EPV184/#232 **AN OVERVIEW OF GYNECOLOGICAL ONCOLOGY CLINICAL QUALITY REGISTRIES WORLDWIDE**

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Objectives Clinical outcomes have become more important over the past years, Clinical Quality Registries (CQR's) were initiated in order to compare clinical outcomes between hospitals or regions within a country. The aim of this study was to identify CQR's for gynecological oncology and to summarize their characteristics, processes, and quality indicators (QI) in order to establish whether it is feasible to make an international comparison in the future.

Methods To identify CQR's in gynecological oncology a literature search in Pubmed was performed. All papers describing the use of a CQR were selected and analyzed. For the purpose of this paper, the task force or contact person of these registries were approached to participate in order to collect information on registered items, processes, and indicators.

Results Five nations with CQR's agreed to collaborate: Australia, Denmark, Italy, the Netherlands and Sweden. Denmark, the Netherlands and Sweden established a nationwide registry, collecting data on multiple tumor types, and reporting various QI's. Australia and Italy registered and reported on patients with ovarian cancer only. All nations had a different process to report the results to the participating hospitals.

Conclusions This review of CQR's on gynecological malignancies shows that different methods and processes exist. Registries serve the same purpose to improve quality of care but vary in reporting for one or more tumor types. In order to compare the care for these patients on an international level, it would be useful to harmonize these registries, set an international standard to measure the quality of care, and select similar indicators.

EPV185/#234 **EVOLVING OVARIAN CANCER TREATMENT PATTERNS IN THE UNITED STATES FROM 1982–2018: RESULTS FROM THE TEMPUS DATASET**

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Objectives Surgery and platinum-taxane doublet (PTD) chemotherapy are standard treatment for ovarian cancer (OC); adoption of maintenance therapies has been more limited. This analysis describes characteristics of OC patients and real-world treatment patterns.

Methods The Tempus dataset contains EMR data on U.S. oncology patients. This study included women with a primary diagnosis of OC; women treated with poly-ADP ribose polymerase inhibitors (PARPi), pembrolizumab, or nivolumab were excluded (n=288; final n=3,370). Descriptive statistics were calculated for patient characteristics, surgery/radiation/chemotherapy, and time from diagnosis to surgery.

Results Median age at diagnosis was 60, 55% of patients were advanced-stage and 36% were ECOG 0/1. 91% had surgery, 13% radiation, and 9% neither. Median time from diagnosis was approximately 7.5 months for most surgeries, but longer for omentectomy (16 months) and bowel resection (10 months). of patients receiving first-line (1L) chemotherapy (n=2,041), 96% received a platinum (71% PTD), 7% received bevacizumab (bev) + PTD, and 3% received bev maintenance. In second-line (2L), 48% received a platinum, 14% PTD, 6% PTD+bev, 6% bev maintenance, and 39% single-agent therapy. Patterns over time are shown in the table 1.

Conclusions Most OC patients received surgery and 2/3 received chemotherapy. PTD was the predominant 1L regimen, and in 2L platinum was used in nearly half of patients. Bev was the most used maintenance therapy for 2L, and use increased over time. Understanding these historical patterns helps inform stakeholders of the opportunity for PARPi and other advances in OC treatment.
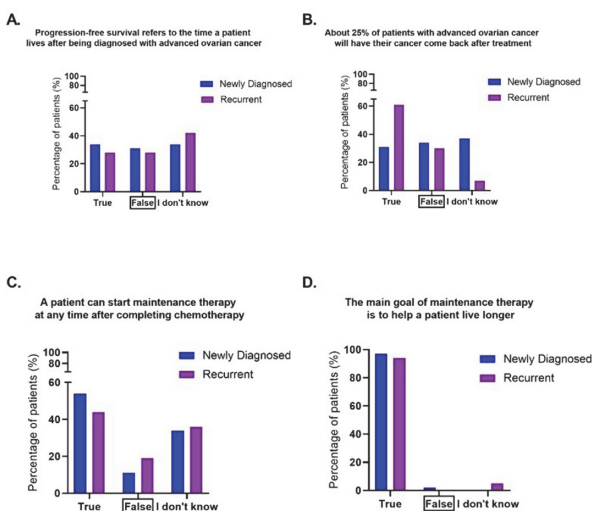
Abstract EPV185/#234 Table 1

	Overall	Diagnosed 1982-2005	Diagnosed 2006-2012	Diagnosed 2013-2018
Have Received:	n=3,370	n=998	n=1,660	n=548
Surgery	3,050 (90.5%)	929 (93.1%)	1,520 (91.6%)	474 (86.5%)
Hysterectomy	2,128 (63.1%)	646 (64.7%)	1,086 (65.4%)	332 (60.6%)
Omentectomy	2,247 (66.7%)	650 (65.1%)	1,162 (70.0%)	348 (63.5%)
Other debulking surgery	2,692 (79.9%)	791 (79.2%)	1,378 (83.0%)	435 (79.4%)
Lymph node dissection	2,259 (67.0%)	633 (63.4%)	1,186 (71.4%)	377 (68.8%)
Bowel resection	665 (19.7%)	210 (21.0%)	355 (21.4%)	81 (14.8%)
Radiotherapy	434 (12.9%)	186 (18.6%)	187 (11.3%)	40 (7.3%)
Neither	291 (8.6%)	60 (6.0%)	127 (7.7%)	70 (12.8%)
1L	n= 2,041	n= 426	n=1,115	n=440
Received platinum	1,966 (96.3%)	393 (92.3%)	1,092 (97.9%)	429 (97.5%)
Platinum+taxane doublet regimen	1,449 (71.0%)	303 (71.1%)	808 (72.5%)	307 (69.8%)
Combo regimen containing bev	161 (7.9%)	17 (4.0%)	93 (8.3%)	37 (8.4%)
Other combo regimen	114 (5.6%)	35 (8.2%)	49 (4.4%)	25 (5.7%)
2L	n= 1,763	n=458	n=915	n=317
Received platinum	852 (48.3%)	258 (56.3%)	435 (47.5%)	125 (39.4%)
Platinum+taxane doublet regimen	243 (13.8%)	106 (23.1%)	98 (10.7%)	29 (9.1%)
Combo regimen containing bev	357 (20.2%)	45 (9.8%)	178 (19.5%)	110 (34.7%)
Other combo regimen	732 (41.5%)	220 (48.0%)	399 (43.6%)	93 (29.3%)

EPV186/#240 **KNOWLEDGE ABOUT ADVANCED OVARIAN CANCER AND MAINTENANCE THERAPY: DOES EXPERIENCE MATTER?**

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Objectives As part of a study to construct a shared-medical decision tool for ovarian cancer maintenance therapy (MT), we developed a knowledge survey to measure patients' understanding of their cancer and treatment. With the recent expansion of MT indications, patients need to decide if MT is right for them. An understanding of potential risks and benefits associated with MT is paramount to making an informed decision. We explored knowledge differences between newly diagnosed and recurrent patients.

Methods A 32-question survey focused on ovarian cancer (OC) and MT was developed based on interviews with patients and subject matter experts. The survey was modified

Abstract EPV186/#240 Figure 1
*Correct answers selected on each contingency table.

Abstract EPV186/#240 Table 1

	Newly Diagnosed	Already Recurred	Total
Age			
Median Age	60.2	65.5	62.3
Total	35 (40.2%)	52 (60.0%)	87 (100.0%)
Race			
White	31 (88.6%)	43 (83.0%)	74 (85.0%)
Black or African American	1 (2.9%)	3 (6.0%)	4 (5.0%)
Other	3 (8.6%)	6 (11.5%)	9 (10.3%)
Total	35 (100.0%)	52 (100.0%)	87 (100.0%)
Education			
≤ High School Graduate	1 (2.9%)	11 (21.1%)	12 (14.0%)
Some College or Technical School	14 (40.0%)	11 (21.1%)	25 (29.0%)
College Graduate/Post-Graduate	20 (57.1%)	30 (58.0%)	50 (57.5%)
Total	35 (100.0%)	52 (100.0%)	87 (100.0%)
Employment			
Full-time employed	10 (28.6%)	12 (23.1%)	22 (25.3%)
Part-time employed	3 (8.6%)	1 (2.0%)	4 (5.0%)
Homemaker	4 (11.4%)	5 (10.0%)	9 (10.3%)
Retired	13 (37.1%)	33 (63.5%)	46 (53.0%)
Disabled/Unemployed	5 (14.3%)	1 (2.0%)	6 (7.0%)
Total	35 (100.0%)	52 (100.0%)	87 (100.0%)
Annual household income			
Less than $35,000	4 (11.4%)	6 (11.5%)	10 (11.5%)
Less than $75,000	8 (23.0%)	2 (4.0%)	10 (11.5%)
$75,000 or more	17 (48.6%)	33 (63.5%)	50 (57.5%)
I prefer not to answer this question	6 (17.1%)	11 (21.1%)	17 (19.5%)
Total	35 (100.0%)	52 (100.0%)	87 (100.0%)

iteratively using cognitive interviews with patients. Patients with OC with ≥ 3 cycles of chemotherapy and cytoreductive surgery completed the survey by email or phone. No prior background information was given to patients.

Results Clinico-demographic characteristics are shown in table 1 (n=87). Sixty percent had recurrent disease. General knowledge about advanced OC was similar between groups. The majority of patients did not understand the purpose of MT or the definition of progression-free survival. The recurrent group showed a similar lack of knowledge in the same questions as the newly diagnosed group, with no statistically significant differences observed (figure 1).

Conclusions Our data suggests that knowledge of OC among patients is highly variable. The overall lack of understanding regarding the goal of MT even among patients who have recurred is concerning. These gaps in knowledge suggest an important role for shared decision making to improve patients' decision making about treatment of advanced OC.

EFFICACY OF PARP INHIBITORS MAINTENANCE IN OLDER PATIENTS WITH OVARIAN CANCER: A META-ANALYSIS

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Objectives In recent years, PARP inhibitors have shown to be effective as maintenance treatment in patients with advanced ovarian cancer, both in the newly diagnosed and in the recurrent setting. However, as most ovarian carcinomas develop before 65, older patients are underrepresented in clinical trials. We performed a meta-analysis to assess the efficacy of PARP inhibitors as maintenance therapy in older patients with ovarian cancer.

Methods We systematically searched the PubMed, EMBASE, and Cochrane databases for randomized clinical trials (RCTs) concerning maintenance with PARP inhibitors in patients with newly diagnosed or recurrent, advanced, ovarian cancer. We extracted trials including hazard ratios (HRs) for progression-free survival (PFS) stratified by patients' age (cut-off: 65 years).

Results 7 phase III RCTs were selected. Olaparib, Niraparib, Rucaparib and Veliparib were administered. Among the 4099 treated patients, 1398 (34.1%) were ≥65 (894 receiving PARP inhibitors maintenance and 504 receiving placebo in the control arm). Compared to placebo, maintenance with PARP inhibitors improved PFS in older patients (HR=0.54; 95% CI: 0.44–0.65; P<0.00001). No differences for PFS emerged compared to the young population (HR=0.47; P=0.22).

Conclusions Our meta-analysis demonstrates that maintenance with PARP inhibitors prolongs PFS compared to placebo after chemotherapy in older patients with ovarian cancer. No OS data are disposable yet. Longer follow-up and data from further studies will increase the power of our analysis.
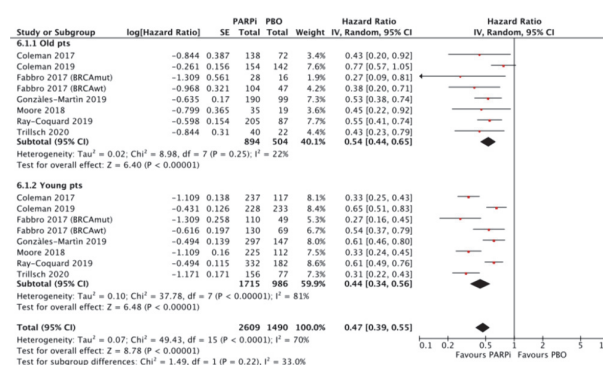
Abstract EPV187/#241 Figure 1

ASCITES-DERIVED CORTISOL CORRELATES WITH INFLAMMATORY AND IMMUNOSUPPRESSIVE CYTOKINES IN OVARIAN CANCER PATIENTS

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