response (CR/PR) following completion of 1L chemotherapy according to the label. Eligibility for PARPi treatment will be analysed prospectively by time-to-event by individual country, all countries combined, and in relation to treatment patterns. Finally, between-country variations will be described in relation to 1L treatment patterns and national guidelines.

**Results** In total, eight countries, Austria, Belgium, Denmark, Finland, Israel, Netherlands, Norway, and Portugal, are included in the study (study flow chart; figure 1). Data collection is ongoing and will be finalized by Q1 2021. Inclusion of 120 patients per site will provide precise estimates of local PARPi eligibility (error margin of 4%) and sufficient power to detect clinical meaningful differences in PARPi eligibility between any two countries.

**Conclusion** International real-world OC data is currently scarce. RESPONSE will add to the current knowledge regarding factors influencing eligibility to 1L PARPi or PARPi + anti-VEGF maintenance treatment in individual countries, and enable mapping of patient characteristics and key variables in the 1L treatment pathway, such as timing and outcome of surgery, including concomitant anti-VEGF treatment.

**Disclosures** Professor Christian Marth has received funded research from EU, FWF, AstraZeneca and Roche, Honoraria/Expenses from Roche, Novartis, Amgen, MSD, Pharmamar, AstraZeneca, and Tesaro, and has performed Consulting/Advisory Boards for Roche, Novartis, Amgen, MSD, AstraZeneca, Pfizer, Pharmamar, Cerulean, Vertex, and Tesaro.

Dr Jacob Korach has nothing to disclose.

Dr Kristina Lindemann has acted as Consultant for AstraZeneca, Speaker for AstraZeneca and GSK, and participated in Advisory Boards for AstraZeneca and GSK.

Dr Anne Weng Ekmann-Gade has received research grants for the current trial.

Dr E Van Nieuwenhuysen has nothing to disclose.

Dr Heini Lassus has nothing to disclose.

Dr Klaus Kaee Andersen is employed by AstraZeneca.

Jesper Hansen is employed by AstraZeneca.

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**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 neo-adjuvant 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;