Introduction/Background The PRO-CTCAE scoring system is an effective tool to assess patient-reported outcomes in cancer patients. The PRO-CTCAE system is designed to measure the impact of cancer and its treatment on patients' quality of life (QoL). It is a widely used tool to evaluate the effectiveness of cancer treatments and to monitor patient well-being. The PRO-CTCAE questionnaire consists of multiple questions that assess different domains of QoL, including physical, functional, emotional, social, and cognitive aspects. The system allows for the comparison of QoL outcomes across different treatment groups and over time, enabling healthcare providers to tailor care plans to optimize patients' well-being.

Methods

To evaluate the effectiveness of the PRO-CTCAE system, we conducted a retrospective analysis of data from patients who were enrolled in a clinical trial for a specific cancer treatment. The trial included patients from multiple centers in different countries. We collected PRO-CTCAE scores at baseline and at regular intervals throughout the treatment period. The outcomes were compared between treatment groups using statistical methods, such as t-tests and ANOVA. We also performed subgroup analyses based on patient characteristics and treatment factors.

Results

Our analysis revealed significant improvements in QoL scores for patients in the treatment group compared to the control group. The differences were statistically significant in all domains assessed by the PRO-CTCAE questionnaire. Additionally, we observed a positive correlation between improvements in QoL and clinical outcomes, such as survival rates and progression-free survival.

Conclusion

The PRO-CTCAE system is a valuable tool for assessing QoL outcomes in cancer patients. Our findings suggest that the PRO-CTCAE system can help to identify treatment strategies that optimize patients' well-being. Further research is needed to validate these findings in larger and more diverse populations.
Methodology Patients treated with PARPs between November 2016 and December 2020 were enrolled in this prospective study. PRO-CTCAE questionnaires were generated on the specific toxicities of PARPs using the form builder developed by the Division of Cancer Control and Population Science in the National Cancer Institute at the National Institute of Health and administered to the cohort. Patients toxicities, as recorded by physicians, were analyzed and compared with monthly PRO-CTAE questionnaires.

Result(s)* Thirty-one EOC patients underwent maintenance therapy with PARPs after 1 (24%), 2 (48%) and ≥3 (28%) lines of chemotherapy. The median age was 56 (range 35-77), 83.3% of patients had an ECOG Performance Status 0 and 14 (45.2%) were BRCA mutated. 50% received olaparib, 42.9% niraparib and 7.1% rucaparib. No patient discontinued treatment due to toxicity and 38.7% delayed the treatment due to anemia (29%) or thrombocytopenia (9,7%). Haematological toxicities and asthenia were the most frequent adverse events recorded by physicians and occurred in 42.5% and 45.2% of patients, respectively. Concordance between the toxicity reported by patients and by physicians was observed in 40% of cases. PRO-CTCAE questionnaires contributed to the toxicity evaluation revealing symptoms under-reported by physicians, in particular: 35.7% of anorexia, 79.5% of nausea, 90% of vomiting, 63.7% of constipation, 79.8% of diarrhea, 35.3% of asthenia, 87.4% of arthralgia and 100% of headache and insomnia.

Conclusion* PRO-CTCAE is a toxicity assessment tool that should be required especially in the monitoring of maintenance treatments. The physician’s evaluation of toxicities, enriched by the patient reported outcomes, could allow more targeted and earlier interventions and potentially affect the adherence to the treatment.

All authors have no conflict of interest

605 INFLUENCE OF SPLENECTOMY ON CHEMOTHERAPY TREATMENT AND ONCOLOGICAL PROGNOSIS IN WOMEN WITH ADVANCED OVARIAN CANCER

Introduction/Background* To determine the effect of splenectomy on subsequent chemotherapy treatment and prognosis in women with advanced ovarian cancer.

Methodology We performed a retrospective study comparing two cohorts of patients. Data from 60 women who underwent splenectomy during cytoreductive surgery for primary or relapse ovarian cancer were compared with 62 controls who also underwent this type of surgery without splenectomy matched for baseline and surgical characteristics including type and date of surgery at University Hospital La Fe (Spain) between November 2011 and December 2019.

Result(s)* A total of 72/459 (15.7%) women who underwent splenectomy for advanced ovarian cancer were identified. Twelve women were excluded and finally 60 cases and 62 controls were identified.

No differences were observed regarding the following variables: postoperative complications (31.7% vs. 19.4%), mean time to start adjuvant chemotherapy (48.6 vs. 42.7 days), mean time to complete chemotherapy in women who received only adjuvant treatment (104 vs. 116 days) and percentage of six-cycle chemotherapy completion (78.8% vs. 98.4%) after adjusting for a potential confounding factors. No differences were observed between groups related to cycles delayed (50% vs. 32.3%; P=0.16) and reduction in the doses of chemotherapy (23.3% vs. 22.6; P=0.61); unlike the differences found according to cycles cancelled (30% vs. 11.3%; P=0.037). Two women died in the splenectomy group (3.3%). The mean