randomised 2:1 to receive FSD of niraparib 300 mg orally once daily (QD) or placebo. The trial was amended to incorporate an ISD of 200 mg orally QD for patients with a body weight <77 kg or platelet count <150,000/μL, and 300 mg QD in patients with a body weight ≥77 kg and platelet count ≥150,000/μL. Patients were stratified by best response to first-line chemotherapy (complete/partial response), receipt of neoadjuvant chemotherapy (yes/no), and homologous recombination status (deficient/proficient and not determined). BRCA status was determined in tumour samples at screening via the myChoice test (Myriad®). The post hoc BRCAm subgroup PFS analysis was performed using a stratified Cox proportional hazards model and Kaplan-Meier methodology. Safety and patient-reported outcome analyses were also performed.

Results The intention-to-treat population comprised 733 randomised patients, of which 223 (30%) had BRCAm tumours. Of those, 144 (65%) received FSD and 79 (35%) received ISD. Niraparib provided a comparable PFS benefit over placebo in patients receiving both FSD (hazard ratio, 0.44; 95% CI 0.26–0.73) and ISD (hazard ratio 0.29; 95% CI 0.13–0.67). A PFS subgroup analysis by patient characteristics is shown in **table 1.** A summary of grade ≥3 selected adverse events is shown in **table 2.**

Conclusion Niraparib significantly improved PFS when utilised as maintenance treatment after front-line therapy in patients with BRCAm aOC. Patients receiving FSD or ISD derived similar PFS benefit, while the ISD group showed an improved safety profile.

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575 EPIDEMIOLOGY OF OVARIAN CANCER IN KAZAKHSTAN (2013–2018)

Dilyara Kaidarova, Yerlan Kukubassov, Raikhan Bolatbekova, Alima Satanova. *Kazakh Institute of Oncology and Radiology; Oncogynecology*

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Introduction/Background Worldwide, ovarian cancer (OC) is the seventh most common cancer in women, with a five-year survival rate below 45%. Every year around the world, OC is diagnosed in 240,000 women. Studies on the epidemiology of OC were carried out in different regions of the world, taking into account various factors. At the same time, the issues of the relationship between morbidity and mortality from OC with genetic, hormonal factors, as well as nutritional factors, morphometric factors, somatic pathology, socio-demographic and other factors were taken into account. The problem of OC epidemiology is extremely relevant for the Republic of Kazakhstan due to the significant prevalence of this disease among the female population, the still high level of neglected cases, as well as high mortality.

Methodology To analyze the epidemiological data of OC in the world, materials from the Globocan 2018 database of the International Agency for Research on Cancer (IARC) were used. To analyze the main statistical data for the regions of Kazakhstan, statistical data from the Cancer Register of the Republic of Kazakhstan for 2013–2018 were used.

Results In the Republic of Kazakhstan alone, there are more than 1000 new cases of OC and more than 400 deaths from this disease per year [5], while in the United States there are more than 22,000 new cases of OC and 14,000 deaths per year [6, 7]. In Kazakhstan, malignant neoplasms of the ovaries occupies the 3rd rank position among gynecological cancers. When analyzing rough intensive indicators of the incidence of ovarian cancer, there is an increase in the detection rate of this disease for the period from 2013 to 2018 [8–10]. The analysis of age-related incidence rates showed that malignant neoplasms of the ovaries are found in all age groups, with a noticeable increase by 65–69 years. The main contingent of the sick are women of working age. Also, when analyzing this five-year period (2013–2018), there is a decrease in the incidence in childhood and adolescence, so in 2014, 5 cases of ovarian cancer were recorded in the age group 5–19 years, and in 2019 - 1 case of this disease. Over the past decade, there has been an increase in morbidity at the age of 55–65 years [5].

Conclusion Morbidity and mortality from OC remain an urgent epidemiological problem in Kazakhstan and require further scientific research to identify risk factors. There are regions in the Republic of Kazakhstan that exceed the national average. In these regions, it is necessary to more widely apply modern methods of early diagnosis and treatment of ovarian cancer. If detected at earlier stages, it is possible to obtain

significant results of OC treatment. The main tasks of OC epidemiology are: continuation of in-depth studies of the prevalence in the regions of the Republic of Kazakhstan with the identification of population groups and regions with the lowest and highest rates of morbidity and mortality from OC.
Disclosures Epidemiological data on the incidence rates of malignant neoplasms of the ovaries according to Globocan 2018 show significant differences across countries (per 100,000 women): from 3.8 in Central Africa to 11.9 in Central and Eastern Europe [1].

588 NEOADJUVANT CHEMOTHERAPY OR FIRST LINE DEBULKING SURGERY IN ADVANCED OVARIAN CANCERS

[1]Chemseddine Chekman, [2]Fatiha Gouaref, [2]Kamel Bentabak, [3]Fatiha Hadjarrab, [3]Kamel Bouzid. *[1]2,Rue Mahmoud Zani Scala Elbiar; [2]Cpmc Hospital; Surgery; [3]Cpmc Hospital; Medical Oncology*

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Introduction/Background To evaluate the infra-millimetric resectability rate using the two approaches, the morbidity-mortality rate and the overall survival curves without recurrence.
Methodology From January 2015 to December 2017, 82 patients with ovarian cancer classified stage IIIC by FIGO (International Federation of Gynecologists and Obstetricians), were treated in the oncological surgery department of the CPMC (Center Pierre et Marie Curie), randomized into two groups. First group (G1) including patients who underwent primary debulking surgery and group 2 (G2), patients who underwent primary chemotherapy with platinum salt followed by cytoreductive surgery (interval surgery).

The anatomo-clinical aspect, the histological type, the intra-operative finding, the procedures performed, the results after surgery, the morbidity and mortality and the survival curves were analysed prospectively.
Results The mean age of patients in G1 was 50.05 years (30–80) and in G2 55.90 years (23–80), the majority of patients were classified ASA I in both groups (51, 2%), the mean body mass index (BMI) was 29.16 in the G1 and 27.29 in the G2, the most frequent histological type was serous carcinoma in both groups (69.5%) of patients. The main procedure performed is a total hysterectomy, bilateral adnexectomy, infra colic or infra gastric omentectomy, pelvic and lumbar aortic dissection and resection of any macroscopically visible lesion.

In some cases, an associated procedure has been performed such as digestive resection, cholecystectomy, peritonectomy, caudal pancreatectomy. Rate of actions performed in G1: 65.8%; G2: 34.1%. Rate of R0 obtained (41.4%) or 51.5% in G1 and 48.4% in G2. The operative morbidity was 20.7% with a rate of 14.6% in G1 and 6% in G2.
Conclusion Complete cytoreductive surgery has become a fundamental principle in surgery for peritoneal carcinomatosis. The gold standard for treating advanced ovarian cancer is complete surgery combined with chemotherapy with platinum salt. The sequence of treatment is still debated, but primary surgery seems to be preferred in terms of recurrence-free survival and overall survival when complete resection (R0) is obtained.
Disclosures Pr Chemseddine CHEKMAN: I declare that I have no conflict of interest.

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Pr Kamel BENTABAK: I declare that I have no conflict of interest.

Pr Fatiha HADJARRAB: I declare that I have no conflict of interest.

Pr Kamel BOUZID: I declare that I have no conflict of interest.

596 A RANDOMISED PHASE II STUDY OF NINTEDANIB (BIBF1120) COMPARED TO CHEMOTHERAPY IN PATIENTS WITH RECURRENT CLEAR CELL CARCINOMA OF THE OVARY OR ENDOMETRIUM. (NICCC/ENGOT-OV36)

[1]Rosalind Glasspool, [2]Iain Mcneish, [3]Anneke Westermann, [4]Samantha Hinsley, [5]Jonathan Ledermann, [6]Isabelle Ray-Coquard, [4]Claire Lawless, [7]Nelleke Ottevanger, [8]Mansoor Raza Mirza, [9]Jerome Alexandre. *[1]Beatson West of Scotland Cancer Centre; Institute of Cancer Sciences; [2]Imperial College London; Irdb Building; [3]Amsterdam University Medical Center; Department of Medical Oncology F4-224; [4]Cancer Research UK Glasgow Clinical Trials Unit; Institute of Cancer Sciences, University of Glasgow; Beatson West of Scotland Cancer Centre; [5]Ucl Cancer Institute; Cr-UK and Ucl Cancer Trials Centre; [6]Centre Leon Bérard; Hesper Lab Ea 7425; Université Claude Bernard Lyon Est; [7]Radboud University Medical Centre; Geert Grooteplein Zuid 8 (Route 452); [8]Copenhagen University Hospital; Rigshospitalet; Department of Oncology 5073; [9]Université de Paris; Carpem, Cochin-Port Royal; Oncologie Médicale*

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Introduction/Background Clear cell carcinoma (CCC) is a rare subtype of ovarian and endometrial cancer. It carries a poor prognosis and response to chemotherapy in recurrent disease is low. As angiogenesis pathways are activated in CCC, we performed a trial comparing nintedanib (BIBF1120), an orally available, triple kinase inhibitor targeting VEGFR, PDGFR and FGFR with physician's choice of chemotherapy. As the first randomised trial in relapsed CCC, it gives important information on the efficacy and toxicity of both nintedanib and chemotherapy. Here we report the ovarian cancer (OC) results.
Methodology This was an international, multi-centre, randomised, open label phase II, 3 outcome design. Patients were randomised to nintedanib 200 mg PO twice daily or chemotherapy (paclitaxel (80 mg/m2 IV Day 1,8,15), pegylated liposomal doxorubicin (40 mg/m2 IV) or topotecan (4 mg/m2 IV Day 1,8,15) every 28 days). Treatment was given until disease progression or unacceptable toxicity. The primary endpoint was progression free survival (PFS) in the ovarian cohort. Secondary objectives included overall survival (OS), response rate (RR), disease control rate (DCR) and patient reported outcomes. With 90 OC patients, the study was powered to detect an improvement in median PFS from 3 to 5 months (HR=0.6) with >90% power, 20% 1-sided significance. A statistically significant PFS difference at the 1-sided 10% level (Nintedanib superior) would give a clear signal that a phase III study is warranted. A statistically significant result at the 1-sided 20% level would require other supportive evidence. EudraCT Ref:2013-002109-73. ISRCTN No: ISRCTN50772895.
Results 91 OC patients were included in the analysis. Median age was 54 years. Median number of previous lines was 2. After a median follow up of 20.7 months the median PFS was 2.3 months with nintedanib and 1.9 months with chemotherapy (hazard ratio=0.79, 80% CI=(0.58,1.06), p(1-sided)