

# Current Treatment Practices and Prognostic Factors in Early-Stage Ovarian Cancer—An Analysis of the NOGGO/JAGO

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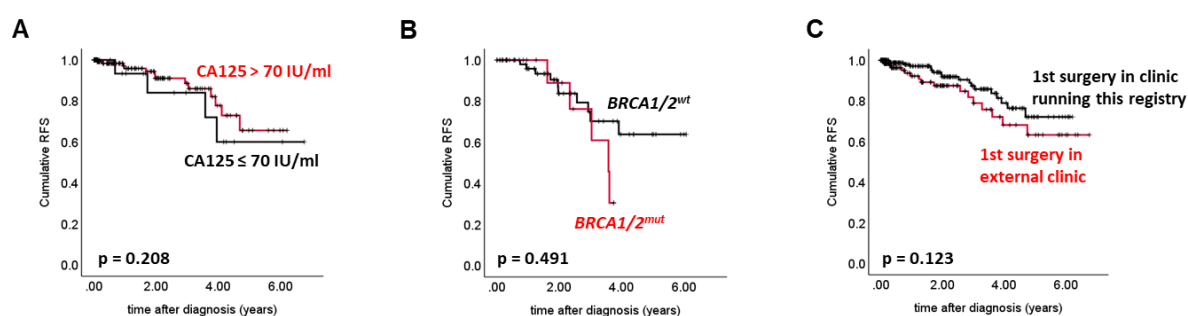
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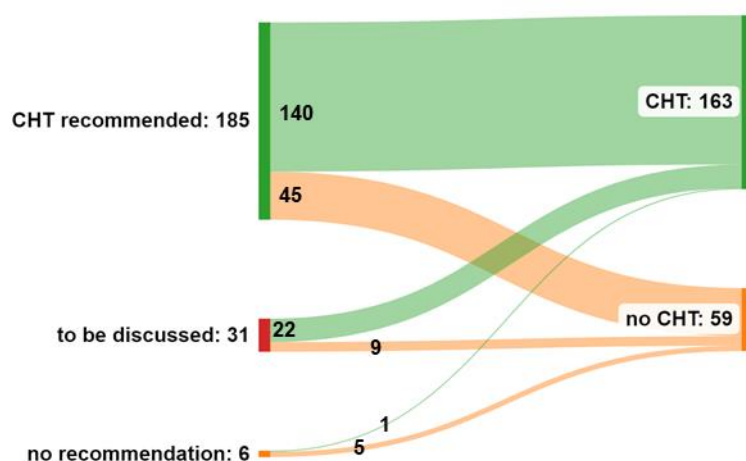
## Supplementary Data

Supplementary Table S1. Comparison of PFS in incompletely staged patients that had not vs. had undergone peritoneal biopsies / systemic lymphadectomy.

	pT1-pT2a		pT1-pT2b		pT1a-c		pT2a, b	
	HR	p	HR	p	HR	p	HR	p
peritoneal biopsies (no vs. yes)	0.26	0.061	0.35	0.085	<b>0.22</b>	<b>0.031</b>	1.81	0.633
systematic LNE (no vs. yes)	1.17	0.85	0.46	0.212	1.24	0.801	<b>0.01</b>	<b>0.031</b>



Supplementary Figure S1. Prognostic value of CA125, BRCA mutation and clinic where the (first) surgery was performed. Neither CA125 (A), BRCA mutation (B) nor location of (first) surgery (C) were prognostic for RFS.



Supplementary Figure S2. Implementation of adjuvant chemotherapy is shown as Sankey diagram. Considering FIGO stage and histological grade, three theoretical sub-cohorts were defined: 'adjuvant chemotherapy not recommended' (FIGO IA, G1); 'adjuvant chemotherapy recommended' (G3 or FIGO IC and higher); and 'adjuvant chemotherapy to be discussed' (FIGO IA, G2, and FIGO IB G1, G2) (left column). Theoretical sub-cohorts (left column) and clinical practice (right column) are connected by flows of a Sankey chart.