(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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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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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)