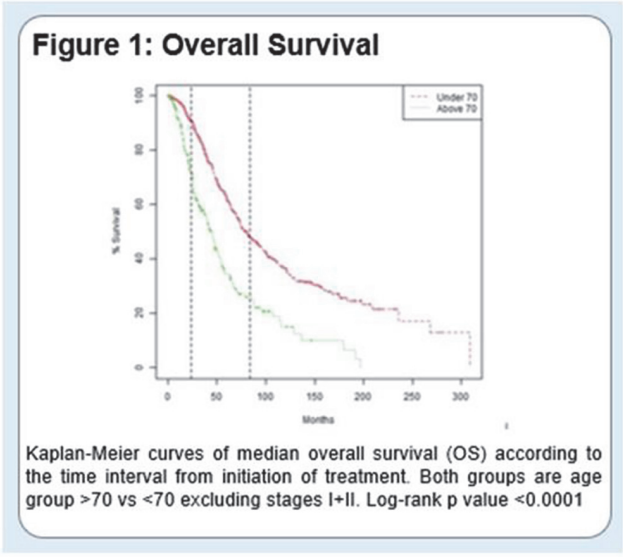
was 57.17 vs. 30.00 months for PC-1W and PC-3W respectively (p = 0.0075). No differences in toxicity were shown, when comparing PC-1W to PC-3W in elderly except for grade 2 alopecia – 26.21% vs. 65.18% respectively (p<0.0001), and grade 2 neuropathy – 20.19% vs. 36.61% respectively (p=0.0119)



Abstract 2022-RA-209-ESGO Figure 1

Abstract 2022-RA-209-ESGO Tabel 1
Abbreviations OS = overall survival, PFS = Progression free survival

Table 1: Patient Survival Data

Survival Data	Under 70 N = 714	Above 70 N = 230	P Value
Survival Data (Excluding Stage I+II)			
Median OS (months)	80.07	45.14	<0.0001
Median PFS (months)	19.02	12.45	<0.0001
OS after Recurrence	32.43	15.61	<0.0001

OS, PFS, OS after Recurrence in patients under vs above age 70 (excluding stages I+II)
Abbreviations OS = overall survival, PFS = Progression free survival

Conclusion mOS is reduced in elderly, though better than expected, furthermore toxicity is tolerable in elderly. PC-1W was both more abundant and had better mOS in the elderly population. Therefore PC-1W regimen may offer advantages for elderly in terms of tolerance while retaining efficacy.

2022-RA-211-ESGO

EXPRESSION OF THE ANTI-ANGIOGENIC VEGF-A SPLICE VARIANT, VEGF-A_{165}B, AS PREDICTIVE BIOMARKER FOR BEVACIZUMAB TREATMENT IN ADVANCED OVARIAN CANCER PATIENTS

[1]Pauline Wimberger, [1]Mara Julia Gerber, [2]Jacobus Pfisterer, [3]Susanne Füssel, [3]Kati Erdmann, [1]Theresa Link, [4]Andreas du Bois, [5]Stefan Kommos, [6]Jalid Sehouli, [7]Felix Hilpert, [8]Alexander Burges, [9]Tjoung-Wong Park-Simon, [10]Antje Belau, [11]Lars Hanker, [12]Rainer Kimmig, [13]Nikolaus de Gregorio, [14]Barbara Schmalfeldt, [15]Klaus Baumann, [16]Willibald Schröder, [1]Jan Dominik Kuhlmann. *[1]Medical Faculty and University Hospital Carl Gustav Carus, Technische Universität Dresden, Dresden, Germany; [2]University Hospital Kiel, Kiel, Germany; [3]University Hospital Carl Gustav Carus Dresden, Technische Universität Dresden, Dresden, Germany; [4]Kliniken Essen-Mitte (KEM), Essen, Germany; [5]University of Tuebingen, Tübingen, Germany; [6]Charité – Universitätsmedizin Berlin, Berlin, Germany; [7]University Hospital Schleswig-Holstein, Kiel, Germany; [8]University Hospital LMU Munich, München, Germany; [9]Hannover Medical School, Hannover, Germany; [10]University Hospital Greifswald, Greifswald, Germany; [11]University Hospital Schleswig-Holstein, Lübeck, Germany; [12]University Hospital Essen, Essen, Germany; [13]University Hospital Ulm, Ulm, Germany; [14]University Medical Center Hamburg-Eppendorf, Hamburg, Germany; [15]University Hospital Gießen and Marburg, Marburg, Germany; [16]Klinikum Bremen-Mitte, Bremen, Germany*

10.1136/ijgc-2022-ESGO.484

Introduction/Background The identification of a robust immunohistochemical marker to predict the response to bevacizumab in ovarian cancer is of high clinical interest. VEGF-A, the molecular target of bevacizumab, is expressed as multiple isoforms with pro- or anti-angiogenic properties, of which VEGF-A_{165}b is the most dominant anti-angiogenic isoform. The balance of VEGF-A isoforms is closely related to the angiogenic capacity of a tumor and may define its vulnerability to anti-angiogenic therapy. We investigated, whether expression of VEGF-A_{165}b is a predictive biomarker for bevacizumab treatment in advanced ovarian cancer.

Methodology Formalin-fixed paraffin-embedded (FFPE) tissues from 413 patients of the ICON7 multicenter phase III trial, treated with standard platinum-based chemotherapy with or without bevacizumab, were probed for VEGF-A_{165}b expression by immunohistochemistry.

Results In patients with low VEGF-A_{165}b expression, the addition of bevacizumab to standard platinum-based chemotherapy significantly improved progression-free (HR: 0.727, 95%CI=0.538 – 0.984; p=0.039) and overall survival (HR: 0.662, 95%CI=0.458 – 0.958; p=0.029). Multivariate analysis showed that the addition of bevacizumab in low VEGF-A_{165}b expressing patients conferred significant improvements in progression-free survival (HR: 0.610, 95%CI=0.446 – 0.834; p=0.002) and overall survival (HR: 0.527, 95% CI=0.359 – 0.775; p=0.001), independently from established risk factors.

Conclusion We demonstrate for the first time that immunohistochemical expression of the anti-angiogenic VEGF-A isoform, VEGF-A_{165}b, is an independent predictor for bevacizumab treatment in ovarian cancer patients. We envision that this marker could be implemented into routine diagnostics in ovarian cancer and may guide clinical decisions related to bevacizumab treatment.