Abstract 172 Table 1 Summary of TEAEs in patients aged, <70 and ≥70 years

n (%)	Aged <70 years (n=192)		Aged ≥70 years (n=87)	
	All grades	Grade ≥3	All grades	Grade ≥3
Any TEAE*	183 (95)	53 (28)	84 (97)	28 (32)
Nausea	93 (48)	0	42 (48)	1 (1)
Fatigue/asthenia†	82 (43)	4 (2)	41 (47)	5 (6)
Anaemia†	73 (38)	26 (14)	36 (41)	12 (14)
Dysgeusia	32 (17)	0	7 (8)	0
Vomiting	28 (15)	2 (1)	17 (20)	1 (1)
Neutropaenia†	29 (15)	2 (1)	15 (17)	3 (3)
Abdominal pain	26 (14)	0	10 (11)	0
Diarrhoea	25 (13)	0	15 (17)	0
Thrombocytopaenia†	23 (12)	2 (1)	12 (14)	4 (5)
Cough	22 (11)	0	7 (8)	0
Decreased appetite	18 (9)	0	14 (16)	0
Arthralgia	16 (8)	0	10 (11)	0
Urinary tract infection	13 (7)	0	14 (16)	0
Back pain	10 (5)	0	15 (17)	0
Serious TEAE	37 (19)	–	18 (21)	–
Dose interruption due to TEAE	83 (43)	–	48 (55)	–
Dose reduction due to TEAE	38 (20)	–	25 (29)	–
Treatment discontinuation due to TEAE	12 (6)	–	9 (10)	–

*Data are shown for TEAEs occurring in >10% of patients aged <70 or ≥70 years.
†Grouped term.
TEAE, treatment-emergent adverse event.

(median 74.0 years; range 70–85). Among patients aged <70 vs ≥70 years, 73% vs 59% were Eastern Cooperative Oncology Group (ECOG) performance status 0, 27% vs 41% were ECOG performance status 1, 64% vs 49% had received only two prior platinum regimens, 36% vs 51% had received ≥3 prior platinum regimens, and 35% vs 28% had a complete response and 64% vs 70% had a partial response to their latest platinum regimen. At data cut-off (2 Oct 2020), median PFS and 18-month PFS rates were similar in both age groups (figure 1). Median TFST was 15.6 months (95% CI 12.2–18.1) in patients aged <70 years and 11.4 months (95% CI 9.7–15.6) in patients ≥70 years. The safety profile of maintenance olaparib (median treatment duration 9 months) was generally similar in both age groups (table 1).

Conclusion* Efficacy and safety data support the use of maintenance olaparib in non-gBRCAm PSR OC patients irrespective of age.

175 COST-EFFICIENT ANALYSIS OF BRCANESS STATUS IN HIGH-GRADE SEROUS OVARIAN CARCINOMAS

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Introduction/Background* Paclitaxel/carboplatin (TCbP) is a standard therapy for high-grade serous ovarian cancer (HGSOC), however many patients do not benefit from this combination.
Methodology Genetic profiling was performed for 71 HGSOC consecutive patients, who received neoadjuvant chemotherapy (NACT).
Result(s)* BRCA1/2 germline mutation carriers (n = 22) had longer treatment-free interval (TFI) than non-carriers (n = 49) (9.5 vs. 3.8 months; P = 0.007). 51 HGSOCs with sufficient quality of tumor DNA were examined by the SeqCap EZ CNV/LOH Backbone Design NGS panel, which systematically spans the entire genome at 50 kb intervals. All 13 tumors obtained from BRCA1/2 germline mutation carriers and 12 sporadic HGSOCs had high number of evenly spread chromosomal breaks, that was defined as a BRCAness phenotype; median TFI for this combined group approached 9.5 months. The remaining 26 HGSOCs had similarly high global LOH score (above 20%); however, in contrast to BRCAness tumors, LOH involved large chromosomal segments; these patients had significantly lower TFI (3.7 months; P = 0.006). Comparison between this newly developed BRCAness test, which discriminated tumors simply by the number of affected genomic segments, and the commonly accepted HRD scoring system, revealed high concordance of the results and at least non-inferior clinical performance of our assay. Virtually all tumors with BRCAness (23/25 [92%]) demonstrated gain at MYC locus, while this event was less common in non-BRCAness HGSOCs (12/26 [46%]; P = 0.0006). All patients with CCNE1 amplification (n = 7), TP53 R175H substitution (n = 6), and RB1 mutation (n = 4) had poor response to TCbP.
Conclusion* BRCA1/2 germ-line testing has superior performance in identifying responders to TCbP. Simple and rapid PCR-based tests for MYC and CCNE1 amplification allow to classify patients for potential responders and non-responders with a reasonable level of accuracy. BRCAness phenotype can be reliably detected by a laboratory-scale NGS assay, which evaluates the total number of chromosomal breaks. It is of concern that TCbP is being routinely administered both to potential responders and to potential non-responders to this scheme. Novel treatment options for the latter category of HGSOC patients need to be searched within preclinical and clinical studies.

177 EFFICACY OF NIRAPARIB BY TIMING OF SURGERY AND RESIDUAL DISEASE: A POST-HOC ANALYSIS OF PATIENTS IN THE PRIMA/ENGOT-OV26/GOG-3012 STUDY

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