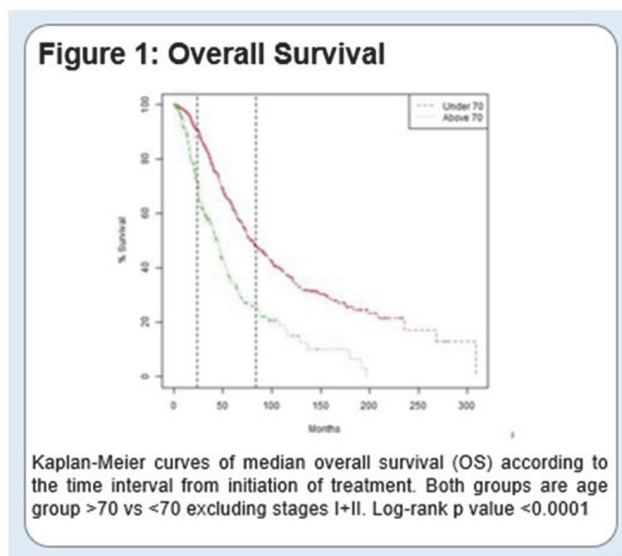


was 57.17 vs. 30.00 months for PC-1W and PC-3W respectively ( $p = 0.0075$ ). No differences in toxicity were shown, when comparing PC-1W to PC-3W in elderly except for grade 2 alopecia – 26.21% vs. 65.18% respectively ( $p < 0.0001$ ), and grade 2 neuropathy – 20.19% vs. 36.61% respectively ( $p = 0.0119$ )



Abstract 2022-RA-209-ESGO Figure 1

Abstract 2022-RA-209-ESGO Tabel 1

Abbreviations OS = overall survival, PFS = Progression free survival

**Table 1: Patient Survival Data**

Survival Data	Under 70 N = 714	Above 70 N = 230	P Value
<b>Survival Data (Excluding Stage I+II)</b>			
Median OS (months)	80.07	45.14	<0.0001
Median PFS (months)	19.02	12.45	<0.0001
OS after Recurrence	32.43	15.61	<0.0001

OS, PFS, OS after Recurrence in patients under vs above age 70 (excluding stages I+II)  
Abbreviations OS = overall survival, PFS = Progression free survival

**Conclusion** mOS is reduced in elderly, though better than expected, furthermore toxicity is tolerable in elderly. PC-1W was both more abundant and had better mOS in the elderly population. Therefore PC-1W regimen may offer advantages for elderly in terms of tolerance while retaining efficacy.

2022-RA-211-ESGO

**EXPRESSION OF THE ANTI-ANGIOGENIC VEGF-A SPLICE VARIANT, VEGF-A<sub>165</sub>B, AS PREDICTIVE BIOMARKER FOR BEVACIZUMAB TREATMENT IN ADVANCED OVARIAN CANCER PATIENTS**

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**Introduction/Background** The identification of a robust immunohistochemical marker to predict the response to bevacizumab in ovarian cancer is of high clinical interest. VEGF-A, the molecular target of bevacizumab, is expressed as multiple isoforms with pro- or anti-angiogenic properties, of which VEGF-A<sub>165</sub>b is the most dominant anti-angiogenic isoform. The balance of VEGF-A isoforms is closely related to the angiogenic capacity of a tumor and may define its vulnerability to anti-angiogenic therapy. We investigated, whether expression of VEGF-A<sub>165</sub>b is a predictive biomarker for bevacizumab treatment in advanced ovarian cancer.

**Methodology** Formalin-fixed paraffin-embedded (FFPE) tissues from 413 patients of the ICON7 multicenter phase III trial, treated with standard platinum-based chemotherapy with or without bevacizumab, were probed for VEGF-A<sub>165</sub>b expression by immunohistochemistry.

**Results** In patients with low VEGF-A<sub>165</sub>b expression, the addition of bevacizumab to standard platinum-based chemotherapy significantly improved progression-free (HR: 0.727, 95%CI=0.538 – 0.984;  $p=0.039$ ) and overall survival (HR: 0.662, 95%CI=0.458 – 0.958;  $p=0.029$ ). Multivariate analysis showed that the addition of bevacizumab in low VEGF-A<sub>165</sub>b expressing patients conferred significant improvements in progression-free survival (HR: 0.610, 95%CI=0.446 – 0.834;  $p=0.002$ ) and overall survival (HR: 0.527, 95%CI=0.359 – 0.775;  $p=0.001$ ), independently from established risk factors.

**Conclusion** We demonstrate for the first time that immunohistochemical expression of the anti-angiogenic VEGF-A isoform, VEGF-A<sub>165</sub>b, is an independent predictor for bevacizumab treatment in ovarian cancer patients. We envision that this marker could be implemented into routine diagnostics in ovarian cancer and may guide clinical decisions related to bevacizumab treatment.