In FIGO IV, complete resection was achieved in 72% and 66% of patients, respectively \((p=0.002)\). In FIGO IV, complete resection was achieved in 72% and 66% of patients, respectively \((p=0.11)\). Among patients with PS for stage IV disease, pleural involvement and lung metastasis were significantly more common in patients with residual disease as compared to those with complete resection: 32% vs. 14%; \(p<0.001\) and 2.3% vs. 0.2%; \(p=0.02\), respectively.

**Conclusion** Stage IV EOC patients have similar resection rates as patients with stage IIIC disease in both NACT and PS cohorts. Our results underline, that PS is feasible in patients with FIGO stage IV.

**Disclosures** COI submitted where applicable.

### Evaluation of the Effectiveness of Ovarian Tumor Risk Assessment Strategies in a Real-World National Setting—In Collaboration with the Dutch Gynaecological Oncology Audit Collaborator Group and the PALGA Group


**Introduction/Background** Predicting whether an ovarian tumour (OT) is malignant remains a challenge. Risk assessment strategies are used to select which patients with an OT should be referred to oncologic centres. However, their predictive value depends on the prevalence within a population. On hospital level, this prevalence is often known, but on a national level, these data are more difficult to obtain. Significant differences in prevalence exist between individual hospitals and single-centre study results should be generalised with caution. Therefore, we aimed to evaluate the prevalence of malignancy among surgically removed OTs and the accuracy of referral to oncologic centres in the Netherlands.

**Methodology** Histological reports on surgically removed OTs in 2019 were retrieved from the Dutch Pathology Registry PALGA (Pathologic-Anatomic National Computerized Archive). Reports on prophylactic removed ovaries, recurrent ovarian cancer (OC) and reports of patients below 18 years were excluded. Data on stage, subtype and surgical procedure of malignant and borderline OTs from the same year were obtained from the Dutch Gynaecological Oncology Audit (DGOA).

**Results** A total of 17469 reports were retrieved from PALGA of which 6122 reports were eligible, including 4867 benign (79.5%), 870 malignant (14.3%) and 385 borderline OTs (BOT, 6.3%). From DGOA, 1344 reports were retrieved. Referral for cytoreductive surgery for advanced OC was 100%. Early-stage OC and BOTs were also mainly operated in oncological centres and 66 OCs were operated in non-oncologic centres (figure 1).

**Conclusion** Correct classification of OTs is crucial for treatment planning, patients’ well-being and optimal use of health care resources. In the Netherlands, the majority of patients with early-stage OC are correctly referred. Because only 66 OCs were missed out of a total group of 6122 OTs, current risk assessment strategies generally selected the correct patients for referral. However, there is still room to improve preoperative risk assessment.

### Tumor-Informed CTDNA Detection as a Marker for Postoperative Residual Disease in Epithelial Ovarian Cancer—Results of a Feasibility Study


1. Division of General Gynecology and Gynecologic Oncology, Department of Obstetrics and Gynecology, Gynecologic Cancer Unit, Comprehensive Cancer Center, Medical University of Vienna, Vienna, Austria; 2. SAGA Diagnostics AB, Lund, Sweden; 3. Department of Pathology, Medical University of Vienna, Vienna, Austria.

**Introduction/Background** Complete tumor resection is the most relevant prognostic factor for overall survival in high grade serous ovarian cancer (HGSOCC). The current