Methodology Female patients aged ≥ 18 years with histologically/cytologically confirmed metastatic/unresectable ovarian cancer, measurable disease per Response Evaluation Criteria in Solid Tumors (RECIST v1.1), Eastern Cooperative Oncology Group (ECOG) performance status 0/1, and 3 prior lines of therapy were enrolled. Patients received lenvatinib 20 mg daily plus pembrolizumab 200 mg every 3 weeks for 35 cycles, or until confirmed disease progression or unacceptable toxicity. Primary endpoints were objective response rate (ORR; response assessed every 9 weeks for 54 weeks, then every 12 weeks, by blinded independent central review per RECIST v1.1) and safety. Secondary endpoints included disease control rate, duration of response, and progression-free survival.

Results 31 patients with ovarian cancer received ≥ 1 dose of lenvatinib plus pembrolizumab in LEAP-005 (median age 62 years [range 40–76]); median study follow-up was 7.8 months (range, 4.6–12.4) as of April 10, 2020. ORR was 32% (95% confidence interval, 17–51); other efficacy endpoints were also favorable (table 1). Treatment-related adverse events occurred in 29 (94%) patients (table 1).

Conclusion Lenvatinib plus pembrolizumab demonstrated encouraging efficacy and manageable safety in patients with heavily pretreated ovarian cancer, including those with prior platinum failure and those with previous bevacizumab exposure.

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THE EVOLVING ROLE OF PARP INHIBITORS IN NEWLY DIAGNOSED ADVANCED OVARIAN CANCER: THE EFFECT OF ONLINE EDUCATION ON CLINICIAN KNOWLEDGE, COMPETENCE AND CONFIDENCE

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Abstract 297 Table 1

	Lenvatinib + Pembrolizumab (n=31)	
Efficacy		
Confirmed ORR, % (95% CI)	32 (17–51)	
Disease control rate, ^a % (95% CI)	74 (55–88)	
Duration of response, median (range) months	NR (1.5+ to 7.9+)	
Progression-free survival, median (95% CI) months	4.4 (4.0–8.5)	
Responders by prior therapy, n (%) ^b		
Platinum refractory/resistant (n=25)	6 (24)	
Beverizumab exposed (n=19)	4 (21)	
Treatment-related AEs, n (%)	29 (94)	
Grade 3–5 treatment-related AEs	21 (68)	
Treatment-related AEs leading to death	1 (3) ^c	
Treatment-related AEs resulting in treatment discontinuation	4 (13)	
Treatment-related AEs occurring in ≥10 patients		
	Any Grade ^d	Grade 3
Hypertension	17 (55)	6 (19)
Fatigue	13 (42)	3 (10)
Hypothyroidism	13 (42)	0
Decreased appetite	12 (39)	0
Diarrhoea	12 (39)	1 (3)
Proteinuria	10 (32)	2 (6)

^aDefined as best overall response of complete or partial response, or stable disease.

^bPercentages are based on the total number of patients in each prior therapy subgroup. ^cOne patient had a serious AE of hypovolemic shock that led to death. ^dAmong treatment-related AEs occurring in ≥ 10 patients, none were grade 4/5. AE, adverse event; NR, not reached; ORR, objective response rate.

Introduction/Background The treatment of newly diagnosed advanced ovarian cancer is changing rapidly with the expanded use of PARP inhibitors. This study determined whether online continuing medical education could improve the knowledge, competence and confidence of oncologists and obstetricians/gynaecologists (obs/gyns) with regard to the application of PARP inhibitors in this setting.

Methodology A 30-minute online video panel discussion with synchronized slides was launched for physicians outside the USA in November 2019. Data was collected to January 2020. Educational effect was assessed with repeated-pairs pre-/post-activity, where individual participants served as their own control. 3 multiple-choice, knowledge questions and 1 self-efficacy, 5-point Likert scale confidence question were analyzed. Chi-squared test assessed pre- to post-activity change (5% significance level, $P < .05$). Magnitude of change in total number of correct responses overall, and for each question, were determined with Cramer's V ($< .06$ =Modest, 0.06 – 0.15 =Noticeable, $.16$ – $.26$ =Considerable, $> .26$ =Extensive).

Results 157 oncologists and 152 obs/gyns completed pre- and post-activity questions. A positive educational effect was

observed for both oncologists (considerable effect, $V=159$, $P<.0001$; with average% of correct responses increasing from 59 to 74%) and obs/gyns (noticeable effect, $V=101$, $P<.01$; average% of correct responses increasing from 48 to 58%). Participants with 3/3 correct answers increased from pre- to post-activity (16 to 44% for oncologists and 11 to 32% for obs/gyns). Improvements in% of correct responses post-activity were seen for questions on identifying data from PRIMA trial of niraparib (oncologists: 18 to 48%; obs/gyns 16 to 41%) and the PAOLA trial data for olaparib (oncologists: 68 to 80%; obs/gyns 53 to 59%). Participants had a good baseline understanding of the correct treatment approach for a patient presenting with HRD +ve advanced ovarian cancer (90% oncologists, 74% obs/gyns with the correct answer), although no increases were observed post-activity. Confidence in the ability to integrate PARP inhibitors into practice improved post-activity (total average confidence shift: 14% for oncologists and 29% for obs/gyns). 47% of all participants stated they would modify treatment plans as a result of participation in the activity.

Conclusion This on-demand, online video panel discussion resulted in a positive educational impact. However, education gaps remain evident, especially amongst obs/gyns. Online medical education, increasingly important during the COVID-19 pandemic, is valuable in supporting implementation of new treatment strategies and identifying areas of continued educational need.

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CLINICAL CHARACTERISTICS AND PROGNOSIS OF OVARIAN CLEAR CELL CARCINOMA: A 10-YEAR RETROSPECTIVE STUDY

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Introduction/Background Ovarian clear cell carcinoma (OCCC) is a special subtype of epithelial ovarian carcinoma with unique characteristics and no specific tumour markers. Due to the inherent chemoresistance, there are no effective chemotherapy regimen for OCCC, resulting in the extremely poor prognosis of patients, especially at advanced stage. Therefore, the purpose of our research is to investigate the clinical characteristics and outcomes of ovarian clear cell carcinoma (OCCC) and to provide additional supporting evidence to aid in the clinical diagnosis and management.

Methodology This was a retrospective study investigating the clinical characteristics and survival outcomes of 87 patients with OCCC treated at The First Affiliated Hospital of University of Science and Technology of China (USTC), between January 2010 and March 2020. Survival analysis was also performed on 179 patients with OCCC diagnosed between 1975

and 2017, obtained from the Surveillance, Epidemiology and End Results (SEER) cancer registry database.

Results The median age of study participants was 49.28 ± 9.8 years old, with 74.71% diagnosed at an early stage. Median CA125 level was 607.26 IU/mL, with 23.94% having a normal CA125 level. 16 patients (18.39%) had co-existing endometriosis and 8 patients (9.2%) had a preoperative history or developed postoperative complications of venous thromboembolism (VTE). Surgical staging procedures were performed on 65 patients and cytoreduction was performed on 22 patients, among whom 17 patients received optimal cytoreduction. 67 patients (77.01%) underwent lymphadenectomy, and only 3 (4.48%) were found to have positive lymph nodes. Positive HNF1 β , and negative WT-1, ER, and PR are reliable immunohistochemical indicators of OCCC. Patients diagnosed at an early stage had higher 3-year overall survival (OS) (89.47% vs. 44.44%) and progression-free survival (PFS) rates (78.95% vs. 22.22%) than those with advanced stage OCCC at diagnosis. CA199 ($P = 0.025$) and ascites ($P = 0.001$) were significantly associated with OS, while HE4 ($P = 0.027$) and ascites ($P = 0.001$) were significantly associated with PFS. Analysis of data from the SEER database showed that the presence of positive lymph nodes is also an independent prognostic factor for OS ($P = 0.001$).

Conclusion OCCC often presents at an early stage and young age with a mild elevation in CA125 level. CA199, HE4, massive ascites and positive lymph node are independent prognostic factors for overall survival in OCCC.

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CHARLSON COMORBIDITY INDEX AS A FACTOR IMPACTING SURVIVAL AMONG OVARIAN CANCER PATIENTS – RESULTS FROM A SYSTEMATIC REVIEW

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Introduction/Background There are a few scattered primary level studies from various regions of the globe proving impact of co-morbidities on survival in ovarian cancer patients. In last 20 years, there has been improvement in survival among ovarian cancer patients. Radical surgical approaches and advancements in chemotherapeutic agents have primarily contributed for same. Pre-existing uncontrolled co-morbidities impact ovarian cancer survival directly and indirectly. This affects the performance status of the patient leading to delay in treatment or aversion from radical surgical approaches thereby not achieving the goal of optimal treatment. It may also lead to a less aggressive chemotherapeutic modifications of using lower doses or single agent chemotherapy. The objective of this study was to systematically review the literature and summarize prevalence of various comorbidities with evaluation of impact of the Charlson Co-morbidity Index (CCI) on survival in ovarian cancer patients.