

(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.

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### 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.

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### 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

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