Conclusion The PTC shows an excellent prognosis with a low SBR grade and a molecular profile luminal A and a low incidence of recurrence.

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327 VENOUS THROMBOEMBOLISM IN PATIENTS RECEIVING NEOADJUVANT CHEMOTHERAPY FOR OVARIAN CANCER

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Objectives The purpose of this study is to determine the incidence of venous thromboembolism (VTE) in patients with ovarian cancer receiving neoadjuvant chemotherapy (NACT), to determine the effect of VTE on overall survival, and identify risk factors of VTE in patients receiving NACT.
Methods This is a retrospective cohort study of patients diagnosed with primary ovarian/fallopian tube/peritoneal cancer and treated with NACT between June 2013 to June 2016. The primary outcome was incidence of VTE during NACT. The secondary outcomes were risk factors for VTE and overall survival. Demographic data, histology, stage, chemotherapy treatment, and incidence of VTE were collected. Statistical analysis included Kaplan-Meier estimates, and univariate and multivariate Cox regression analysis.
Results 284 patients were included in the study. The average age at diagnosis was 63.8 years old. The incidence of VTE during NACT was 13.3%. The median overall survival for the study population was 25.23 months. Kaplan-Meier estimates demonstrate a decrease in overall survival in patients who had a VTE during NACT (14.98 months, 95% CI 14.48 – 16.49) compared to patients who did not (26.81 months, 95% CI 22.76 – 30.86) $p < 0.0001$. Multivariate analysis identified albumin < 35 (HR 2.56), BMI > 30 (HR 2.48), and serous histology (HR 2.90) as risk factors for VTE during NACT.
Conclusion Patients with ovarian cancer receiving NACT are at an increased risk of VTE, which is associated with a shorter overall survival. These findings suggest that thromboprophylaxis may have a role in this patient population.

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328 CLINICOPATHOLOGICAL SIGNIFICANCE OF FOXL2 AND TERT PROMOTER MUTATIONS IN ADULT TYPE GRANULOSA CELL TUMOR OF THE OVARY

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Objective Adult type granulosa cell tumor (aGCT) of the ovary is characterized by late recurrence, and no effective treatment strategy is established. The diagnosis of aGCT is difficult because of its rarity. Recently, FOXL2 C402G mutation was detected in 92% of aGCTs, and the presence of TERT promoter mutation was reported to be associated with worse prognosis. We analyzed the mutational status of FOXL2 and TERT promoter of aGCT tumor samples to investigate the impact on accurate diagnosis and prognosis.
Methods FOXL2 and TERT promoter mutational status of the 64 primary and 8 recurrent aGCT FFPE samples were assessed by allelic discrimination assay. H&E slides of the primary samples which had wild-type(wt) FOXL2 were reviewed by two gynecologic pathologists and the cases with ambiguous morphology were excluded as aGCt mimicking tumor. The characteristics and prognosis of molecularly/pathologically confirmed aGCTs (MP-aGCTs) were analyzed in each clinical parameters and mutational status.
Results Median follow-up duration was 73 months. Three primary samples were diagnosed as aGCT mimicking tumor. Of the 61 MP-aGCTs, 46 (75%) harbored FOXL2 mutation and 10 (16%) cases had TERT promoter mutation. Clinical stage and older age were the prognostic factor for recurrence. TERT promoter mutation was highly identified in older patients and larger tumors. The presence of heterozygous FOXL2 C402G mutation showed the tendency of worse prognosis.
Conclusions The importance of mutational analysis in the diagnosis, long term observation of the patients, and the functional analysis of FOXL2 C402G mutation was highlighted.

IGCS20_1353

330 FIRSTLINE MAINTENANCE PARP INHIBITORS IN ADVANCED OVARIAN CANCER: A NETWORK META-ANALYSIS FOR COMPARATIVE EFFICACY AND ADVERSE EVENTS

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Background Several studies explored the clinical benefit of maintenance PARP inhibitors (PARPI) and antiangiogenic agents (AA) in advanced ovarian cancer (aOC) with varied results. We conducted this analysis to expand our knowledge of the relative adverse-events (AE) and efficacy of firstline maintenance PARPI and AA in aOC.
Methods A review of the medical literature was conducted using online databases. Inclusion criteria consisted of English language; diagnosis of aOC; firstline maintenance treatment with Olaparib (O), Niraparib (NR), Veliparib (V), Bevacizumab (B), Pazopanib (P), Nintedanib (NN), and control (C); and phase 3 randomized studies reporting progression, death, and AE. A frequentists and Bayesian network meta-analyses were conducted using netmeta package and random-effects model.
Results Seven studies comprising 7,770 participants were included. The relative risk (RR) of progression and death (P&D) was highest in C and B>NN>P/V/NR/O in decreasing order. RR of AE≥3 was highest in P>NR>O/NN/B/V/C in decreasing order. PARPI significantly improved PFS in patients with homologous-recombinant deficiency (HRD) + or -, BRCA + or -, BRCA2+, and Stages 3 and 4. PARPI demonstrated an equivalent reduction in RRP&D in BRCA+ patients. In HRD+, O had the lowest RRP&D followed by NR then V in increasing order. However, in HRD-, V had the lowest RRP&D followed by NR then O.

Conclusions This network meta-analysis is the first to compare and rank firstline maintenance therapies in aOC. It indicates that PARPI have better outcomes than AA. It also demonstrates that individual PARPI vary in frequency of AE≥3 as well as clinical efficacy across mutation subtypes.

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332 PATTERNS OF CARE AND OUTCOMES OF VULVAR CANCER TREATMENT IN WOMEN WITH OR WITHOUT HIV INFECTION IN BOTSWANA

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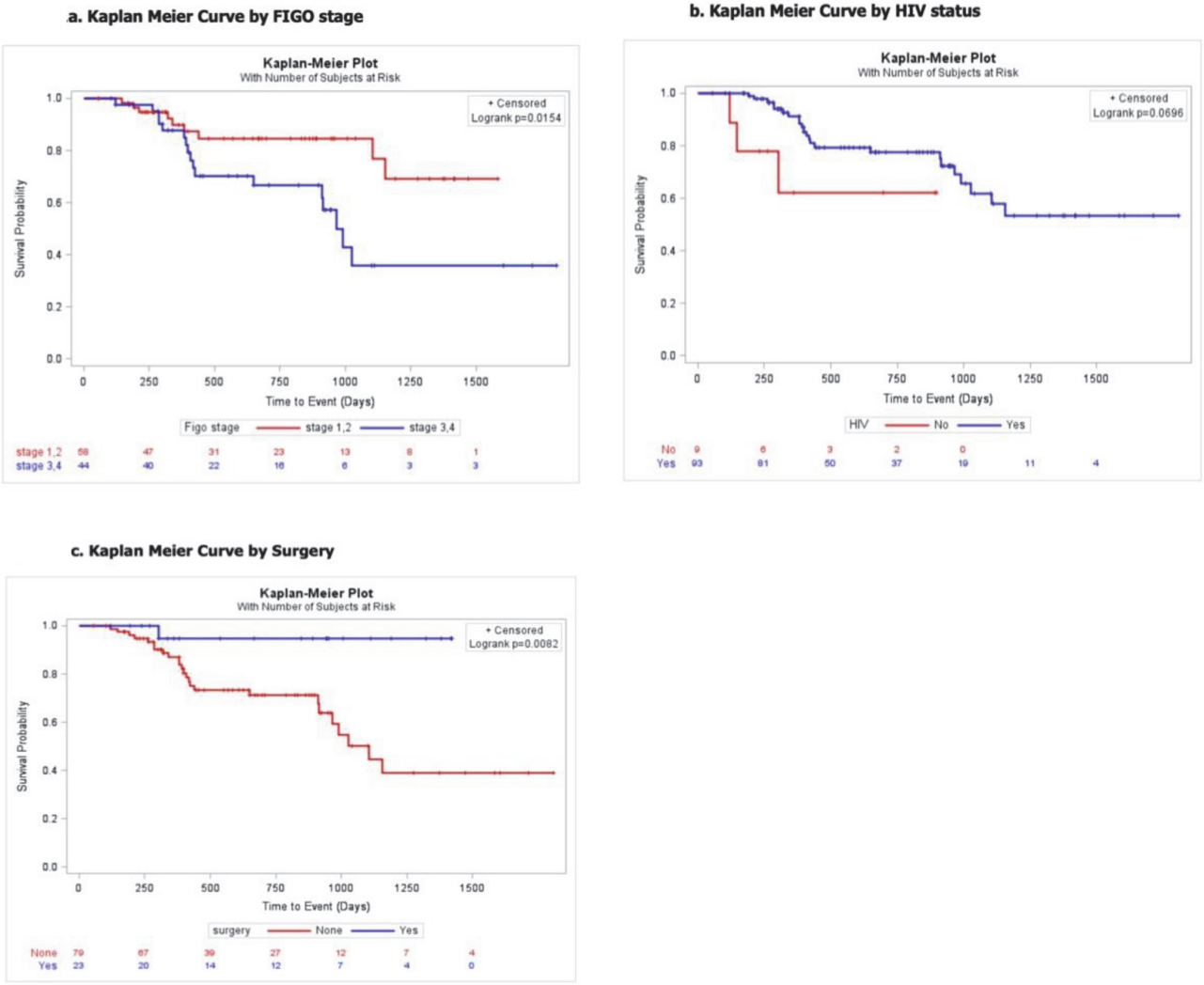
Objective Vulvar cancer rates are increasing in low-and middle-income countries with high incidence of HPV and HIV co-infection. Patterns of care in low-resource settings are not yet well described.

Methods Women with vulvar cancer who presented to an oncology clinic in Botswana from January 2015 through October 2019 were prospectively enrolled in this observational cohort study. Factors associated with survival including age, HIV status, stage, and treatment were evaluated.

Results 128 women with vulvar cancer were enrolled with a median age of 42 years. 46.6% presented at late stage (stage III/IV). 89% (n=107) of patients were living with a well-controlled HIV infection with a median CD4 count of 461 cell/ul (IQR 300.5–684.5) and high level of viral suppression (95% with viral copies < 400). Surgery was performed in 25 (20.8%) patients. 29 (24%) patients received chemotherapy. 81 (67.5%) received radiation therapy. Adjusted analysis controlling for HIV, age, stage, surgery, chemotherapy demonstrated no differences in survival at 32 months by HIV status (HR, 0.426; 95% CI, 0.112–1.5976). Older age (HR, 1.06; (95% CI, 1.02–1.11) was associated with worse survival while receipt of surgery was associated with improved survival (HR 0.09, 95% CI 0.01–0.74).



Abstract 332 Figure 1 Kaplan Meier curve of multivariate survival analysis of patients with vulvar cancer by FIGO stage (1a), HIV status (1b), and Receipt of surgery (1c)