negative predictive value of 88%. When also considering patients with PIV ≥8 who were not unnecessarily explored, a total of 92% of patients were initially triaged correctly.

Conclusion In Danish ovarian cancer patients with PIV <8, complete resection was achieved in a high proportion of patients. This study suggests that the PIV can be used to better triage patients who may benefit from surgery. Further analysis of the data may provide additional insights into patient selection and improve outcomes for ovarian cancer patients.

Disclosures The PIV is a reliable tool for evaluating resectability in patients with advanced ovarian cancer, particularly when preoperative imaging is inconclusive.