



Abstract 328 Figure 1 Kaplan-Meier survival analysis

center (2000–7/2017). We included patients who had at least a second recurrence. We included patients who were initially platinum sensitive, therefore patients with first progression-free survival (PFS) less than 12 months were excluded. Study groups included patients with PFS1/PFS2 <1.0 and patients with PFS1/PFS2 ≥1.0. Demographics and treatment outcomes were compared between groups. The primary outcome was OS. In addition, we assessed the linear correlation between first and second PFS.

P value <0.05 was considered significant.

**Results** Overall, 65 patients met inclusion criteria. In this cohort, the mean of first PFS was 64.6±54.3 months, and the mean for the second PFS was 20.8±32.4. Overall, 13 (20%) had PFS1/PFS2 <1.0 and 52 (80%) had PFS1/PFS2 ≥1.0. Patients in the PFS1/PFS2 <1.0 group were younger, although not reaching statistical significance (median age 48 vs. 59 years, p=0.05). There were no significant difference in stage of disease or histology. There were no difference in rates of neoadjuvant chemotherapy between groups (15.4% vs 34.6%, p=0.31). In a Kaplan-Meier analysis, there were no difference between groups in OS (figure 1). Using Pearson's Correlation coefficient, longer first PFS was associated with longer second PFS (r=0.3).

**Conclusions** In patients with ovarian cancer, longer first PFS seems to be associated with longer second PFS. However, first-to-second PFS ratio does not predict OS.

## IGCS19-0753

### 329 HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC) IN OVARIAN CANCER

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**Objectives** To evaluate the disease-free survival rate in patients with ovarian cancer treated with hyperthermic intraperitoneal chemotherapy (HIPEC) and to analyze the complications related to the procedure.

**Methods** Retrospective, longitudinal observational study of patients diagnosed with ovarian cancer, who underwent cytoreduction surgery and intraoperative hyperthermic

chemotherapy between January 1989 and January 2019, at the ““Instituto de Ginecología”” and ““Grupo Gamma”” of Rosario, Santa Fe, Argentina.

**Results** Of the total number of patients included (n: 43), 67.4% were alive without evidence of disease and 32.6% died because of their disease. The five-year disease-free survival was 68.5%. The prevalence of complications was 13.95% and they included grade 3–4 complications according to the toxicity scale. No deaths related to the technique were reported.

**Conclusions** Hyperthermic intraperitoneal chemotherapy is an efficient procedure. There was an apparent improvement in progression-free survival and overall survival with a low prevalence of complications.

## IGCS19-0439

### 330 TOLERABILITY OF BEVACIZUMAB IN ELDERLY OVARIAN CANCER PATIENTS (TURBO STUDY): A CASE-CONTROL STUDY OF A REAL-LIFE EXPERIENCE

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**Objectives** Bevacizumab maintenance following platinum-based chemotherapy is an effective treatment for epithelial ovarian cancer (EOC), both in primary and recurrent disease. Our aim was to identify criteria to select elderly patients who can safely benefit from bevacizumab addition.

**Methods** This is a case-control study on patients with primary or recurrent EOC who received platinum-based chemotherapy plus bevacizumab, between January 2015 - December 2016. Patient characteristics, treatment details and adverse events were reviewed and analyzed in two setting: younger (<65 years, group 1) and elderly (>65 years, group 2). A binary logistic model was applied to correlate clinical variables and severe (grade ≥3) toxicity risk.

**Results** Overall, 283 patients with EOC were included, with 72 (25.4%) older patients compared with 211 (74.6%) younger women. Bevacizumab had been administered to 234 patients (82.7%) as first-line treatment and in 49 (17.3%) with recurrent disease. At diagnosis, elderly patients presented with at least one comorbidity and were taking at least 1 medication in 84.7% and 80.6% of the cases respectively, compared with correspondingly 47.4% and 37.4% in group 1 (p<0.001). Nonetheless, the occurrence of serous (G3/G4) adverse events did not increase among the older group. Creatinine serum levels > 1.1 g/dl, estimated glomerular filtration rate (eGFR) < 60 ml/min, ≥ 3 comorbidities were independently associated with a higher severe toxicity.

**Conclusions** Elderly patients with EOC can safely be treated with bevacizumab; factors other than age, as higher creatinine serum levels, eGFR and number of comorbidities should be considered to better estimate bevacizumab-related toxicity risk.