Abstracts

Genentech, Lilly, Janssen, Array BioPharma, GSK, Morpho-tek, Pfizer, Advaxis, AstraZeneca, Immunogen, Regeneron, and Nucana.

Drs. Han, Bender, and Follana have nothing to disclose.

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296

NON-SURGICAL MANAGEMENT OF MALIGNANT BOWEL OBSTRUCTION IN ADVANCED OVARIAN CANCER PATIENTS – A SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction/Background Ovarian cancer is the most lethal gynaecological malignancy and the 6th most common cancer among women globally. The incidence of malignant bowel obstruction (MBO) in patients with advanced disease is up to 51%. It presents a very distressing scenario for patients, their families and clinicians.

Management of MBO can be divided into surgical and medical management. Surgical management can involve direct resection, bypass surgery or stoma formation. Medical management includes endoscopic procedures, nasogastric tubes for decompression, bowel rest, parenteral feeding and symptom control such as chemotherapy, steroids, antisecretory drugs, analgesia and anti-emetics.

The rationale in choosing between surgical or medical management strategies is not well defined. High perioperative morbidity (up to 90%) and mortality (up to 40%) can make surgery a risky choice and there is increasing evidence that non-surgical management can significantly improve symptoms and quality of life.

The objective of this study was to evaluate the outcomes of patients with advanced ovarian cancer who undergo non-surgical management of malignant bowel obstruction and conduct a meta-analysis to estimate median survival.

Methodology A literature search was carried out using the Pubmed, Embase and Medline online libraries up until November 2019. We also searched abstracts of scientific meetings, reference lists of included studies and contacted experts in the field. Relevant studies that met the inclusion criteria

were independently selected by two of the co-authors and the data extracted and analysed separately.

Results In total 24 studies were found to be relevant for the systematic review and 9 met the eligibility criteria for the meta-analysis, a total of 2236 patients were included. Median survival for patients managed medically for bowel obstruction was 44 days (95% CI 38–49 days, $I^2 = 0\%$, $P = 0.128$).

Conclusion The quality of the included studies was relatively low, however the evidence shows that non-surgical management of bowel obstruction in advanced ovarian cancer patients results in a short survival period, but with controlled symptoms. Where quality of life is the main concern, this may be a feasible and effective strategy.

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297

LEAP-005: EVALUATING THE SAFETY AND EFFICACY OF LENVATINIB AND PEMBROLIZUMAB IN PATIENTS PREVIOUSLY TREATED FOR OVARIAN CANCER, A MULTI-COHORT PHASE 2 STUDY

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Introduction/Background Lenvatinib, an antiangiogenic multiple receptor tyrosine kinase inhibitor, plus pembrolizumab, a programmed death-1 immune checkpoint inhibitor, demonstrated promising clinical benefit in a previous phase Ib/II trial across several cancer types (ClinicalTrials.gov, NCT02501096). We assessed clinical outcomes with lenvatinib plus pembrolizumab in patients with ovarian cancer in the ongoing, open-label, multicohort, phase II LEAP-005 study (ClinicalTrials.gov, NCT03797326).

Abstract 296 Figure 1