

Background Tumor Treating Fields (TTFields) are a non-invasive, antimitotic cancer therapy. The Phase 2 INNOVATE study demonstrated safety of TTFields/weekly paclitaxel in 31 PROC (platinum-resistant ovarian cancer) patients (Vergote Gyn Onc 2018); efficacy: median PFS 8.9 months, 25% partial response, 71% clinical benefit and 61% 1-year survival rate. This phase 3 ENGOT-ov50/GOG-329/INNOVATE-3 study [NCT03940196] investigates TTFields plus weekly paclitaxel in PROC patients.

Study Design Patients (N=540) will have PROC (RECIST V1.1) within 6 months of last platinum therapy with maximum of 2–5 prior lines of systemic therapy, ECOG 0–1 and no peripheral neuropathy >grade1. Patients with primary refractory disease will be excluded. Patients will be randomized 1:1 to weekly paclitaxel alone or weekly paclitaxel (starting of dose 80 mg/m² weekly for 8 weeks, and then on Days 1, 8, and 15 for subsequent 28-day cycle) plus TTFields (200 kHz for 18 hours/day and continued if no progression in the abdominal or pelvic regions (“in-field region”) per RECIST V1.1. Clinical follow-up will be performed q4w, with radiological follow-up (CT or MRI scans of the abdomen and chest) q8w. The primary endpoint is overall survival. Secondary endpoints: PFS, objective response rate, AEs, and quality of life (EORTC QLQ-C30 with QLQ-OV28). Sample size (n=540) will detect an increase in median OS from 12 to 16 months (HR 0.75). Data Monitoring Committee (DMC) meeting (March 2020) concluded that data to-date showed no safety issues and recommended trial continuation.

IGCS20_1384

359 MORTALITY TRENDS IN GYNECOLOGICAL CANCERS IN CHILE

J Brañes*, R Jensen, C Vera, E Donoso. *Pontificia Universidad Católica de Chile, Chile*

10.1136/ijgc-2020-IGCS.309

Introduction Gynecologic cancers account for an important number of deaths in women in Chile. Substantial efforts have been made over the last 20 years to improve access to health care to reduce cancer mortality.

Objective To evaluate gynecologic cancer mortality trends during the last 21 years in Chile.

Methods Cause-of-death figures were obtained from 1996 until 2017. Age-adjusted mortality rate was calculated for each gynecologic cancer, using the 2017 census data as the standard population. Logistic regression model was utilized to determine trends, confidence interval and reveal changes in tendencies if occurred.

Results Three of the four studied cancers showed a significantly reduction in mortality rates. There was a sustained reduction, although modest, in breast and ovarian cancer mortality of 0.77% (CI -1.0 to -0.6) and 0.63% (CI -1.1 to -0.2) per year, respectively. The most significant change was observed in cervical cancer with an annual reduction of 4% (CI -4.3 to -3.7). All corpus uteri cancers considered together, had a non-significant tendency towards reduction. In a sub-analysis of mortality for cervical cancer in women under 40 years, we observed a break in the negative tendency after 2011, revealing a rise of 5.1% (CI -0.6 to 11.2) per year.

Conclusion There was a reduction in mortality rate in most of the studied cancers. Although cervical cancer showed the most

important reduction trend, is still far from the lowest figures published in the literature. The change in tendency for the younger population with cervical cancer is of concern.

IGCS20_1385

360 THE INCREASING INCIDENCE OF CARCINOSARCOMA OF THE OVARY AND FALLOPIAN TUBE IN THE UNITED STATES: WHO IS MOST AT RISK?

¹R Ratnaparkhi*, ²C Liao, ³L Maxwell, ³KM Darcy, ³C Tian, ⁴J Chan. ¹Department of Obstetrics and Gynecology, Stanford Hospital, USA; ²Kaohsiung Veterans General Hospital, Taiwan; ³Division of Gynecologic Oncology, Palo Alto Medical Foundation, California Pacific Medical Center, Sutter Health, USA; ⁴Walter Reed National Military Medical Center, USA

10.1136/ijgc-2020-IGCS.310

Introduction The purpose of this study was to leverage a large population database to analyze trends in the incidence of carcinosarcoma of the ovary, fallopian tube, and peritoneum.

Methods Data were obtained from the United States Cancer Statistics (USCS) database from 2001 to 2016. Age-adjusted incidence per 100,000 women and annual percent change (APC) in incidence were calculated using SEER*Stat and Joinpoint Software.

Results 9,675, 658, and 745 women had carcinosarcoma of the ovary, fallopian tube, and peritoneum with an age-adjusted incidence of 0.33, 0.04, and 0.03 in 2016 respectively. Over a sixteen-year period, the incidence of ovarian carcinosarcoma increased 0.53% per year (95% CI 0.13, 0.94; P = 0.014), and the incidence of tubal carcinosarcoma increased 4.85% per year (95% CI 2.32, 7.43; P = 0.001). The incidence of local disease decreased 3.53% per year (95% CI -5.78, -1.23; p = 0.006) in contrast to significant increases in both regional and distant disease. The incidence of carcinosarcoma increased only in the Middle Atlantic and East North Central regions [APC 1.36%, (95% CI 0.36, 2.38), p = 0.011; APC 1.71%, (95% CI 0.60, 2.38), p = 0.005]. Non-Hispanic Blacks had the highest incidence (0.35) of carcinosarcoma and highest increase in incidence per year (1.59%).

Conclusions Although rare, the incidence of carcinosarcoma of the ovary and fallopian tube is significantly increasing in the United States, particularly for Non-Hispanic Blacks.

IGCS20_1387

361 PSOAS MUSCLE VOLUME IS PREDICTIVE FACTOR FOR POOR SURVIVAL IN ELDERLY OVARIAN CANCER PATIENTS

Y Tomita*, M Takenaka, S Hirose, H Komazaki, M Ezawa, S Kitai, M Saito, H Tanabe, K Yamada, H Takano, A Okamoto. *The Jukei University School of Medicine, Japan*

10.1136/ijgc-2020-IGCS.311

Objective The association between muscle mass and strength decrease by aging (Sarcopenia) and adverse events of chemotherapy and prognosis has been reported in several solid cancers. Skeletal muscle mass has also been shown to be a prognostic factor in elderly epithelial ovarian cancer, it has been unclear in the Japanese population. Furthermore, the association between more easily calculated iliopsoas muscle