In the multivariate Cox analysis, the covariates treatment strategy (PDS versus IDS) HR = 0.57 CI 95% [0.44–0.74], p<0.0001, and residual tumor after surgery HR = 1.78 CI 95% [1.25–2.53], p<0.0001 remain significant as a PFS prognostic factors. The OS prognostic factors was the covariates treatment strategy (PDS versus IDS) (p<0.002), residual tumor after surgery (p<0.0001), age at diagnosis (p<0.02) and BRCA mutation (p<0.02).

Conclusion Our data of real-world are in line with those reported in clinical trial for patient with advanced ovarian cancer in 1sr line setting with surgical treatment.

2022-RA-704-ESGO TREATMENT PATTERNS AND TIME TO NEXT TREATMENT AMONG PATIENTS WITH OC IN A REAL-LIFE SETTING IN FINLAND: THE OCRWE-FINLAND STUDY

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Introduction/Background Ovarian cancer (OC) is a disease characterized by a dynamic treatment landscape in the real-life setting. The OCRWE-Finland study aims at describing the real-life burden of patients with OC, including treatment patterns, time to next treatment, disease characteristics and progression, survival, and healthcare resource utilization. This abstract reports on the observed treatment patterns.

Methodology OCRWE-Finland is a multicentre, retrospective, noninterventional study collecting hospital medical records from university hospitals in Helsinki, Turku, and Tampere. Patients with ovarian, fallopian tube, or primary peritoneal cancer who were newly diagnosed as part of routine clinical care and received all OC treatments in these hospitals from 2014–2019 were included. Registry data were collected and combined by Findata (authorization holder), operating under the performance guidance of the Finnish Ministry of Social Affairs and Health.

Abstract 2022-RA-704-ESGO Table 1 Baseline characteristic and first-line treatment patterns among patients with HGSOC

	Patients with HGSOC N=621
FIGO stage at diagnosis	
Stage IV	20%
Stage III	55%
Stage II	5%
Stage I	9%
No data	11%
First-line treatment	
Primary debulking surgery	59%
Neoadjuvant chemotherapy and interval debulking surgery	21%
Chemotherapy only	12%
Residual tumour status after primary debulking surgery	
Optimal debulking	37%
Suboptimal debulking	44%
Residual <1cm	27%
Residual ⩾1cm	17%
Unknown residual tumour status	19%

FIGO, International Federation of Gynaecology and Obstetrics; HGSOC, high-grade serous ovarian cancer.

Results In total, 1711 patients with OC (mean age=65.9 y, StDev=13.4 y) and 621 patients with high-grade serous OC (HGSOC) (mean age=68.0 y, StDev=10.1 y) were identified. Disease origin was ovaries in 75% of patients and peritoneum in 19%. Baseline characteristics and first-line treatment (TL1) patterns among patients with HGSOC can be found in table 1. During the observation period, 57% of patients received TL2, with 48% of these moving to TL3. The probability of undergoing TL2 was higher among stage III/IV patients and those with residual disease. In TL2, the most common treatment was platinum-based chemotherapy (32%); 26% received 'other chemotherapy', 33% of patients did not receive TL2 during this period but were still alive, and 9% died before initiating TL2.

Conclusion This study documents real-life treatment patterns across lines of treatment among patients with OC and HGSOC during the first years of disease from the 3 biggest university hospitals in Finland. These results can provide useful baseline information about the rapidly evolving treatment landscape in OC in recent years.

2022-RA-706-ESGO PROGNOSTIC IMPACT OF VAGUS NERVE ACTIVITY AT INITIAL MANAGEMENT OF OVARIAN CANCER

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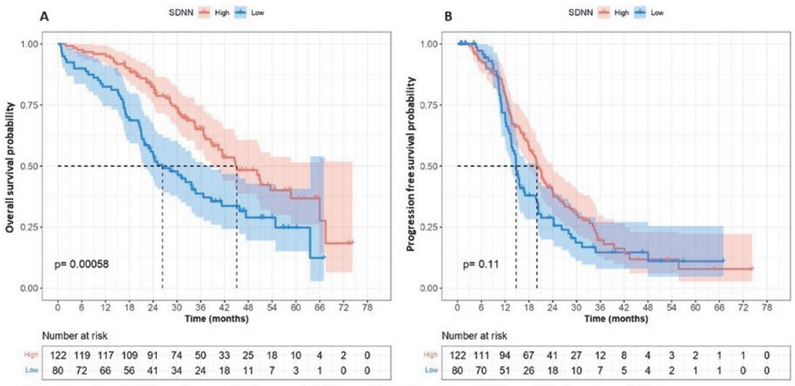
Introduction/Background Finding new modifiable prognostic markers is important in ovarian cancer (OC). The autonomic nervous system plays an important role in cancer initiation and progression. Low parasympathetic nervous system activity is associated with inflammation, oxidative stress and sympathetic activation. Low vagal nerve activity, measured by low heart rate variability (HRV) predicts poor cancer prognosis. Our study examined the prognostic value of HRV in OC.

Methodology We conducted a bicentric retrospective study. We analyzed patients diagnosed with serous OC stage FIGO≥IIB, between January 2015 to August 2019, with an electrocardiogram (ECG) available around diagnosis. We used the time domain HRV parameter of the standard deviation of all normal-to-normal beat interval (SDNN) in 10 seconds ECG. Optimal SDNN cut-off was found using the Youden index criteria of time-dependent ROC curve. We carried out multivariable analysis including HRV and well-known OC prognostic factors.

Results We included 202 patients with a median age of 65 years, 93% had stage FIGO IIIC/IV, 56% had complete surgical resection. Median overall survival (OS) was 38.6 months [95%CI:34.4–47.4]. The median SDNN was 11.1 ms (min=1.93; max=74.5), with an optimal cut off of 10 ms to predict OS. Median OS was significantly shorter for patients with low HRV compared to high HRV (26.4 vs 45.1 months; p<0.001). In a multivariable analysis, HRV remained a strong independent prognostic factor with a two-fold higher risk of death among patients with low SDNN compared to those with high SDNN (HR=2.09 [1.40–3.124],p<0.001); other associated factors with higher risk of death were ECOG>0, high CA125 level and incomplete resection.



Abstract 2022-RA-706-ESGO Figure 1 Overall survival (A) and progression-free survival (B) according to heart rate variability activity (low versus high)

Conclusion High vagal nerve activity, indexed by HRV, is significantly and independently associated with better OS. These results support previous studies on the prognostic role of HRV in cancer and if confirmed in longitudinal studies, call for testing effects of vagal nerve activation among OC patients.

2022-RA-708-ESGO

REAL-WORLD ASSESSMENT OF PATIENTS WITH OVARIAN CANCER WHO RECEIVED NIRAPARIB AS SECOND-LINE MAINTENANCE THERAPY IN THE UNITED STATES: DID FIRST-LINE MAINTENANCE APPROVAL CHANGE THE PATIENT PROFILE FOR SECOND-LINE MAINTENANCE THERAPY?

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Introduction/Background Niraparib, a poly(ADP-ribose) polymerase inhibitor (PARPi), was first approved in the US on 27 Mar 2017 for maintenance treatment of recurrent epithelial ovarian cancer (EOC). To evaluate whether approval of niraparib first-line maintenance (1LM) affected the clinical profile of patients receiving niraparib second-line maintenance (2LM), this study described the characteristics of real-world patients with EOC who initiated 2LM with niraparib before and after niraparib 1LM approval, using a real-world database.

Methodology This retrospective cohort study from the nationwide electronic health record-derived de-identified Flatiron Health database and included patients who were diagnosed with EOC between 01Jan2011 and 30Nov2021, were ≥18 years old at diagnosis, and received 1L platinum-based therapy. The index date was defined as the initiation date of niraparib 2LM monotherapy, on or after 01Jan2017. Demographic and clinical characteristics were assessed from EOC diagnosis to index date. Patients were stratified by index date: before 29Apr2020 (niraparib 1LM preapproval cohort) and after 29Apr2020 (niraparib 1LM postapproval cohort).

Results 231 2LM niraparib monotherapy patients were included, with all receiving 2L platinum-based therapy. The median age was 68 years, and patients were primarily treated in a community setting (90.0%; table 1). The majority of patients had stage III/IV disease at diagnosis (78.4%) and had *BRCA* wild-type (*BRCA*wt, 74.0%). Homologous recombination deficiency status was unknown for most patients (92.2%). Median time from initial EOC diagnosis to 2L maintenance therapy was 803 days. Patient characteristics were broadly similar across the stratified cohorts, with a higher proportion of patients with *BRCA*wt in the niraparib 1LM postapproval cohort than in the preapproval cohort (85.3% vs 68.6%).

Abstract 2022-RA-708-ESGO Table 1 Demographic and clinical characteristic of 2LM Niraparib Patients

	Patients initiating 2LM niraparib monotherapy on or after 01Jan2017 (N=231)	Niraparib 1LM preapproval cohort (index dates before 29Apr2020) (n=156)	Niraparib 1LM postapproval cohort (index dates on or after 29Apr2020 (n=75)
Demographic characteristics			
Median age at index (Q1, Q3), years	68 (61.0, 75.0)	67 (60.0, 74.5)	69 (62.0, 75.0)
Practice type, n (%)[a]			
Academic	39 (16.9%)	24 (15.4%)	15 (20.0%)
Community	208 (90.0%)	144 (92.3%)	64 (85.3%)
Clinical characteristics			
Stage at initial EOC diagnosis, n (%)[a]			
I–II	22 (9.5%)	14 (9.0%)	8 (10.7%)
III	114 (49.4%)	80 (51.3%)	34 (45.3%)
IV	67 (29.0%)	45 (28.8%)	22 (29.3%)
Unknown/not documented	28 (12.1%)	17 (10.9%)	11 (14.7%)
BRCA mutation status, n (%)[b,c]			
Mutated	44 (19.0%)	NR	NR
Wild-type	171 (74.0%)	107 (68.6%)	64 (85.3%)
Unknown	16 (6.9%)	NR	NR
HRD status, n (%)[b]			
HRd	11 (4.8%)	10 (6.4%)	8 (10.7%)
HRp	7 (3.0%)		
Unknown	213 (92.2%)	146 (93.6%)	67 (89.3%)
Median time from initial EOC diagnosis to 2LM therapy (Q1, Q3), days	803.0 (610.0, 1066.0)	803.0 (631.5, 1064.0)	811.0 (577.0, 1121.0)
Median duration of 2L platinum-based therapy (Q1, Q3), days	127.0 (106.0, 149.0)	126.5 (106.0, 150.0)	127.0 (78.0, 148.0)

[a]Patients with records in academic and community practices are counted in both categories; therefore, percentages may sum to more than 100%.
[b]Results with counts less than 5 are masked by combining categories or not reported.
[c]Data do not differentiate between somatic and germline mutations.
Abbreviations: 1LM, first-line maintenance; 2L, second-line; 2LM, second-line maintenance; HRD, homologous recombination deficiency; HRd, homologous recombination deficient; HRp, homologous recombination proficient; OC, ovarian cancer; NR, not reported; Q, quartile.

Conclusion This real-world analysis found that niraparib remained an important treatment option for 2LM in patients