alone (OR=1.17;CI=1.08–1.27) were more often given during COVID than pre-COVID.
Conclusion/Implications While the emergency threat posed by COVID-19 appears to have subsided, the experiences gained during the COVID-19 pandemic can inform future decisions in times of crises or resource shortages. Our findings show that patients on Medicare were diagnosed with ovarian cancer during the COVID era more often than patients on private insurance and that chemotherapy was used as the first treatment line more often than surgical resection. These results are consistent with international studies.

AS11. Ovarian cancer

EP219/#902 PRIMARY DEBULKING SURGERY VERSUS NEOADJUVANT CHEMOTHERAPY IN ADVANCED STAGE OVARIAN CANCER;REALITY IN A SINGLE CENTER

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Introduction The aim of study was to compare the outcomes of stage III-IV ovarian cancer patients treated with NACT +İDS or PDS and to demonsrate the real life experience of a single center
Methods This retrospective case control study was carried out in Baskent University,Ankara,Turkey.Patients with high grade serous histology who diagnosed between 2007 and 2022 were evaluated .Patient 's characteristics and tumoral features like age,type of surgery,complications,OS,DFS were retrospectively documented.
Results 473 patienst included in PDS group and 143 patients included in NACT group.PDS group were slighly younger 57 y vs 59 y (p=006).Median follow up time was 44 months. PDS group were more subjected to extended surgery 46% vs 26% (p=0.001) ,however grade III-IV complications rates and RO resection rates were similar 6,8% vs 11,8% (p=0.18) and 78% vs 85% p=0.06 respectively . Median OS was 37 months (95% CI ;28,9–45,0) and 53 months (95% CI 48,2–57,2) for NACT and PDS group respectiveley (p<0.00). Median DFS for NACT group was 12 months (95% CI ;10.2–13.7) and 15 months (95% CI 13.6–16.3) for PDS group (p=0.002).İn the cox proportional hazard model NACT was associated with dimished DFS and OS (HR:1.3 ,95% CI:1.0–1.7; p=0.001) and (HR:1.6 ,95%CI:1.1–2.4; p=0.001)
Conclusion/Implications İn our retrospective cohort PDS seems to be more effective in the treatment of Stage III-IV ovarian cancer and patients who treated with PDS had better DFS and OS .

EP220/#33 IMPACT OF FRAGMENTATION OF HEALTHCARE ON OVARIAN CANCER SURVIVAL

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Introduction Fragmentation of healthcare results when cancer care are provided at different institutions due to health insurance payer restrictions. The impact of this is studied on survival of ovarian cancer. The objective to examine the impact of fragmented healthcare on progression free survival(PFS).
Methods Patients with stage IIIC high-grade ovarian cancer analysed betweem 2011–2018. Patients who had a delay in chemo-initiation (> 28 days following surgery) due to fragmentation of healthcare analyzed as cohort-1, compared to the patients who did not have any delay as cohort-2.We included patients' surgical, tumor, perioperative, surgical, chemotherapy data to control for factors affecting chemo-initiation and PFS. Descriptive statistics and multivariate analyses were performed. The primary outcome was a Progression free survival attributable to fragmented healthcare.
Results Total of 491 ovarian cancer identified. There was 178/284 (67%) patients who had a delay in chemo-initiation. Cohort-1 (n=128) included patients who experienced a delay in chemo-initiation due to fragmentation of healthcare, cohort-2 (n=106) who did not have a delay. Both cohorts were ballanced. Multivariable-adjusted analysis showed that delay of chemo-initiation due to fragmented healthcare in cohort-1 was associated with shorter PFS compared to cohort-2 (18.1 months vs. 22.1 months; p<0.01); odds ratio [OR] 0.32 (0.23–0.68). Other factors contributing to shorter PFS included age OR 0.52 (0.32–0.78); stage OR 0.72 (0.52–0.87); grade OR 0.76 (0.53–0.99); and suboptimal cytoreduction OR 0.42 (0.25–0.67).
Conclusion/Implications Patients with advanced ovarian cancer who had a delay in chemo-initiation due to fragmented healthcare, had a shorter progression-free interval after controlling for all other relevant factors.

EP221/#1446 THE ROLE OF ATM ATR GENE ON RESISTANCE OF CANCER STEM CELL SUBPOPULATIONS IN ADVANCED OVARIAN CANCER: THERAPY RESPONSE TO IN VITRO APOPTOSIS AND PROLIFERATION

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Introduction Approximately 85% of ovarian cancer patients were diagnosed at an advanced stage which has a high mortality rate. More than 80% of them respond to first-line chemotherapy using platinum-based regimen. However, the median disease-free survival is only 18 months. Most patients relapse and do not respond to subsequent lines of chemotherapy. Intervening the presence of cancer stem cells (CSC) is preferred in managing chemoresistant ovarian cancer. One of chemoresistance mechanisms identified in CSC is the high activity of ATM and ATR proteins that bind competitively to DNA against platinum-based regimen. Therefore, this study aimed to explore correlation of ATM and ATR gene expression in ovarian cancer CSC chemoresistance.
Methods The culture cells of 67 advanced ovarian cancer patients were sorted using MACS with the CD133 marker to obtain CSC. The obtained CSCs were prepared with the spheroid method (using SKOV3 cell line, OV1, and OVM1). They were then tested with RT-qPCR (ATM, ATR, NANOG,