Results In CLIO 160 patients (60 PSOC and 100 PROC) were randomized 2:1 to OLA (n=107) or CT (n=53). Baseline characteristics were similar between both arms. Overall objective response rate (ORR) for OLA and CT were similar (24.3% and 28.3%, respectively). In PSOC, ORR was 35.0% and 65.0% for OLA and CT (p=0.053); in PROC, ORR was 17.9% and 6.1% for OLA and CT (p=0.134). All patients were tested for germline/somatic BRCA1/2 prior to inclusion. 117 FFPE tumor samples at diagnosis were retrieved and tested for HRD with Leuven HRD test. In PSOC Leuven HRD test was a good predictor of PFS benefit with HR0.35 (p=0.035). There was no difference in PFS in PROC based on Leuven HRD status (p=0.274). Myriad myChoiceDX testing on the same samples is ongoing and comparison of HRD test results will be presented at the meeting.

Conclusion Leuven HRD test is predictive for OLA efficacy not only in first-line setting but also in recurrent setting in the CLIO trial.

2022-RA-1474-ESGO TRADITIONAL SYSTEMIC TREATMENT OPTIONS IN ADVANCE LOW GRADE SEROUS OVARIAN CANCER AFTER SUCCESSFUL CYTOREDUCTION. A SYSTEMATIC REVIEW AND META-ANALYSIS

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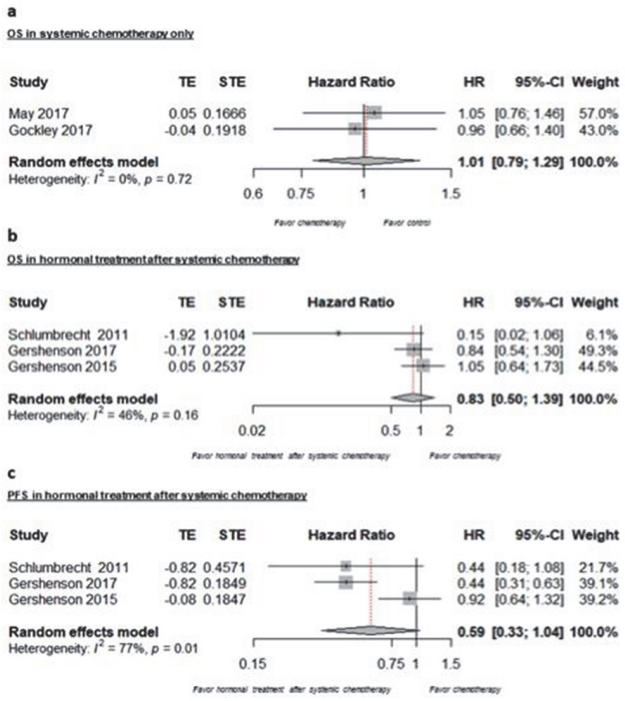
Introduction/Background We performed a systematic literature review and a subsequent meta-analysis to compare traditional ie. antihormonal and cytotoxic treatment options in advance Low Grade Serous Ovarian Cancer (LGSOC).

Methodology We conducted a systematic literature review in MEDBASE and MEDLINE between September 2000 and June 2021 for women who received cytotoxic chemotherapy and/or antihormonal treatment after primary cytoreduction due to stage II-IV LGSOC and also at relapse. PFS and OS were calculated depending on the type of their adjuvant treatment. For each endpoint in the meta-analysis, pooled HR was calculated using the random effect model with the inverse variance weighted method. Only primary patients were included in the subsequent meta-analysis due to the small number of studies in the relapsed setting.

Results Five eligible 1st line studies were included. Systemic chemotherapy failed to provide a significant OS benefit when compared to no systemic treatment (pooled HR = 1.01, 95% CI [0.79, 1.29]) after successful cytoreduction.Moreover, systemic chemotherapy followed by antihormonal treatment also did not result to a significant PFS or OS benefit when compared to systemic chemotherapy alone (for PSF: pooled HR=0.59, 95% CI [0.33, 1.04]; for OS: pooled HR=0.83, 95% CI [0.50–1.39]).There were insufficient data from studies in the recurrent setting to allow their inclusion in the meta-analysis.



Abstract 2022-RA-1474-ESGO Figure 1

Conclusion In this meta-analysis, we failed to identify a traditional cytotoxic or antihormonal systemic treatment option that was associated with a significant OS or PFS benefit when administered following successful cytoreduction for advanced LGSOC. Prospective randomised studies are urgently warranted to define optimal adjuvant options in this challenging disease.

2022-RA-1483-ESGO CYTOREDUCTIVE SURGERY IN ADVANCED OVARIAN CANCER PATIENTS

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Introduction/Background To determine the selection criteria for cytoreductive surgery in the advanced ovarian cancer patients

Methodology A cohort of 190 consecutive primary IIB-IV stage ovarian cancer patients underwent surgical treatment (including diagnostic laparoscopy) from august 2017 to august 2020. Assessment of the peritoneal carcinomatosis index (PCI) was according to P. Sugarbaker. The outcome of cytoreductive surgery was: complete – without a macroscopically detectable tumor, optimal – residual tumor ≤ 1 cm, non-optimal – residual tumor ≥ 1 cm

Results The complete and optimal cytoreduction achieved in 72.6% (138/190), suboptimal in 22% (42/190), 5% (10/190) only a diagnostic laparoscopy. PCI value ranged from 0 to 35 points. The median PCI in the group of optimal cytoreductions was 3 points (2; 6), non-optimal 19.5 points (15; 23). The optimal cut-off PCI point was 9.5 points