



<sup>1</sup>Nottingham University Hospitals NHS Trust, Nottingham | <sup>2</sup>United Lincolnshire Hospitals Trust, Lincoln

Kshitij Jamdade<sup>1</sup>, Tobeche Njoku<sup>1</sup>, Nazifa Tasnim<sup>1</sup>, Ambreen Yaseen<sup>1</sup>, Oluwafemi Ogundiran<sup>1</sup>, Sahana Subbiah<sup>1</sup>, Mamuna Akram<sup>2</sup>, Marios Katsnevakis<sup>1</sup>, Carmen Gan<sup>1</sup>, Ketan Gajjar<sup>1</sup>

## Background

Ovarian cancer has high mortality among gynecologic malignancies. Optimal timing between cytoreductive surgery and chemotherapy remains unclear. This study examines how timing impacts overall survival (OS) and progression-free survival (PFS).

## Results

Median age: 59 years; Advanced disease: 92%; High-grade serous carcinoma: 70%  
Surgeries: IDS (120), PDS (29), RO (82.6%)  
Extensive surgeries: Splenectomy (51), Bowel (48), Liver (16), Bladder (13), Pancreatectomy (17)  
Complications: 14 intraoperative; diaphragmatic injury most common  
Findings:  
- No significant OS/PFS difference  $\leq 6$  vs  $> 6$  weeks ( $p=0.42$ ,  $p=0.71$ )  
- Significant PFS improvement in  $\leq 8$  vs  $> 8$  weeks ( $p=0.022$ )

## Objective

To assess how delays in initiating adjuvant chemotherapy after cytoreductive surgery affect OS and PFS in ovarian cancer patients.

## Conclusion

Starting chemotherapy within 8 weeks post-surgery improves PFS.  
No strong OS effect, but trend favors early treatment.  
Recommendation: Avoid delays  $> 8$  weeks.

## Methods

Design: Retrospective cohort study (2016–2021)  
Sample: 149 patients  
Groups:  $\leq 6$  weeks vs  $> 6$  weeks,  $\leq 8$  weeks vs  $> 8$  weeks  
Analysis: Kaplan-Meier & Cox regression  
Endpoints: OS (primary), PFS (secondary)

## Takeaways

- ✓ Initiate chemo within 8 weeks
- ✓ Avoid  $> 8$ -week delay
- ✓ Supports streamlined recovery
- ✓ Needs prospective validation