Conclusion In a pooled analysis of 464 patients, MIRV monotherapy demonstrated ETB in ~10% patients. The safety profile consisted primarily of low-grade gastrointestinal and ocular events and reinforces MIRV's potential to become a new standard of care for FRα-positive ovarian cancer.

2022-RA-669-ESGO PERIOPERATIVE MANAGEMENT OF ADVANCED OVARIAN (TUBAL/PERITONEAL) CANCER PATIENTS. A SURVEY FROM MITO-MANGO GROUPS

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Introduction/Background The ESGO-quality indicators (QIs) for advanced ovarian cancer (AOC) have been assessed only by few Italian centres, and data are not available on the proportion of centres reaching the score considered for a satisfactory surgical management. There is great consensus that the ERAS approach is beneficial, but there is paucity of data concerning its application in AOC. This survey was aimed at gathering detailed information on perioperative management of AOC patients within MITO-MaNGO Groups.

Methodology A 66-item questionnaire, covering ESGO-QIs for AOC and ERAS items, was sent to MITO/MaNGO centres reporting to operate >20 AOC/year.

Results Thirty/34 questionnaires were analysed. The median ESGO-QIs score was 31.5, with 50% of centres resulting with a score ≥32 which provides satisfactory surgical management. The rates of concordance with ERAS guidelines were 46.6%, 74.1%, and 60.7%, respectively, for pre-operative, intra-operative, and post-operative items. The proportion of overall agreement was 61.3%, and with strong recommendations was 63.1%. Pre-operative diet, fasting/bowel preparation, correction of anaemia, post-operative feeding and early mobilization were the most controversial. A significant positive correlation was found between ESGO-QIs score and adherence to ERAS recommendations.

Conclusion This survey reveals a satisfactory surgical management in only half of the centres, and an at least sufficient adherence to ERAS recommendations. Higher the ESGO-QIs score stronger the adherence to ERAS recommendations, underlining the correlations between case volume, appropriate peri-operative management and quality of surgery.

2022-RA-672-ESGO COMPARISON OF QUALITY OF LIFE IN PATIENTS WITH PLATINUM-SENSITIVE RECURRENT OVARIAN, FALLOPIAN TUBE AND PERITONEAL CANCER TREATED WITH TRABECTEDIN PLUS PEGYLATED LIPOSOMAL DOXORUBICIN (PLD) OR STANDARD PLATINUM-BASED THERAPY: DATA LOOK OF THE NOGGO S16/ COMPASS TRIAL

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Introduction/Background Despite recent progress regarding surgical and medical management of primary ovarian cancer, relapses are still frequent and one of the most critical challenges in the clinical routine. There is a broad consensus that quality of life (QoL) should be one of the most relevant goals of any therapy in relapsed ovarian cancer.

Methodology We report the results of a data look of the multicentre, randomized (1:1), active-controlled, open-label phase IV NOGGO-S16/COMPASS trial performed in patients with recurrent, platinum-sensitive, ovarian, peritoneal or fallopian tube cancer. The scope of this trial is to evaluate QoL with EORTC QLQ-C30 and QLQ-OV28 questionnaires during/after chemotherapy either with platinum/taxane-free combination of trabectedin (Yondelis®) plus PLD or with standard platinum-based chemotherapy comprising combination of carboplatin with PLD, gemcitabine or paclitaxel. The current data look serves to characterise the included patient population.

Results Data from 76 patients screened have been analysed. Patients have a median age of 63 years (range: 21–82), the performance status score of 0/1 was recorded in 75 patients (98.7%), and most are BRCA-negative (77.4%). They are diagnosed with primary ovarian carcinoma (83.6%), primary peritoneal carcinoma (9.6%) and fallopian carcinoma (6.8%), and 79% of patients have a grade 3 histopathological staging. Poly (ADP-ribose) polymerase inhibitors or bevacizumab were given as prior maintenance therapy to 15.3% and 76.4% of