

but responses are short-lived. Immune-checkpoint inhibitors like atezolizumab as single agents have limited activity in ovarian cancer. There is a biologic rationale to combine checkpoint inhibitors with chemotherapy and bevacizumab, however, the role of such combination for the management of ovarian cancer is so far undefined. Because of the intimate relationship between angiogenesis and immunosuppression, it is expected that inhibition of both pathways could lead to synergism and more durable clinical benefit. The addition of a chemotherapeutic agent is expected to lead to the release of tumor antigens and enhance the efficacy of immunotherapy. Therefore, we aim to test the efficacy of atezolizumab in combination with non-platinum-based chemotherapy and bevacizumab vs the combination of a non-platinum-based chemotherapy and bevacizumab alone.

Methodology AGO-OVAR 2.29 is a randomized (1:1), double-blinded, phase III trial evaluating the efficacy and safety of atezolizumab plus bevacizumab and chemotherapy (weekly paclitaxel or PLD) compared with placebo, bevacizumab and chemotherapy in patients with recurrent ovarian, fallopian tube, or primary peritoneal cancer with 1st or 2nd relapse within 6 months after completing platinum-based chemotherapy or 3rd relapse. Patients are treated until progression or unacceptable toxicity. A de novo tumor biopsy to determine the PD-L1 expression status prior to randomization for stratification is mandatory. Co-primary endpoints are overall survival and progression-free-survival. Target recruitment is 550 patients. Safety interim analyses were performed after inclusion of 24, 60 and 120 patients who had completed at least one cycle.

Results Screening was stopped on 23-May-2022. As of 30-May-2022, 554 patients have been randomized.

Conclusion This concept might open the possibility to investigate the synergetic effect of immune-checkpoint and angiogenesis inhibitors in ROC.

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Mohamed Abdellahi EL Moctar. *CHU HASSAN UI FES MAROCO, FES, Morocco*

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Introduction/Background GRANULOSA TUMOR OF THE OVARY: ABOUT A CASE AND REVIEW OF THE LITERATURE

Abstract Granulosa cell tumors of the ovary are rare neoplasias. They are characterized by the high frequency of recurrences and metastases which can occur several years after the initial treatment. Their diagnosis is anatomopathological based essentially on morphological data. There are two types: the adult type, which is the most common, and the juvenile type. We report an observation emphasizing its clinical, paraclinical, therapeutic and prognostic particularities.

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2022-RA-1083-ESGO FRASTROC —FRAILTY STRATIFICATION FOR RECURRENT OVARIAN CANCER DEVELOPMENT AND PROSPECTIVE VALIDATION OF A FRAILTY SCORE FOR CHEMOTHERAPY ASSOCIATED TOXICITY IN RELAPSED OVARIAN CANCER

^{1,2}Radoslav Chekerov, ³Léa Louise Volmer, ⁴Cosima Brucker, ⁵Michael Eichbaum, ⁶Juliane Terpe, ⁷Nikola Bangemann, ⁸Angelika Ober, ²Yasemin Virk, ¹Isil Yalcinkaya, ¹Tjadine Amdt, ^{1,2}Klaus Pietzner, ¹Gülhan Inci, ^{1,2}Jalid Sehouli. ¹Department of Gynecology, Charité-Universitätsmedizin Berlin, Campus Virchow Klinikum, Berlin, Germany; ²Nord-Ostdeutsche Gesellschaft für Gynäkologische Onkologie e.V. (NOGGO e.V.), Berlin, Germany; ³Department für Frauengesundheit, Universitätsfrauenklinik Tübingen, Universitätsfrauenklinik Tübingen, Germany; ⁴Klinik für Frauenheilkunde und Geburtshilfe, Universitätsklinik der Paracelsus Medizinischen Privatuniversität, Nürnberg, Germany; ⁵Klinik für Frauenheilkunde und Geburtshilfe, Helios Dr. Horst Schmidt Kliniken Wiesbaden, Helios Dr. Horst Schmidt Kliniken Wiesbaden, Germany; ⁶Universitätsfrauenklinik und Poliklinik am Klinikum Südstadt Rostock, Rostock, Germany; ⁷Carl-Thiem-Klinikum Cottbus gGmbH, Carl-Thiem-Klinikum Cottbus gGmbH, Cottbus, Germany; ⁸St. Vincenz-Krankenhaus, St. Vincenz-Krankenhaus, Limburg, Germany

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Introduction/Background Introduction The treatment of recurrent ovarian cancer (ROC) confronts us with major clinical and social problems. However, the question of how to appropriately manage vulnerable, elderly or multimorbid patients in the palliative setting is of key importance. It should be borne in mind that elderly or heavily pretreated patients in particular may suffer from a range of comorbidities and persistent toxicities from previous therapies. Nevertheless, chronological age cannot be the only factor used to make treatment decisions. The evaluation of organ function, cognitive, emotional factors and social behaviour all have an equal impact on the patient's well-being and can be used as prognostic factors. However, clinical experience and practical implementation in gynaecological oncology are largely lacking in this regard. Therefore, it is important if innovative predictive models can be developed and implemented into the clinical routine.

Methodology Rationale and Objective The aim of this observational study is, first, to prospectively evaluate the practical

impact of scientific-based geriatric, psychological and functional assessments based on mental, emotional, disease-related and patient-reported outcome measures (PROM), as well as to assess clinicopathological and disease-related variables. Based on this evidence, a predictive score will be developed. In a second stage of the study, we also plan to evaluate its predictive power to identify those fragile patients who will interrupt or discontinue recurrent chemotherapy within the first 12 weeks of therapy.

Results /

Conclusion /

2022-RA-1084-ESGO ONCOLOGICAL OUTCOMES IN PATIENTS HAVING NEOADJUVANT CHEMOTHERAPY WHO DO NOT UNDERGO INTENDED INTERVAL DEBULKING SURGERY

¹Si Liang Yao, ¹Megan Simpkins, ²Liadin Rider, ³Jiexin Cao, ⁴Camilla Underwood, ²Monica Tryczynska, ²Anuluwa Ajakaiye, ⁴Tineke Vergeldt, ⁴Rachel Jones, ⁵Louise Hanna, ²Kenneth Lim, ²Aarti Sharma, ⁴Kerryn Lutchman-Sing, ³Rosalind Jones, ³Richard Peevor, ⁶Abigail Hayward, ²Sadie Jones, ²Adam Naskretski. ¹Cardiff University, Cardiff, UK; ²University Hospital of Wales, Cardiff, UK; ³Ysbyty Gwynedd Hospital, Bangor, UK; ⁴Singleton Hospital, Swansea, UK; ⁵Velindre Hospital, Cardiff, UK; ⁶NHS Wales Health Collaborative, Cardiff, UK

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Introduction/Background A common treatment approach for patients with FIGO stage III/IV ovarian cancer is neoadjuvant chemotherapy (NACT) with interval debulking surgery (IDS) with subsequent adjuvant chemotherapy. However, not all patients undergo the intended surgery for multiple reasons. Outcome data for these patients is limited, however, reduced survival has been reported in literature. This study aimed to assess and compare the oncological outcomes of patients who did not undergo IDS following NACT for stage III/IV ovarian cancer in Wales.

Methodology The Wales Cancer Network identified all patients with stage III/IV ovarian cancer scheduled for NACT across the three Cancer centres in Wales in 2018 and 2019. The Welsh Clinical Portal and CANISC were used to gather data on patients' demographics, disease stage, treatment plans, complications, reasons for not having surgery, and oncological outcomes.

Results 197 patients were included, of which 128 (65%) underwent surgery and 69 (35%) did not. Across Wales, the patients who had surgery were on average younger (64.2 vs 70.8 years), had fewer comorbidities (average 2.7 vs 3.0), a better performance status at diagnosis (average 0.8 vs 1.5), but had the same average BMI (28.9) compared to those who did not. The majority of patients who underwent surgery had zero complications (58.6%). Across Wales, 99.13%, 93.91%, 74.78%, and 58.26% of patients who underwent IDS survived at 6, 12, 24, and 36 months respectively, compared to 90.00%, 73.33%, 40.00%, and 20.00% who did not ($p=0.0034, 0.0001, 0.0001, 0.0001$ respectively).

Conclusion Across Wales, 35% of women with stage III/IV ovarian cancer did not undergo their intended surgery after NACT. In this retrospective cohort, the survival was lower in those who did not have surgery. Common reasons for not

proceeding with surgery included disease progression, fitness for surgery, and patient choice.

2022-RA-1088-ESGO CHITINASE RESPONSE AFTER 3 CYCLES OF CHEMOTHERAPY AS A PROMISING MARKER OF CHEMOSENSITIVITY AN ANCILLARY ANALYSIS OF THE GINECO-ENGOT EWOC-1 TRIAL

^{1,2,3}Karim Chikh, ^{4,5}Charlotte Cuercq, ⁶Marie Valero, ⁷Olivier Colombar, ⁸Aude-Marie Savoye, ⁹Dominique Berton, ¹⁰Laëtitia Stefani, ¹¹Michel Fabbro, ¹²Cyriac Blonz, ¹³Olivier Tredan, ¹⁴Margot Noblecourt, ¹⁵Oana Cojocararu, ¹⁶Delphine Mollon-Grange, ¹⁷Fabrice Barlesi, ¹⁸Eric Pujade-Lauraine, ¹⁹Gilles Freyer, ²⁰Benoit You, ²¹Hubert Vidal, ²²Claire Falandry. ¹Laboratoire de Biochimie et Biologie Moléculaire – Centre Hospitalier Lyon Sud, Lyon, France; ²ISPB, Faculté de Pharmacie de Lyon- UCBL1, Lyon, France; ³Laboratoire CARMEN INSERM U1060, INRA U1397, Université Lyon 1, INSA Lyon, Oullins, France; ⁴Biochemistry Department, Hospices Civils de Lyon, Pierre-Benite, France; ⁵INSERM U1060, INRA UMR 1397, INSA-Lyon, CarMeN Laboratory, Université Lyon 1, Pierre-Benite, France; ⁶Hôpital Lyon-Sud -Hospices Civils de Lyon, Lyon, France; ⁷Université Lyon, Université Claude Bernard Lyon 1, Faculté de Médecine Lyon-Sud, EA UCBL/HCL 3738 CICYL, Lyon, France; ⁸Institut Jean Godinot, Reims, France; ⁹Institut de Cancérologie de l'Ouest (ICO), Saint-Herblain, France; ¹⁰GINECO and Centre Hospitalier Annecy Genevois, Pringy, France; ¹¹GINECO and Institut du Cancer de Montpellier, Montpellier, France; ¹²Hôpital Privé du Confluent S.A.S., Nantes, France; ¹³GINECO and Centre Léon Bérard, Lyon, France; ¹⁴GINECO and Centre Hospitalier de Cholet, Cholet, France; ¹⁵Centre Hospitalier du Mans, Le Mans, France; ¹⁶CH CORNOUAILLE, Quimper, France; ¹⁷Gustave ROUSSY, Villejuif, France; ¹⁸ARCAGY-GINECO, Paris, France; ¹⁹GINECO and Centre Hospitalier Lyon-Sud, Lyon, France; ²⁰Medical Oncology, Institut de Cancérologie des Hospices Civils de Lyon (IC-HCL), CITOHL, Université Lyon, CICYL and GINECO, Lyon, France; ²¹Laboratoire CarMeN INSERM U.1060/Université Lyon1/INRAE U. 1397/Hospices Civils Lyon Bâtiment CENS-ELI 2D Hôpital Lyon Sud Secteur 2, Pierre-Benite, France; ²²Geriatrics, Hospices Civils de Lyon – Centre Hospitalier Lyon Sud, Saint-Genis-Laval, France

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Introduction/Background Older patients with ovarian cancer have poor outcomes; the geriatric vulnerability score (GVS) was validated as a prognostic factor for survival. During aging the circulating Chitinase 3-like-1 (CHI3L1), and its related chitinase enzymatic activity increase, leading to propose them as 'aging biomarkers'. However, recent data supported the implication of chitinase-like proteins in the proliferation of several cancers. The EWOC-1 trial (NCT02001272) showed a lower efficacy of the carboplatin monotherapy (Cmono) arm compared to carboplatin-paclitaxel (CP) in vulnerable patients; a serum sampling was provided on inclusion, after 3 and 6 courses of chemotherapy for the measurement of chitinase activity in each arm (A: standard CP; B: Cmono; C: 3weeks/4 CP), to identify whether its association with patients' outcomes and inversely, the differential impact of the distinct treatment regimens on it.

Methodology Chitinase activity was assessed as previously published. Were analyzed both its absolute value on inclusion ('chitinase baseline') and its kinetics after 3 chemotherapy courses ('chitinase response').

Results Serum samples could be retrieved for 46/120 patients on inclusion and 33 after 3 chemotherapy courses. Chitinase baseline median activity (in U/L, IQR) was 1727.9 (1459.3; 1878.3) at inclusion, similar in the 3 arms; no association was shown with any of the geriatric vulnerability parameters, nor the GVS, nor overall survival. Chitinase response was significantly different in the 3 arms, with a median (in U/L,