cohort had significantly longer PFS (hazard ratio [HR]=0.43, 95% CI 0.32–0.58, P<0.0001) and significantly longer OS (HR=0.43, 95% CI 0.32–0.60, P<0.0001). Furthermore, the simulated-broader cohort demonstrated a survival curve above the simulated-PRIMA curve. Within the 2010–2015 diagnosis (contemporary) stage III cohort (n=169), 57.4% had IDS and 42.6% had PDS, of whom 23.1% had PDS VRD, 17.2% had PDS NVRD, and 2.4% were PDS not evaluable for residual disease.

Conclusion The simulated-broader cohort showed longer duration of OS and PFS outcomes as the survival curves lie above the simulated-PRIMA cohort. This difference is driven by the better prognosis for patients with stage III NVRD after PDS population; this population accounted for approximately 17% of the contemporary patient cohort at this UK centre.

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Drs. Kiss, Roebuck, Heffernan and Starkie-Camejo are employees of GlaxoSmithKline.
Results This SLR retrieved 8,631 unique references of which a total of 50 references were accepted and extracted in this SLR (figure 1).

The 50 references identified covered 18 clinical trials that evaluated maintenance therapies in OC patients following one prior line of chemotherapy. Of these 18 trials, 12 were RCTs and the remaining 6 were observational, dose escalation and retrospective review studies.

Of the 18 trials, only 2 did not assess PFS as an efficacy endpoint (NCT00058435 and MIMOSA). PARP inhibitors across the board reported a better PFS hazard ratio (HR) than other OC maintenance therapies (table 1). No pattern was identified in relation to PFS amongst patients who were treated with a maintenance therapy following first-line platinum-based chemotherapy versus those who received a maintenance drug concurrently with first-line platinum-based chemotherapy and then continued with the maintenance treatment.

OS was reported as a secondary endpoint in 12 trials (MIMOSA, AGO-OVAR16, SOLO-1, ICON-7, GOG-0218, AGO-OVAR12, VELIA/GOG-3005, TRINOVA-3, ESME, CHIVA/GINESCO, PRIMA and PAOLA-1). Only PARP inhibitor-containing therapies reported significant OS HRs below 1 across all trial populations.

TEAEs were reported for 11 of the 18 trials. Discontinuation due to AEs was reported in 10 of the 18 trials.

Conclusion Therapies that included PARP inhibitors reported better PFS HR than other OC maintenance therapies. In study populations including both BRCA mutation positive and wild type, clinical benefit is conferred by both olaparib plus bevacizumab and niraparib as indicated by PFS. OS data remain immature.

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374 REAL WORLD PROGNOSTIC RELEVANCE OF RESIDUAL DISEASE AND OTHER CLINICAL FACTORS ON THE PROGRESSION OF DISEASE AND DEATH IN PATIENTS WITH ADVANCED OVARIAN CANCER IN THE US

Introduction/Background Although most patients with ovarian cancer (OC) respond to first line (1L) treatment, 70% of women experience disease progression (PD) within 3 years. Identifying prognostic factors that impact survival is crucial to identify patients who may benefit from new treatment regimens such as maintenance therapies. The objective of this study was to assess the association between visible residual disease (VRD) following interval (IDS) or primary debulking surgery (PDS) and other clinical factors, and the risk of PD or death in patients with advanced OC in a real-world setting.

Methodology This retrospective cohort study included patients diagnosed with invasive ovarian cancer between January 1, 2011 and February 29, 2020, from the Flatiron Health electronic health record-derived de-identified US database (most OC patients (87%) originate from community oncology practices). Inclusion/exclusion criteria are shown in table 1. The index date (ID) was defined as the last date of 1L treatment. Multivariate Cox regression models were used to identify demographic and clinical factors associated with time to next