

2022-RA-1598-ESGO WHAT HAS GREATEST IMPACT ON RISK OF RECURRENCE IN PRIMARY EPITHELIAL OVARIAN CANCER?

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Introduction/Background Ovarian cancer (OC) is the eighth most common cancer in women in Germany and the deadliest gynecologic malignancy. Many risk factors for OC are known (age/obesity/hereditary forms etc.). Overall 70–80% of OC patients suffer from recurrences. This gives reason to further improve the prediction of the risk of recurrent OC and the quantification of the impact of various factors on the occurrence of relapse.

Methodology This work includes 137 consecutive patients that were treated for primary epithelial OC (EOC) at our department from 2014 through 2016 and who were followed up through 1st of April 2020. Overall median follow-up time was 39 months. The patients were subdivided into 2 groups depending on the occurrence of relapse (*recurrence*-, n=105; *no recurrence*-group, n=32). Data were retrospectively analyzed and tested for differences in relapse behavior.

Results Overall recurrence-rate was 76.6%. In the *recurrence-group* median progression free survival was 14 (2–56) months and median overall survival (OS) was 31 (6–68) months. In the *no recurrence-group* median OS was 51.5 (39–73) months. The largest impact regarding the incident of recurrence was observed for FIGO-stage III (OR 26.33, 95% CI 6.6–105.3, P<0.001) and IV (OR 28.89, 95% CI 5.0–165.6, P<0.001), followed by initial existence of peritoneal carcinomatosis (OR 9.96, 95% CI 4.0–25.0, P<0.001) and poor differentiation (G3) (OR 9.43, 95% CI 2.6–34.2, P<0.001). Recurrence was more likely for high-grade serous cancer (HGSC) in comparison to other histologies (OR 3.31, 95% CI 1.4–7.9, P=0.007) and in case of lymph-node metastasis (OR 2.84, 95% CI 1.2–6.7, P=0.016).

Conclusion The likelihood of EOC recurrence is primarily determined by the FIGO stage. Stage III/IV increase the probability of recurrence by 26 and 29, respectively. Furthermore, recurrence is more likely for G3- and high-grade serous carcinoma, although these factors have less impact on occurrence of relapse than FIGO-stage.

2022-RA-1600-ESGO DABRAFENIB AND TRAMETINIB FOR BRAF MUTANT LOW GRADE SEROUS OVARIAN CANCER

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Introduction/Background MAP kinase pathway alterations are prevalent in low grade serous ovarian cancer (LGSOC) in up to 60% of patients, of them, minority harbor BRAF V600E mutation. While MILO-ENGOT ov11 study showed 13% response to Binimetinib (a MEK inhibitor), irrespective of mutation status, the value of BRAF and MEK inhibition in BRAF mutant patients was not evaluated. Herein we report

the results of 5 patients treated with Dabrafenib and Trametinib (D+T) for non-resectable LGSOC.

Methodology We collected data from 5 patients who received D+T combination as compassionate use for BRAF V600E mutant LGSOC. All patients signed the Israeli informed consent for the use of off-label medications. Data on disease stage, prior lines of therapy, best response per RECIST, duration of response (DOR), survival and safety were collected.

Results 5 patients were treated with the combination of D+T. The median age was 53.8 years. The stage of the disease varied from IIIC-IVB (2/3). Median prior systemic treatment lines was 2 (range 0–5). Overall 4 of 5 patients (80%) had documented response. 2 patients achieved CR, and 2 patients had PR as best response. 1 patient was not evaluated due to early clinical deterioration. PFS was 18 months for the first patient, other 3 have ongoing responses at 18, 5 and 5 months. All patients had major relief of symptoms. 1 patient had 2 re-inductions of treatment following subsequent chemotherapy with 6 months PFS in each re-induction. The most frequent side effects were fatigue G1 (5/5) and pyrexia (4/5). None required permanent discontinuation. 3 patients are still receiving treatment.

Conclusion Targeting BRAF V600E mutation with combined BRAF and MEK inhibition in LGSOC yields high response rate with durable and meaningful improved disease control. These cases should emphasize the importance of performing the BRAF V600E mutation test for all patients with LGSOC.

2022-RA-1602-ESGO CUTANEOUS METASTASIS IN EPITHELIAL OVARIAN CANCER: EXPERIENCE FROM A TERTIARY CARE CANCER INSTITUTE

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Introduction/Background Epithelial Ovarian cancer (EOC) usually metastasizes via direct, lymphatic and haematogenous routes and usual sites of spread are peritoneum, omentum and lymph nodes. Cutaneous metastases in EOC are relatively rare, with incidence reported to be 0.9–5.8%. However, more cases are being reported in recent literature, probably due to advancement in therapeutics.

Methodology Records of patients with EOC who presented at a tertiary cancer care institute in India during the time period 2020–2022 were reviewed. The clinicopathological features, management and outcomes of patients with cutaneous metastasis were analysed.

Results Three cases of cutaneous metastasis were identified, out of which one presented in the upfront setting and the other two in the recurrent. Age at presentation ranged from 39–74 years. All three had high grade serous adenocarcinoma. Patient in upfront setting presented with Sister Joseph nodule (SJM), with umbilical lump and discharge being the initial symptom. She underwent further investigations, neoadjuvant chemotherapy and surgical cytoreduction and umbilectomy, she is currently disease free after 1 year of treatment. In the other two cases, the cutaneous metastases presented as