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 relationship1 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 HRD 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.

EP259/#509 GENETIC COUNSELING AND TESTING FOR EPITHELIAL OVARIAN CANCER IN A DIVERSE PATIENT POPULATION

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Introduction Genetic testing is recommended for women diagnosed with epithelial ovarian cancer. Results inform surveillance, familial testing, and treatment. We report genetic counseling and testing rates at a tertiary care center with a large minority population.

Methods Retrospective cohort study of patients with newly diagnosed epithelial ovarian, fallopian tube, peritoneal cancer between January 2014 and June 2022 at the NewYork-Presbyterian Brooklyn Methodist Hospital.

Results 144 patients identified. Mean age at diagnosis was 63 years (SD:13). 51% identified as white, 36% black, 3.5% Asian, 9% other/unknown; 9% were Hispanic and 26% were non-English speaking. 104 (72%) patients received genetic counseling and 99 (69%) received subsequent genetic testing. 95% of those that underwent genetic counseling underwent testing. The genetic counseling and testing rates were not influenced by race, ethnicity, language, insurance type, BMI, family history of cancer. It was associated with significant difference by cancer stage (p<0.01). There was a significant upward trend of proportion of patients that received genetic counseling from 47% in 2015 to 100% in 2022 (p<0.01). Most genetic counseling was performed by a gynecologic oncologist (93%) as opposed to a genetic counselor (6.7%). Overall, 12 (8.3%) patients were BRCA+.

Conclusion/Implications Genetic counseling and testing rates within this diverse study population proved to be at least twice as high as the national average of 10–30%, with an increasing year-to-year trend. There were no disparities observed, in contrast to previously published data. BRCA mutation detection was in line with established prevalence within ovarian cancer, indicating adequate screening.

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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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 with 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.

EP261/#266 INFLAMMATION-RELATED BIOMARKERS FOR THE PREDICTION OF PROGNOSIS IN OVARIAN CANCER PATIENTS

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Introduction Most ovarian cancer patients are diagnosed in an advanced stage, and the recurrence rate is also high. But Ovarian cancer is more sensitive to chemotherapy than other carcinomas, therefore many patients receive multiple regimens of chemotherapy. Repeated chemotherapy eventually becomes palliative, however, there are no accurate indicators about whether to continue chemotherapy or not. The clinical usefulness of inflammation-related prognostic biomarkers available from routine blood examination has been reported, e.g., neutrophil-lymphocyte ratio (NLR), lymphocyte-monocyte ratio (LMR), Leukocyte and C-reactive protein score (Prognostic Index, PI) and so on. Moreover, some scoring systems based on circulating blood cell counts and albumin concentration have been also reported to predict cancer patients' prognosis, such as the Glasgow prognostic score (GPS), and prognostic nutritional index (PNI). The purpose of this study is to evaluate whether these biomarkers can be indicators for chemotherapy policy decisions.

Methods We conducted a retrospective study of patients with ovarian cancer that died after receiving final chemotherapy at our institution from 2007 through 2020. Clinical variables included blood examination data on the day1 of the last chemotherapy.

Results We identified 1,405 women treated for ovarian cancer, and 140 patients with ovarian cancer that died after receiving final chemotherapy at our institution. 87.8% were diagnosed with stage III or IV disease. In multivariable analysis, GPS (HR 3.74, p=0.02) and PI (HR 2.75, p=0.04) were independently associated with overall survival.

Conclusion/Implications GPS and PI may be useful prognostic predictors for ovarian cancer patients who received multiple chemotherapy regimens.

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.

Abstract EP262/#530 Table 1

	Chemotherapy				
	IP (n=77)		IV (n=60)		
	n	%	n	%	p value
Age, median (IQR)	58 (51-65)		64 (56-71)		0.0016
Stage					
I	33	42.9%	27	45.0%	0.8
II	44	57.1%	33	55.0%	
BRCA status					
Negative	46	59.7%	39	65.0%	0.0039
Positive	19	24.7%	3	5.0%	
VUS	2	2.6%	2	3.3%	
Unknown	10	13.0%	16	26.7%	