Disclosures


Introduction/Background

Recent randomized clinical trials have demonstrated convincing effects of integrating PARP inhibitors (PARPi) and combination of PARPi + bevacizumab (anti-VEGF) into first line (1L) treatment of selected groups of advanced stage ovarian cancer (OC) patients. However, it remains unclear to which extent eligibility of PARPi treatment translates into a real-world setting, where the impact of patient heterogeneity and differences in national clinical practices may influence the potential for PARPi treatment. The aim of this study is to describe treatment strategies and outcomes of advanced OC; and to estimate the proportion of patients potentially eligible for 1L PARPi maintenance therapy and for concomitant anti-VEGF treatment practice using observational data in a multi-national setting (RESPONSE).

Methodology

This international, multi-centre, observational study, includes real-world data on diagnostic work-up, standard of care, clinical outcomes and treatment for around 1000 patients with advanced OC (120 patients/country). Last index date is 1st April 2018, ensuring at least 20 months of follow-up. Potential PARPi eligibility is defined as having no macroscopic residual disease (<1 cm) following upfront surgery and/or having a clinical complete response/partial response to 1L PARPi treatment. The study aims to identify real-world treatment strategies and outcomes in advanced OC patients to inform clinical practice and guideline development.

Abstract 392 Table 1

<table>
<thead>
<tr>
<th>Median PFS, months</th>
<th>HR (95% CI)</th>
<th>Olaparib</th>
<th>Placebo</th>
<th>Olaparib vs Placebo</th>
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<tr>
<td>Investigator</td>
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<tr>
<td>Higher risk</td>
<td>39.0</td>
<td>11.1</td>
<td>0.34 (0.24–0.48)</td>
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<td>Lower risk</td>
<td>NR</td>
<td>21.9</td>
<td>0.33 (0.20–0.52)</td>
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<td>NR</td>
<td>11.3</td>
<td>0.32 (0.22–0.48)</td>
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<tr>
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<td>NR</td>
<td>19.2</td>
<td>0.29 (0.17–0.56)</td>
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</tr>
</tbody>
</table>

Abstract 405 Figure 1

Primary patient population: FIGO stage III-IV, serous and endometrioid high grade OC
Participants: Austria, Belgium, Denmark, Finland, Israel, Netherlands, Norway, and Portugal

Patient identification/enrollment period: ~120 patients per country (retrospective)
**Abstracts**

**413**

**PROGNOSTIC VALUE OF THE TUMOR INFILTRATING LYMPHOCYTES AND THE NEUTROPHIL-TO-LYMPHOCYTE RATIO IN PATIENTS WITH ADVANCED OVARIAN CANCER**

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10.1136/ijgc-2020-ESGO.132

**Introduction/Background** Tumor infiltrating lymphocytes (TIL) and Neutrophil-to-lymphocyte ratio (NLR) have been objectified as independent prognostic factors in different tumours. There is not enough knowledge about the prognostic value of these two factors as a combination. This analysis aims to study the prognostic significance of TIL and NLR in patients with advanced ovarian cancer (OC).

**Methodology** Observational, single-center and retrospective analysis of a cohort of 135 patients with advanced stage OC treated between 2002 and 2019. Histological samples of ovarian tissue from the surgery of 92 patients were requested, with informed consent, and tissue microarrays (TMA) were constructed. For the TIL study, immunohistochemical staining of the TMA was made and a quantitative analysis was performed through the morphometric analysis of the lymphocytes. Samples were categorized in relation to total area as TIL 0 = absence; 1 = < 25%; 2 = 25–50%; 3 = 50–75%; 4 ≥ 75%. Neutrophils and lymphocytes levels in peripheral blood at the diagnosis were collected to estimate NLR. Survival analysis was performed using Cox regression.

**Results** Average age 66 years (36–84 years). Median overall survival (OS): 56 months (0.92–154 m). FIGO stage: 80% III, 20% IV. Histology: 87.2% papillary serous. ECOG: 18.5% ECOG 2 at diagnosis. Surgery: primary cytoreduction/after neoadjuvant treatment: 59/59 patients. TIL and NLR study: Both variables were not correlated (Spearman’s rho: -0.259, p = 0.106). 75% of patients had TILCD3 infiltration < 25%. Median NLR = 3.72. The univariate analysis showed a higher OS in patients with TILCD3> 25% (HR 0.448, 95% CI 0.19 – 1.02;