Methods Retrospective hospital-based cohort study of 326 patients with stage IIIC or IV high-grade serous ovarian cancer who received neoadjuvant chemotherapy or primary cytoreductive surgery between 2001 and 2011. Clinical treatments were recorded and ten-year survival rates were measured.

Results A total of 183 women (56%) underwent primary cytoreductive surgery and 143 women (44%) received neoadjuvant chemotherapy. Women who had neoadjuvant chemotherapy were more likely to have no residual disease than those who underwent primary cytoreductive surgery (51.4% versus 41.5%) and they experienced inferior ten-year overall survival (9.1% versus 19.3%; $p < 0.0001$). Among those who had primary cytoreductive surgery, those with no residual disease had superior ten-year overall survival than those who had any residual disease (36.0% versus 7.2%).

Conclusion Among women with advanced ovarian cancer, those who have undergone primary cytoreductive surgery have better survival than those who received neoadjuvant chemotherapy. Neoadjuvant chemotherapy should be reserved for patients who are not candidates for primary cytoreductive surgery.

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RELATIVE CONDITIONAL SURVIVAL IN WOMEN WITH NEWLY-DIAGNOSED OVARIAN CANCER IN THE UNITED STATES: RESULTS FROM THE TEMPUS DATASET, 1982-2018

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Objectives Prognosis in ovarian cancer is poor. Previous conditional survival (CS) studies have found outcomes improved based on each year survived since diagnosis. Our objective was to estimate CS and compare to previous studies (≤ 2010). **Methods** The Tempus EMR dataset includes patients from National Cancer Institute designated centers and community oncology centers across the U.S. This study included adult women with a primary diagnosis of ovarian, fallopian tube, or peritoneal cancer from 1982–2018; women treated with a poly-ADP ribose polymerase (PARP) inhibitor were excluded due to low numbers (final $n=3,370$). We calculated relative 5-

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Relative conditional 5-year survival (OS)	At diagnosis	1 yr. since diagnosis	2 yrs. since diagnosis	3 yrs. since diagnosis	4 yrs. since diagnosis	5 yrs. since diagnosis
Current study (2020) (Tempus data, 1982-2018)						
All stages (n=3,206)	41.3%	35.7%	34.5%	35.8%	36.2%	39.0%
FIGO Stage I (n=131)	71.2%	71.3%	64.9%	63.0%	60.8%	60.6%
Stage II (n=130)	58.6%	59.6%	55.1%	55.1%	51.5%	46.5%
Stage III (n=1,315)	44.1%	36.5%	35.2%	34.7%	37.6%	39.3%
Stage IV (n=523)	26.0%	23.3%	19.7%	19.0%	15.3%	15.3%
Unknown stage (n=1,107)	39.2%	32.9%	32.1%	35.6%	34.2%	38.7%
Ries, et al. (2003) (SEER data, 1990-1999)						
All stages	53%	66%	76%	86%	--	--
AJCC Stage I	94%	--	--	--	--	--
Stage II	78%	--	--	--	--	--
Stage III	45%	--	--	--	--	--
Stage IV	19%	--	--	--	--	--
Unknown stage	49%	--	--	--	--	--
Choi, et al. (2008) (SEER data, 1988-2003)						
AJCC Stage I	90%	91%	93%	93%	94%	95%
Stage II	65%	71%	76%	79%	82%	85%
Stage III	34%	38%	44%	51%	57%	65%
Stage IV	17%	24%	30%	38%	47%	56%
Merrill, et al. (2010) (SEER data, 1990-2006)						
Local	92.7%	93.7%	94.3%	94.9%	95.3%	94.9%
Regional	67.6%	74.6%	79.1%	83.3%	86.5%	89.1%
Distant	29.3%	37.2%	44.2%	52.6%	60.3%	69.3%
Unknown	28.8%	51.9%	63.9%	71.6%	78.1%	85.1%

year CS as the Kaplan-Meier probability of surviving an additional 5 years (from diagnosis), given no OS event in the previous x years, adjusted for expected mortality by age and sex from U.S. life tables.

Results Median age was 60 years and 69% of patients were Caucasian. Relative 5-year survival was 41.3% overall, and decreased with increasing stage (71.2% for stage I vs. 26.0% for stage IV). CS did not improve with previous survival.

Conclusions Overall, survival rates were lower than those previously reported from Surveillance, Epidemiology, and End Results (SEER) data, and prognosis in ovarian cancer remains poor. Differences in estimates may reflect differing demographics, clinical characteristics, and treatment patterns. In contrast to prior studies, CS did not improve with time already survived. Our previous research in this sample suggests that time survived progression-free, specifically, may improve prognosis. Further research in diverse datasets is needed.

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SAFETY AND ACTIVITY OF THE ANTI-MESOTHELIN ANTIBODY-DRUG CONJUGATE ANETUMAB RAVTANSINE IN COMBINATION WITH PEGYLATED-LIPOSOMAL DOXORUBICIN IN PLATINUM-RESISTANT OVARIAN, FALLOPIAN TUBE OR PRIMARY PERITONEAL CANCER

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Introduction Treatment options for platinum-resistant ovarian cancer (PROC) remain a high medical need. Mesothelin is highly expressed in PROC. Anetumab ravtansine (ARv) is an antibody-drug conjugate that selectively targets mesothelin, consisting of a fully human anti-mesothelin monoclonal antibody conjugated to the cytotoxic maytansinoid tubulin inhibitor DM4.

Methods This phase Ib, open-label, dose-escalation (modified 3 +3 design, n=9) and expansion study (n=56) evaluated the safety/tolerability and clinical activity of ARv and pegylated liposomal doxorubicin (PLD, 30 mg/m² Q3W) in PROC. Mesothelin expression was assessed by central immunohistochemistry. Adverse events, tumor response (RECIST v1.1), and progression-free survival (PFS) were determined. Biomarker samples were assessed by ELISA, next-generation sequencing, and expression profiling.

Results ARv/PLD combination was safe and tolerated. No DLT was observed. MTD of ARv was 6.5 mg/kg Q3W. The most common ARv-related adverse events were nausea (38.5%), decreased appetite (30.8%), corneal disorder (29.2%), fatigue (29.2%), diarrhea (24.6%), and AST increase (21.5%).

In all measurable or evaluable patients (n=65), objective response rate (ORR) was 28% (95% CI 16.0–38.5%), including one complete and 17 partial responses with a median PFS

of 5.1 months. In an exploratory subset of patients (n=19) who received ≤3 prior lines of therapy with high mesothelin expression, the ORR was 42% with a median duration of response of 36 weeks. Median PFS was 8.5 months.

Conclusions/Implications These results established the RP2D, schedule, and mesothelin-positive target population of the ARv/PLD combination for the phase III study in PROC. Molecular profiling and correlation with observed clinical activity will be presented.

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PROTECTIVE ROLE OF CONIZATION BEFORE RADICAL HYSTERECTOMY IN EARLY-STAGE CERVICAL CANCER: A PROPENSITY-SCORE MATCHING STUDY

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Introduction The aim of this study was to assess the prognostic role and the peri-operative outcomes of conization performed before radical hysterectomy in early-stage cervical carcinoma.

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