withdraw from the study. The primary endpoint is progression-free survival (PFS) as assessed by the investigator in the all-comers population and the dMMR population per RECIST version 1.1. Secondary efficacy endpoints are PFS assessed by blinded independent central review per RECIST version 1.1, overall survival, objective response rate, duration of response, disease control rate, safety and tolerability, and patient-reported outcomes.

**Disclosures**
Sponsor: GlaxoSmithKline, Waltham, MA, USA
NCT number: NCT03981796

Encore statement: This data is presented on behalf of the original authors with their permission. Presented at the American Society of Clinical Oncology (ASCO) Annual Meeting, May 29–31, 2020, Virtual.

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Dr. Powell reports consulting/advisory fees from Roche/Genentech, AstraZeneca, Tesaro, and Clovis Oncology; and speakers’ bureau at Genentech/Roche, AstraZeneca, Tesaro and Clovis Oncology.

Drs. Hanker and Valabrega have nothing to disclose.
Drs. Im, Walker, and Guo are employees of GlaxoSmithKline.

**PHASE 3 TRIAL OF TUMOR TREATING FIELDS CONCOMITANT WITH WEEKLY PACLITAXEL FOR PLATINUM-RESISTANT OVARIAN CANCER: ENGOT-OV50/GOG-329/INNOVATE-3**

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Methodology Patients (N=540) will have PROC (RECIST V1.1) within 6 months of last platinum therapy with maximum of 2–5 prior lines of systemic therapy, ECOG 0–1 and no peripheral neuropathy > grade1. Patients with primary refractory disease will be excluded. Patients will be randomized 1:1 to weekly paclitaxel alone or weekly paclitaxel (starting of dose 80 mg/m2 weekly for 8 weeks, and then on Days 1, 8, and 15 for subsequent 28-day cycle) plus TTF fields (200 kHz for 18 hours/day and continued if no progression in the abdominal or pelvic regions (‘in-field region’) per RECIST V1.1. Clinical follow-up will be performed q4w, with radiological follow-up (CT or MRI scans of the abdomen and chest) q8w. The primary endpoint is overall survival. Secondary endpoints: PFS, objective response rate, AEs, and quality of life (EORTC QLQ-C30 with QLQ-OV28). Sample size (n=540) will detect an increase in median OS from 12 to 16 months (HR 0.75). Data Monitoring Committee (DMC) meeting (March 2020) concluded that data to-date showed no safety issues and recommended trial continuation.

**Results**
TiP N/A

**Conclusion**
TiP N/A

**Disclosures**

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<td>1Stamatos Petousis, 2Sabrina Croce, 3Michel Kind, 4Caroline Lalet, 5Guillaume Babin, 6Chrysovala Margioulia-Sarkou, 7Dennis Queureu, 8Anne Floquet, 9Marina Pulido, 10Frederic Guyon. 112nd Department of Obstetrics and Gynaecology, Aristotle University of Thessaloniki; 12Institut Bergonne, Bordeaux, France; 13Institut Bergonne, Bordeaux, France; 2nd Department of Obstetrics and Gynaecology, Aristotle University of Thessaloniki, Greece</td>
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**554 BIOPSAR STUDY: ULTRASOUND-GUIDED PREOPERATIVE BIOPSIES TO ASSESS HISTOLOGY OF SARCOMA-SUSPICIOUS UTERINE TUMORS. A NEW STUDY PROTOCOL**

**Introduction/Background**
The preoperative differential diagnosis between a uterine fibroma and a sarcoma is a challenge. Available diagnostic tools are rather inconclusive to distinguish between two pathologies. However, potential accurate diagnostic methods would be of great clinical impact in order to optimize surgical treatment.

**Methodology**
A prospective multi-center interventional study will be performed. Ten tertiary French centers will participate in the present study. The overall inclusion study period will be 2 years, overall study duration will be 5 years. Patients greater than 35 years old, diagnosed with suspicious uterine tumor and needing surgical intervention will be included. Uterine tumors will be considered as suspicious in case of rapid tumor growth (>30% of the maximum diameter in 1-year interval), symptomatic tumors in postmenopausal women, tumors characterized by certain suspicious ultrasound criteria history of treatment with tamoxifen and genetical predisposal to cancer syndromes. Included patients will undergo preoperatively a Vaginal Ultrasound-Guided Biopsy (VUGB). There will be two histopathological diagnoses for each patient, the first based on the biopsy specimen received preoperatively (Index test) and the second based on the surgical specimen of uterus resected ‘en block’. These diagnoses will be compared in order to assess diagnostic performance of VUGB. Histological criteria used for both diagnoses will be that of Bell et al which were revised by OMS 2014 classification.

**Abstracts**

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<td>1Leuven Cancer Institute, Leuven, Belgium; Leuven malley. 2Irccs-Istituto DI Ricerche Farmacologiche, Milan; 3MD Anderson Cancer Center University of Texas; 4Arizona Oncology US Oncology Network; 5The James Cancer Hospital; Ohio State University Comprehensive Cancer Center; 6Ohio State University Comprehensive Cancer Center</td>
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