Methods we reviewed retrospectively all the data of 184 patients receiving complete cytoreductive surgery, whether as primary or interval debulking between January 2005 and ocotber 2019 at Hôtel-Dieu de France University Hospital.

Results Median age at surgery was 56 years. 41,8% benefited from a primary cytoreductive surgery while 42,9% of patients received their surgery after a neoadjuvant chemotherapy. 74% of patients were in stage III. High-grade serous epithelial ovarian cancer was the most encountered histology (69%). Bowel resection and upper abdominal surgery was needed in 46% and 39,1% of cases, respectively. Survival rate was 66% (122 out of 184 patients). No recurrence was noted in 53,8% of cases and 74,7% of recurrences occurred after 12 months. According to cox regression test, better survival was significantly correlated to younger age (< 50 years), negative lymph node status, lymph node ratio (< 0,18),early stage, primary surgery, no bowel resection, no more than one positive lymph node (p=0.006, p=0.000, p=0.000, p=0.000,p=0.001,p=0.000,p=0.000, respectively). Early recurrence was correlated to advanced stage (p=0.000), positive lymph node status (p=0.002), bowel resection (p=0.046), interval surgery (p=0.025). In the multivariate analysis, survival was only correlated to lymph node status, lymph node ratio, stage, absence of bowel resection and number of positive lymph nodes.

Conclusion Negative lymph node status, LNR <0.18, early stage, absence of bowel resection and the presence of only one positive LN predict a better survival.

IGCS20_1428

398 IMPACT OF A LAPAROSCOPIC TRIAGE PROGRAM FOR ADVANCED OVARIAN CANCER ON SURGICAL OUTCOMES, DISEASE-FREE SURVIVAL, AND OVERALL SURVIVAL

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10.1136/ijgc-2020-IGCS.344

Introduction This study evaluates whether implementing a laparoscopic triage algorithm (LSC) to grade initial disease burden impacts surgical outcomes, disease-free survival (DFS), and overall survival (OS) in advanced ovarian cancer (OC).

Methods In 2013, LSC was implemented for advanced high-grade serous OC. LSC scores volume and distribution of intra-abdominal disease in order to disposition patients to either primary cytoreductive surgery (PDS) or neoadjuvant chemotherapy (NACT) followed by interval cytoreduction. Outcomes for patients offered management with LSC (post-LSC) were compared to a cohort from 2010–2012 who would have qualified for laparoscopy (pre-LSC). Summary statistics were used to describe surgical outcomes, and DFS and OS were estimated using the Kaplan-Meier method.

Results Between 2013–2016, 201 OC patients were offered LSC; 182 underwent laparoscopy. We identified 161 pre-LSC control patients for comparison. There were no differences in clinicodemographic features between both cohorts. Prior to implementing LSC, 64 (40%) patients underwent PDS compared to 88 (44%) post-LSC (p=0.42). Complete cytoreduction (R0) was achieved more frequently in the post-LSC cohort (81 vs 51%, p<0.001). There were no differences in median DFS or OS between pre- and post-LSC cohorts (DFS 17 vs 16 months, p=0.76; OS 45 vs 48 months, p=0.38). However, within the PDS group, a significantly greater median OS was observed in post-LSC compared to pre-LSC cohort (not reached vs 51 months, p<0.013).

Conclusion Our data suggest that LSC allows for a greater R0 resection rate and, for patients triaged to PDS, is associated with improved median OS.

IGCS20_1429

399 SURGICAL MORBIDITY OF THE RETROPERITONEAL STAGING IN PATIENTS UNDERGOING SURGERY FOR EARLY STAGE EPITHELIAL OVARIAN CANCER

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10.1136/ijgc-2020-IGCS.345

Introduction Surgery is the cornerstone of the apparent early stage ovarian cancer (aEOC) treatment. For the purpose of this study we evaluated perioperative outcomes and 30-days surgical morbidity of the retroperitoneal staging in patients undergoing surgery for aEOC.

Methods This is a retrospective single-center observational study conducted at Del Ponte Hospital of Varese (Italy) between January 2000 and December 2019. We included consecutive patients who underwent surgery for aEOC over the study period. Women who had a fertility-sparing approach were excluded. The cases were stratified into two groups: lymph node dissection performed (LND) and not-performed

Abstract 399 Table 1

Baseline population characteristics

	RETROPERITONEAL STAGING n=71 (65.45%)	NO RETROPERITONEAL STAGING n=38 (34.86%)	*p-value*
Age	54.9 (49 - 63)	55.5 (45 - 68)	0.81
Menopause	48 (67.6%)	22 (57.9%)	0.31
Parity	1 (0 - 3)	2 (0 - 5)	0.22
Previous open surgery	23 (32.4%)	16 (42.1%)	0.31
Previous laparoscopy	25 (35.2%)	5 (13.2%)	**0.01**

Surgical outcomes

	RETROPERITONEAL STAGING n=71 (65.45%)	NO RETROPERITONEAL STAGING n=38 (34.86%)	*p-value*
Operative time (min)	325 (240 - 390)	135 (70 - 200.5)	**< 0.001**
Blood loss (ml)	300 (137.5 - 500)	100 (50 - 325)	0.72
Intra-operative transfusion	7 (9.9%)	1 (2.6%)	0.18
In-hospital transfusion	5 (7.7%)*	1 (2.9%)**	0.33
Intra-operative complications	4 (5.6%)	1 (2.6%)	0.48
In-hospital complications	6 (8.8%)**	3 (7.9%)	0.90
Post-discharge complications	12 (16.9%)	3 (7.9%)	0.19
Non-surgical complications	3 (4.2%)	4 (10.5%)	0.20

*missing data: 6 patients **missing data: 3 patients

(NO-LND). We compared surgical outcomes (operative time, blood loss, need for blood transfusions) and complications within 30 days from surgery (stratified as follows: intra-operative, in-hospital, post-discharge, non-surgical).

Results Overall 109 patients were included: 71 (65,45%) and 38 (34.86%) in LND and NO-LND groups, respectively. No differences were found in terms of baseline characteristics between the groups. Surgical approach was laparoscopic in 95 patients (87.16%) and open surgery in 14 (12.84%). Median operative time was 325 min (240–390) for LND and 135 (170–200.5) for NO-LND ($p<0.001$). No significant differences between the groups were found in terms of blood loss, transfusion rates and complications.

Conclusions The execution of systematic lymphadenectomy for aEOC was associated with prolonged operative time. However, in a referral center for minimally invasive surgery, the retroperitoneal staging did not influence the overall surgical morbidity.

IGCS20_1430

400 REAL WORLD OUTCOMES OF OLAPARIB MAINTENANCE THERAPY IN PATIENTS WITH BRCA1/2-MUTATED PLATINUM-SENSITIVE EPITHELIAL OVARIAN CANCER

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10.1136/ijgc-2020-IGCS.346

Introduction Maintenance Olaparib is approved for use after response to platinum-based chemotherapy in both first line and relapsed BRCA-mutated ovarian cancer. Here we present real world outcomes for women treated in a single institution.

Methods Between January 2017 and November 2019, data was collected retrospectively from patients with a germline or somatic BRCA mutation who received at least one cycle of Olaparib after > 4 cycles of platinum-based chemotherapy.

Results 53 patients were included in analysis (median age 60 years; 40 relapsed, 13 first line). In relapse, 14 (35%) continue on olaparib and 20 (50%) patients had died (median follow-up 21 months, range 8–42 months). Median progression free survival (PFS) was 13 months (95%CI 8.4–17.6 months). 5 patients had a PFS of over 2 years. Median overall survival (OS) was 24 months (95%CI 21.3–26.7 months). In first line, (median follow-up 12 months, range 8–16 months), 5 patients (38%) had progressed and 2 (15%) had died.

Overall, 27 patients (53%) required dose interruption (DI), and 36 (68%) required a dose reduction (DR). The most common reasons for DR were fatigue and anaemia (both 8 patients, 22%). One patient had grade 3 pneumonitis, one had a grade 4 allergic reaction, and one developed a secondary cancer (SCC of tongue) whilst on treatment.

Conclusions DR were more common in all patients and PFS and OS in the recurrent population was shorter in a real world population than in published trial data, but longer than in the placebo arm. Long term responders are seen.

IGCS20_1433

402 TREATMENT PATTERNS POST PARP INHIBITOR IN EPITHELIAL OVARIAN CANCER PATIENTS: RESULTS FROM AN AUSTRALIAN, RETROSPECTIVE, MULTI-INSTITUTE COHORT STUDY

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10.1136/ijgc-2020-IGCS.347

Introduction PARP inhibitors (PARPi) have changed the management landscape for patients with epithelial ovarian cancer (EOC). However, as with many targeted therapies, treatment resistance is common. The response to treatment post-PARPi has not been well described in trials. Data is needed to better understand disease course, and guide treatment decisions. The primary aim is to describe the treatment patterns post-PARPi. Secondary aims are to describe patient characteristics who received chemotherapy post-PARPi and DoR to chemotherapy.

Methods Retrospective analysis of women with EOC treated with PARPi either in the maintenance or treatment setting and via government-funded or clinical trial access at six gynaecological oncology centres. Between 2007–2019 eligible women were identified via clinics, trial databases and pharmacy dispensing logs. Information regarding clinico-pathological characteristics and treatment outcomes were collated from medical records.

Results Eighty-five women with EOC were identified. 90.6% received chemotherapy post-PARPi, with 72.7% receiving platinum-based chemotherapy. Clinicopathological characteristics in table 1.

Best responses observed were 5.2% CR, 19.5% PR, 19.5% SD, and 55.8% PD. Median DOR was 7.0 months (range, 0.2

Abstract 402 Table 1 Clinicopathological characteristics

	N (%)
BRCA1/2 status	
BRCA1/2 wildtype	25 (29.4)
Germline or somatic *BRCA1*	43 (50.6)
Germline or somatic *BRCA2*	17 (20)
Lines of treatment prior to PARPi	
< 2	28 (32.9)
≥ 2	57 (67.1)
Platinum sensitivity prior to PARPi	
Sensitive	76 (89.4)
Resistant	7 (8.2)
Refractory	2 (2.4)
Intent of PARPi	
Treatment	59 (69.4)
Maintenance	26 (30.6)
Chemotherapy post PARPi	
Platinum single agent	16 (18.8)
Platinum doublet	40 (47.1)
Non-platinum chemotherapy	21 (24.7)