498 EDMOND: A FEASIBILITY STUDY OF ELEMENTAL DIET AS AN ALTERNATIVE TO PARENTERAL NUTRITION FOR OVARIAN CANCER PATIENTS WITH INOPERABLE MALIGNANT BOWEL OBSTRUCTION

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Introduction/Background Inoperable bowel obstruction (IBO) occurs in up to 50% of patients diagnosed with ovarian cancer. Nutrition support for patients with IBO is challenging. Parenteral feeding (PN) is the recommended route for patients with a prognosis of > 2 months, however there is little evidence that it improves quality of life and the cost of it is very high. If PN is not available patients are frequently discharged home from hospital with sips of clear fluids only. Management of inoperable bowel obstruction remains a major challenge and clear guidelines are needed.

Elemental diet (ED) is a liquid diet that contains proteins in the form of amino acids, fats in the form of medium chain triglycerides, vitamins and trace minerals. ED is almost completely absorbed in the upper small intestine.

Methodology The primary objective of the study was to establish if ED can be used as an alternative to home PN in patients with IBO. The secondary aim was to examine the impact of ED on quality of life. The primary endpoints of the study were acceptability and tolerability of ED with respect to taste, and incidence of vomiting and pain. The secondary endpoints included the number of patients alive at the end of the study, quality of life, nutritional intake, and the number of women who can tolerate ED and subsequently be treated with palliative chemotherapy (as per standard of care).

Results 29 women with IBO caused by metastatic ovarian cancer were recruited into the EDMONd study. Of those 8 could not complete the trial due to disease progression, and 2 had missing data that was deemed irretrievable, leaving 19 patients who contributed data to the primary endpoint analysis. The mean age of the patients who continued the trial was 68 (SD 12.5). Preliminary analysis shows that 68.4% of patients met the primary endpoint and tolerated ED; the ED did not worsen the vomiting or pain as measured by Memorial Symptoms Assessment Scale. At baseline 72% of patients experienced vomiting and this number reduced to 28% by the end of week1 of the study and to 23.5% by the end of week 2. 96% of patients reported pain at baseline and this proportion reduced to 72% and 76% by the end of week 1 and 2 respectively.

Conclusion ED is well tolerated by patients with IBO and can provide an acceptable feeding option for this group of patients.

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506 ORAL METRONOMIC CYCLOPHOSPHAMIDE IN RECURRENT OVARIAN CANCER: A SINGLE CENTRE EXPERIENCE

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Introduction/Background Oral metronomic cyclophosphamide (OMC) consists in the chronic administration of low, usually daily, doses of chemotherapy. The effective reduction of tumour growth, oral administration, low toxicity profile and low cost benefit women with relapsed ovarian cancer, especially heavily pretreated patients. We retrospectively evaluated the outcome of patients treated with OMC for recurrent ovarian cancer.

Methodology We selected patients treated with OMC (50 mg daily) from 2016 to 2020 at the Academic Department Gynaecology, Mauriziano Hospital, Torino, Italy. Progression free survival (PSF) and toxicities profile were evaluated.

Results Thirty-five patients were analyzed. 28 (87%) had FIGO stage III and IV disease at diagnosis and 59% had received $\geq$ 4 previous lines. Average age was 68 years (range 47–88). Before starting OMC 16% had ECOG 0, 65% ECOG 1 and 19% ECOG 2. Median PFS was 5 months. PFS was $\geq$ 6 months in 33% of patients, $\geq$ 12 months in 13% and $\geq$ 18 months in 7%. 52% experienced clinical benefit in terms of symptoms reduction. 3% of discontinuation for side effects and no G3-4 hematological toxicities reflected a low toxicity profile. Only nausea and fatigue G1-G2 were reported in 4 (12%) and 9 (28%) cases, respectively.

Conclusion OMC could be a feasible alternative therapy for recurrent ovarian cancer leading to an acceptable clinical response with a low toxicity profile, even if patients are heavily pretreated and with a suboptimal performance status.

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510 NIRAPARIB OUTCOMES IN BRCA WILD-TYPE PLATINUM SENSITIVE RECURRENT OVARIAN CANCER: A COMPARISON OF REAL-WORLD DATA TO THE NOVA TRIAL

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Introduction/Background The PARP inhibitor (PARPi), niraparib, is EMA approved for maintenance treatment in platinum-sensitive recurrent ovarian cancer. The eligibility criteria set out in niraparib licence are less stringent than those in the NOVA trial, therefore outcomes may be different in the real-world to those observed in trial patients.[1] The optimal management of patients after progression on PARPi is unknown and the relationship between platinum free interval and probability of response to platinum may be modified after PARPi therapy. To investigate this, we performed a retrospective analysis of real-world niraparib use and compared it to the NOVA trial.

Methodology Data was collected retrospectively for all women receiving maintenance niraparib for BRCA wild-type, platinum