patients, respectively. Overall, 60% of patients had a platinum-free interval of >12 months before randomization and 45.8% of patients finished COMPASS trial as per protocol. The main reasons for withdrawal were progression under treatment (18.6%), toxicity (15.3%), death (13.6%) and patient wish (6.8%). Post-protocol maintenance therapy was given to 23.8% of patients. No differences in patient characteristics were observed.

Conclusion Based on this data look no significant signal for a non-inferiority of the study arms have been observed. Study is ongoing and open for recruitment.

2022-RA-676-ESGO UTILIZATION OF LIGASURE MARYLAND JAW OPEN SEALER/DIVIDER WITH NANOCOATING IMPROVES PERIOPERATIVE PARAMETERS IN WOMEN WITH ADVANCED OVARIAN CANCER SUBJECTED TO CYTOREDUCTIVE SURGERY

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Introduction/Background Cytoreductive surgery is a pivotal treatment for women with advanced ovarian cancer. Optimal cytoreduction aims to achieve no visible tumor or residual disease less than 1 cm. This surgical procedure often has high morbidity due to the surgical complexity. The objective of the presented analysis is to identify whether using the Ligasure® Maryland-jaw open sealer/divider (LMjsd) with nanocoating facilitates cytoreductive surgery by reducing intraoperative bleeding and therefore other parameters regarding hospitalization.

Methodology Women with stage III/IV ovarian cancer who were referred to the Department of Gynaecologic Oncology, 1st Department of Obstetrics and Gynecology, Papageorgiou General Hospital, Thessaloniki, Greece, and were subjected to primary/interval cytoreductive surgery were retrospectively allocated into two distinct groups, depending on whether the LMjsd was used or not. The comparison focused on differences between the two groups regarding intraoperative blood loss and blood transfusion, duration of surgery, blood transfusion within the post-operative course, Intensive Care Unit (ICU) and overall hospital length of stay.

Results Between January 2012 and April 2022, 306 ovarian cancer patients were surgically treated; of these, 230 were stage III/IV. In the group of women (N=56), who were operated on using the LMjsd, duration of surgery ($p<0.001$) was increased, but blood loss ($p<0.001$) during surgery was significantly decreased compared to cases treated without the LMjsd (N=174). The intra-operative blood transfusion rate, but not the amount of transfused packed red blood cells ($p=0.752$), was significantly decreased in the first group ($p=0.032$), whereas post-operative blood transfusion rate was not affected ($p=0.063$). Moreover, ICU and overall hospital length of stay were significantly decreased in cases where the LMjsd was used ($p<0.001$ for both parameters).

Conclusion The LMjsd is associated to less intra-operative bleeding and transfusion rates; ICU and overall hospital length of stay is improved in women subjected to cytoreductive surgery for advanced ovarian cancer.

2022-RA-680-ESGO SAFETY AND EFFICACY OF MORAB-202 IN PATIENTS WITH PLATINUM-RESISTANT OVARIAN CANCER: RESULTS FROM THE EXPANSION PART OF A PHASE 1 TRIAL IN JAPAN

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Introduction/Background MORAb-202 is an antibody-drug conjugate consisting of farletuzumab (an antibody targeting folate-receptor alpha [FRα]) and eribulin mesylate (a microtubule dynamics inhibitor) conjugated via a cathepsin-B-cleavable linker. Antitumour activity was observed in the dose-escalation part of this phase 1 study; MORAb-202 0.9 mg/kg and 1.2 mg/kg Q3W were chosen for the expansion part of this study in patients with platinum-resistant ovarian cancer (PROC).

Methodology The primary objective for the expansion part of this phase 1 study was to define the safety and tolerability of MORAb-202. Secondary objectives included pharmacokinetic characterization and efficacy assessment (best overall response, ORR, PFS, and OS). Eligible patients had measurable disease per RECIST v1.1 and had ≤2 chemotherapy regimens after PROC diagnosis. The expansion phase began at the 0.9 mg/kg dose (Cohort 1); Cohort 2 (1.2 mg/kg) was initiated after a Cohort 1 safety assessment. Tumour responses were assessed per RECIST v1.1 by investigator.

Abstract 2022-RA-680-ESGO Table 1

Safety		
Parameter, n (%)	Cohort 1 MORAb-202 0.9 mg/kg (n=24)	Cohort 2 MORAb-202 1.2 mg/kg (n=21)
ILD/pneumonitis	9 (37.5)	14 (66.7)
Nausea	6 (25.0)	7 (33.3)
Pyrexia	8 (33.3)	9 (42.9)
Malaise	4 (16.7)	6 (28.6)
Headache	3 (12.5)	10 (47.6)
Efficacy		
Parameter	Cohort 1 MORAb-202 0.9 mg/kg (n=24)	Cohort 2 MORAb-202 1.2 mg/kg (n=21)
CR, n (%)	1 (4.2)	0
PR, n (%)	5 (20.8)	11 (52.4)
SD, n (%)	10 (41.7)	9 (42.9)
PD, n (%)	8 (33.3)	1 (4.8)
ORR, n (%), (95% CI)[a]	6 (25.0), (9.8–46.7)	11 (52.4), (29.8–74.3)
DCR, n (%), (95% CI)[a]	16 (66.7), (44.7–84.4)	20 (95.2), (76.2–99.9)
Median PFS, mos (95% CI)[a]	6.7 (1.5–12.0)	8.2 (4.2–10.4)
Median OS, mos (95% CI)[a]	10.5 (6.4–15.1)	NE (12.5–NE)

[a]CI calculations: ORR, DCR—Clopper-Pearson's exact method; PFS, OS—Kaplan-Meier estimate and Greenwood Formula.

CI, confidence interval; CR, complete response; DCR, disease control rate; ILD, interstitial lung disease; NE, not estimable; ORR, objective response rate; OS, overall survival; PD, progressive disease; PFS, progression-free survival; PR, partial response; SD, stable disease.

Results Twenty-four patients were treated in Cohort 1; 21 patients were treated in Cohort 2. Grade ≥3 TEAEs occurred

in 33.3% of patients in Cohort 1; 28.6% of patients in Cohort 2. The most common TEAE was interstitial lung disease (ILD)/pneumonitis at both dose levels (Cohort 1: 37.5% [n=9; 8 with grade 1, 1 with grade 2]; Cohort 2: 66.7% [n=14; 6 with grade 1, 7 with grade 2, 1 with grade 3]). Other common TEAEs of any grade are in table 1. ORRs were 25.0% and 52.4% in Cohorts 1 and 2, respectively (table 1). Antitumour activity was observed across FRα-expression levels (<50% and ≥50%) and will be presented.

Conclusion In the PROC population, antitumour activity was seen with MORAb-202 0.9 mg/kg and 1.2 mg/kg dosages. Despite small patient numbers, efficacy was observed irrespective of FRα-expression levels. ILD/pneumonitis (mostly low-grade) was the most common TEAE.

2022-RA-685-ESGO WHAT IS BEYOND BRCA MUTATIONAL STATUS IN HIGH GRADE SEROUS OVARIAN CANCER? THE ROLE OF HORMONE RECEPTORS EXPRESSION

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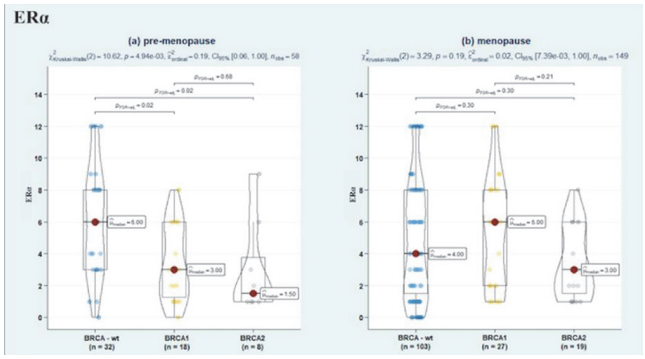
Introduction/Background Several studies have explored the prognostic role of hormone receptor status in high grade serous ovarian cancer (HGSOC). However, few reports have investigated their expression according to BRCA mutational status. Notably, there is evidences of a strong interaction between BRCA1/2 proteins and steroid hormones system, including higher titres of estradiol and progesterone in BRCA1/BRCA2 mutation carriers. Thus, we sought to explore the hormone receptor pattern and its potential prognostic impact in a well-characterized cohort of HGSOC patients stratified for BRCA status.

Methodology We assessed ERα, ERβ1, ERβ2, ERβ5, PR (progesterone receptor) and AR (androgen receptor) expression by immunohistochemistry in a single-centre observational retrospective cohort study of 207 HGSOC women, profiled for BRCA-1/2 mutation status with available clinical and molecular features.

Results 135 BRCA-wild type (BRCA-wt) and 72 BRCA1/2 mutation carriers (BRCA-mut) were observed. No significant differences were detected in hormone receptor expression between the two populations. However, in the subgroup analysis according to menopausal status, a significantly lower ERα expression was found in pre-menopausal BRCA-mut compared to BRCA-wt patients (p=0.02) (figure 1). Regarding survival analysis, none of the examined hormone receptors had a significant prognostic role. However, a higher ERα/ERβ5nuclear ratio differently affected outcome according to BRCA status: positively in BRCA-wt cohort (HR 0.77; CI 0.61–0.96; p=0.019) and negatively in BRCA-mut cohort (HR 1.41; CI 1.06–1.87; p=0.020) (table 1). Finally, higher PR levels were associated with platinum sensitivity in the whole population (p=0.019).



Abstract 2022-RA-685-ESGO Figure 1

Abstract 2022-RA-685-ESGO Table 1 Survival analysis on BRCA-wt *vs.* BRCA mutated (n=207)

	Ordinary Cox models	Interaction Cox models	
		Predictor main effect (with BRCA=0 (wt))	Predictor x BRCA interaction
	HR (95% CI); p	HR (95% CI); p	IHR (95% CI); p
Death (primary outcome)		-	-
BRCA (Ref.=wt)	**0.34 (0.18; 0.61); <0.001**		
BMI at baseline	1.01 (0.97; 1.06); 0.637	1.01 (0.95; 1.07); 0.855	0.98 (0.89; 1.07); 0.609
Menopause	**2.32 (1.24; 4.31); 0.008**	0.71 (0.29; 1.69); 0.438	2.34 (0.45; 12.23); 0.315
Ca125	1.00 (1.00; 1.00); 0.201	1.00 (1.00; 1.00); 0.317	1.00 (0.99; 1.00); 0.660
Ascites	**2.35 (1.42; 3.88); 0.001**	**1.73 (1.00; 2.98); 0.049**	3.20 (0.65; 15.77); 0.152
Primary treatment (Ref. Non cytoreduced)			
PDS	**0.06 (0.03; 0.11); <0.001**	**0.09 (0.04; 0.18); <0.001**	**0.09 (0.02; 0.41); 0.002**
IDS	**0.10 (0.05; 0.20); <0.001**	**0.14 (0.06; 0.29); <0.001**	*0.32 (0.10; 1.03); 0.055*
RT (ref=0)			
1-10 mm	1.32 (0.60; 2.94); 0.488	1.86 (0.78; 4.42); 0.160	0.28 (0.03; 2.64); 0.268
>10 mm	**7.50 (4.23; 13.28); <0.001**	**6.26 (3.31; 11.83); <0.001**	0.88 (0.17; 4.51); 0.880
Nucleus AR score	0.93 (0.82; 1.06); 0.303	0.90 (0.77; 1.06); 0.202	1.12 (0.84; 1.50); 0.433
PR score	*0.90 (0.80; 1.01); 0.067*	0.95 (0.84; 1.08); 0.460	0.88 (0.64; 1.21); 0.441
ERα score	0.99 (0.93; 1.06); 0.840	0.95 (0.88; 1.02); 0.175	1.13 (0.93; 1.36); 0.211
Nucleus ERβ1 score	1.05 (0.98; 1.14); 0.177	1.02 (0.94; 1.11); 0.413	1.05 (0.86; 1.29); 0.497
Cytoplasm ERβ1 score	1.00 (0.91; 1.10); 0.935	0.97 (0.86; 1.09); 0.642	1.12 (0.91; 1.39); 0.289
Nucleus ERβ2 score	1.01 (0.94; 1.08); 0.832	0.97 (0.90; 1.06); 0.534	1.05 (0.88; 1.25); 0.587
Cytoplasm ERβ2 score	1.04 (0.94; 1.16); 0.441	1.02 (0.91; 1.15); 0.696	1.04 (0.78; 1.39); 0.762
Nucleus ERβ5 score	0.99 (0.92; 1.07); 0.794	0.99 (0.90; 1.08); 0.803	0.96 (0.78; 1.17); 0.669
Cytoplasm ERβ5 score	0.89 (0.77; 1.03); 0.129	0.94 (0.81; 1.10); 0.438	0.82 (0.50; 1.33); 0.418
ERα/ERβ1nuc ratio	0.91 (0.78; 1.06); 0.215	0.89 (0.74; 1.08); 0.239	1.02 (0.69; 1.49); 0.934
ERα/ERβ2nuc ratio	0.92 (0.75; 1.12); 0.396	0.85 (0.65; 1.12); 0.248	1.29 (0.79; 2.09); 0.306
ERα/ERβ5nuc ratio	0.97 (0.85; 1.11); 0.714	**0.77 (0.61; 0.96); 0.019**	**1.41 (1.06; 1.87); 0.020**
P53 Status (Ref. wt)			
Mutated null-type	1.30 (0.39; 4.40); 0.667	1.68 (0.49; 5.77); 0.410	Inf^; 0.00; Inf^); 0.996
Mutated overexpressed	1.26 (0.39; 4.01); 0.695	1.23 (0.38; 3.98); 0.733	Inf^; 0.00; Inf^); 0.996

Abbreviations: wt: wild type; BMI: Body Mass Index; IDS: Interval debulking surgery; PDS: primary debulking surgery; RT: residual tumour; AR: androgen receptor; PR: progesterone receptor; ER: oestrogen receptor; HR: Hazard ratio; IHR: Interaction Hazard Ratio; 95%CI: 95% Confidence Interval; Ref.: Reference; ^Inf: Infinite (due to poor or null variability within predictors)
***In bold the significant results (p<0.05), in *italic* the suggestive results (0.05<p<0.10).**

Conclusion This study suggests a potential role of estrogen-mediated pathways in BRCA1/2-associated HGSOC tumorigenesis, revealing a possible therapeutic potential of targeting this interaction.

2022-RA-686-ESGO PARADIGM SHIFT IN SURGICAL APPROACH IN THE MANAGEMENT OF ADVANCED OVARIAN CANCER IN THE UNIVERSITY HOSPITALS OF LEICESTER

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Introduction/Background Surgery for advanced ovarian cancer (AOC) has evolved over the past decade to ingeminate the