– 20.4 months) in 77 patients receiving chemotherapy post-PARPi. Eight patients did not receive further systemic therapy due to poor performance status. Women who received platinum doublet chemotherapy post-PARPi had a longer mPFS than those receiving platinum single agent or non-platinum chemotherapy (9.1 months vs 3.3 months vs 5.0 months, respectively p=0.0004).

Conclusion Most patients received-platinum based chemotherapy post-PARPi with a modest response rate. Potential overlapping mechanisms of resistance to PARPi and platinum require further study to improve patient outcomes.

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403 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 – 20.4 months) in 77 patients receiving chemotherapy post-PARPi. Eight patients did not receive further systemic therapy due to poor performance status. Women who received platinum doublet chemotherapy post-PARPi had a longer mPFS than those receiving platinum single agent or non-platinum chemotherapy (9.6 months vs 3.3 months vs 4.6 months, respectively p=0.51).

Conclusion Most patients received-platinum based chemotherapy post-PARPi with a modest response rate. Potential overlapping mechanisms of resistance to PARPi and platinum require further study to improve patient outcomes.

Abstract 403 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)

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404 MESONEPHRIC ADENOCARCINOMA; A CASE REPORT AND REVIEW OF THE LITERATURE

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Introduction Mesonephric cancer is an extremely rare form of neoplasms that arises from the mesonephric duct remnants, the majority of cancers originating from the mesonephric duct are in the cervix, only 67 cases were reported in the literature. We present here the case of a 53-year-old woman who previously had a subtotal hysterectomy and was referred to the colposcopy clinic due to borderline changes in her cervical smear, Punch biopsy reported as suspicious, further loop (LEEP) cervical excision showed at least 1B1 mesonephric carcinoma of the cervix. Preoperative MRI scan showed a 2.2 cm carcinoma cervix but no metastasis or lymphadenopathy. She underwent radical cervical stumpectomy, upper vaginectomy, bilateral salpingo-oophorectomy, and bilateral pelvic nodes dissection. The histology confirmed the diagnosis, there was no spreading in parametria or lymph nodes, however, vaginal margins were involved. She had further adjuvant chemoradiotherapy.

Methods We conducted a systematic literature review for all English published litrature from january 1960 until December 2019.

Results 67 cases were reported in the literature. The stage was documented only in 58 cases. 60% of those were clinically described as IB. Surgical treatment varied between simple hysterectomy without lymphadenectomy to radical hysterectomy with pelvic lymphadenectomy. In 50% of those who underwent surgery, the vaginal margins were positive. Recurrence was documented in 45% of the patients.

Conclusions The mesonephric cervical tumour appears to have a more aggressive behaviour with higher rates of vaginal extension and recurrence rates despite multiple treatment modalities. There is a clear need for consensus and guidance into the management of this condition.