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

Akira Kurosaki*, Mieko Hanaoka, Daisuke Shintani, Maiko Miwa, Akira Yabuno, Hiroyuki Yoshida, Kosei Hasegawa. *Saitama Medical University International Medical Center, Gynecologic Oncology, Hidaka, Japan*

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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?

[1]Tina Gao, [2]Kimberly Devries, [3]Anna Tinker, [4]Janice Kwon*. *[1]University of British Columbia, Obstetrics and Gynecology, Vancouver, Canada; [2]BC Cancer, Cancer Surveillance and Outcomes, Vancouver, Canada; [3]BC Cancer – Vancouver, Medical Oncology, Vancouver, Canada; [4]University of British Columbia, Division of Gynecologic Oncology, Vancouver, Canada*

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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%	