Conclusion/Implications Our study suggests that third or more CRS in recurrent ovarian cancer is associated with survival benefit. The outcomes of third or more CRS are influenced by the extent of CRS, with complete CRS associated with better outcomes. The decision to offer third or more CRS should be individualized based on patient factors, including overall health status and extent of disease.

**EP258/#917**  
**RECURRENCE-FREE SURVIVAL AND OVERALL SURVIVAL IN EARLY-STAGE OVARIAN CANCER CONSIDERING HOMOLOGOUS RECOMBINATION DEFICIENCY (HRD) STATUS**

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Introduction We aimed to determine the recurrence rate and survival outcome among early-stage epithelial ovarian cancer cases in relationship I to homologous recombination deficiency (HRD) status.

Methods We conducted single institution retrospective study of stage I/II EOC patients from 2008 to 2022. HRD was defined as evidence of germline or somatic BRCA mutation. Kaplan-Meier analyses were performed.

Results A total of 456 stage I/II patients were included. 22/456 (4.8%) had a germline or somatic BRCA1 mutation 46/456 (10.0%) had a BRCA2 mutation; These 68/456 (14.9%) patients comprised the HRD group. The remaining cases were confirmed homologous recombination proficient (HRP, 388/456, 85.1%). The overall recurrence rate was 90/456 (19.7%). The recurrence rate was 68/388 (17.5%) in HRP group and 22/68 (32.4%) in HRD group. Median Recurrence-Free Survival (RFS) was 81 months for HRP group and 109 months for HRP group (p=0.145). Median overall survival was not reached for the HRP group and 147 months (95% CI: 129.6–158.8) for the HRD group (p=0.231), with no significant difference.

Conclusion/Implications In this early-stage cohort, despite a high rate of complete surgical staging and adjuvant chemotherapy, recurrence rate was high. The proportion of relapsed patients was higher in the HRD group than in the HRP group, but there was no statistically significant difference. There was no significant difference in RFS and OS between HRD group and HRP group.

**EP260/#470**  
**EFFECT OF DOSE-DENSE PACLITAXEL PLUS CARBOPLATIN WITH OR WITHOUT BEVACIZUMAB FOR JAPANESE EPITHELIAL OVARIAN CANCER: A SINGLE-CENTER RETROSPECTIVE STUDY**

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10.1136/ijgc-2023-IGCS.332

Introduction There is still controversy or a lack of evidence regarding the efficacy of dose-dense paclitaxel plus carboplatin (ddTC) and bevacizumab (BEV) for epithelial ovarian cancer (EOC) among Japanese and Westerners. We aimed to compare the survival outcomes between conventional paclitaxel plus carboplatin (TC) with BEV and ddTC with or without BEV among Japanese.

Methods We retrospectively analyzed the data from patients newly diagnosed with EOC between 2012 and 2021 at our institutions. The target population was patients with stage III and IV EOC except for poly (adenosine diphosphate-ribose) polymerase inhibitors users. Overall survival (OS) and progression-free survival (PFS) of patients treated with ddTC and ddTC plus BEV (ddTC+BEV) were compared to those of patients treated with TC with BEV (TC+BEV). We used
Cox proportional hazard models adjusted for patients’ backgrounds.

**Results**

There were 75, 259, and 117 patients treated with TC+BEV, ddTC, and ddTC+BEV, respectively. The three groups had similar backgrounds such as histopathology and staging. For PFS, adjusted hazard ratios (aHRs) [95% confidence intervals (95%CIs)] were 1.09 [0.79, 1.50] in ddTC and 0.74 [0.52, 1.08] in ddTC+BEV compared to TC+BEV. For OS, aHRs (95%CIs) were 0.89 [0.59, 1.34] in ddTC and 0.73 [0.50, 1.05] in ddTC+BEV compared to TC+BEV.

**Conclusion/Implications**

We previously confirmed that ddTC was associated with favorable PFS and OS, and BEV could prolong PFS using the data from 1333 EOC patients at our institution. The present study further suggested that ddTC+BEV had favorable survival outcomes and might be a candidate for a clinical trial.

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**Abstract EP262/#530**

**IS THERE A ROLE FOR INTRAPERITONEAL CHEMOTHERAPY IN EARLY STAGE PELVIC HIGH-GRADE SEROUS CARCINOMA?**

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**Introduction**

Previous studies have demonstrated an overall survival benefit with intraperitoneal chemotherapy in Stage III pelvic high-grade serous carcinoma (HGSC), but no studies have evaluated this treatment in early stage disease. We offered IP chemotherapy (IP/IV) to patients with Stage I-II HGSC from 2009–2022. The objectives are to evaluate time to recurrence (TTR), progression-free survival (PFS), and overall survival (OS) associated with IP/IV compared to standard intravenous (IV) chemotherapy.

**Methods**

This is a retrospective population-based cohort study of patients with stage I-II pelvic HGSC, who underwent primary surgery and adjuvant chemotherapy between 2009–2022. Statistical Analysis included Pearson’s Chi-square, Kaplan-Meier survival analysis, and Cox regression model to adjust for covariates.

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**Abstract EP262/#530 Table 1**

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<td>IV (n=60)</td>
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