Abstract 662 Figure 1

After the initial staging, the decision between PDS and NADS-IDS was based on the number of the surgical procedures which had to be performed (82.9%), carcinosis index (61.6%), patient's age (51.2%), global visual assessment (36.0%) and surgeon's personal estimation (11.0%).

During IDS, LION study's criteria were always applied according to only 23.1% of the respondents. Hyperthermic intraperitoneal chemotherapy (HIPEC) was used as a first-line treatment from 16.0% of respondents within clinical trials and 14.1% out of clinical trials.

Regardless of the surgical strategy (PDS or NACT-IDS) and the completeness of cytoreduction surgery, Olaparib was prescribed by 74.3% to 81.4% of the respondents and Niraparib by 8.6% to 12.9%. Bevacizumab was prescribed by 42.9% to 68.6% in case of no BRCA mutation.

Conclusion* According to our study, the current management of ovarian cancer is in line with the ESGO guidelines. More participants are necessary for a more precise presentation.

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BRCA1-2 MUTATION PREVALENCE IN OVARY EPITHELIAL CANCER IN LAS PALMAS

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Introduction/Background* Ovarian cancer represents 3% of all female tumors, with a high mortality rate since about 70% are diagnosed in advanced stages. At least 20% of ovarian cancers

are inherited. Genes whose mutations are associated with an increased risk of ovarian cancer are BRCA1 and BRCA2.

With all that, facing late diagnosis and poor prognosis, it is necessary to get a better understanding of the etiopathogenesis of ovarian cancer and to develop new and more efficient tools to prevent, detect and treat this disease. Genetics may be the way to do so.

Methodology Retrospective study of patients diagnosed and treated for epithelial ovarian cancer in CHUIMI between 2006 and 2019. Different epidemiological variables and the BRCA 1 and BRCA 2 genetic study in germinal and somatic lines were collected.

Result(s)* The total number of patients diagnosed with ovarian cancer was 524, with a mean age 57.9 years (range 17-88 years). 69.8% were in advanced stages at diagnosis (Stage I 23.9%, Stage II 6.3%, Stage III 54.1% and Stage IV 15.7%). 50.5% had a family history of cancer, of these, 76% were hereditary cancers (38% breast cancer (n = 98), 15.6% colon cancer (n = 40), 14.9% digestive cancer (n = 38 pancreas, gastric, intestine) and 6.2% ovarian cancer (n = 16). 11% had a personal history of cancer, the most frequent was breast cancer representing 4% (n = 21), followed by endometrial cancer. A germinal-somatic BRCA1/2 study was performed in 141 patients, a pathogenic variant was detected in 24% (n = 34); being more frequent in BRCA1, 66%. The mean age at diagnosis of patients with a pathogenic mutation was 53 years versus 55.1 years in negative BRCA.

Conclusion* We saw in our population a 24% of BRCA1/2 pathogenic variants in patients with epithelial ovarian cancer in advanced stages. This data is similar to what is published in the literature. The diagnosis of hereditary ovarian cancer allows us to implement more efficient measures to prevent

cancer in family members. Knowing BRCA status is a very important factor to plan the therapeutic strategy in ovarian cancer.

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NIRAPARIB AS MAINTENANCE THERAPY IN PLATINUM-SENSITIVE RECURRENT OVARIAN CANCER: A GEICO STUDY WITHIN THE SPANISH EXTENDED ACCESS PROGRAM

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Introduction/Background* In the ENGOT-OV16/NOVA trial, niraparib demonstrated a significantly longer PFS in patients (pts) with recurrent platinum-sensitive ovarian cancer (PSOC) vs placebo as maintenance therapy, regardless of gBRCA/HRD status. Niraparib obtained EU approval in 2017 and an expanded access program (EAP) was initiated.

Methodology A retrospective study of niraparib maintenance therapy was conducted within the Spanish EAP, at 57 hospitals. Niraparib's safety, dose adjustments, and effectiveness in real-world setting were assessed. Patient characteristics and starting dose individualizations were also analyzed. EAP's inclusion required at least 2 previous courses of platinum-containing therapy. For the last course prior to inclusion a response should have been obtained. Although BRCAmut and BRCAwt pts could be included, most were BRCAwt because olaparib was commercialized at that time for pts with BRCAmut and pts were allowed to be included only in specific circumstances.

Result(s)* Between September 2020 and March 2021, 316 pts were included. Median age was 63 years (31-88). More common initial FIGO stages were IIIC, IVB, and IVA (50.0%, 13.6%, 11.1%). 5.7% were BRCAmut, 80.4% BRCAwt, and 13.9% unknown. 93.4% had initial surgery and 22.8% after relapse. Previous bevacizumab was given in 40.8% of pts. Before niraparib, pts had ECOG 0-1 (50.3%-47.5%) and 55.7% had measurable disease. Population weights (Kg) were 43-57 (23.1%), 58-76 (52.2%), and 77-105 (17.7%). 19.7% had baseline platelets <150,000/ μ L, with a median of 203,500/ μ L. Individualized starting dose (ISD) was applied in 203 pts (64.2%); 142 (70%) of them started at 200 mg. Niraparib's mean dose was 201.5 mg (59.2% had ≥ 1 reduction and 63.3% ≥ 1 interruption). 6.0% discontinued due to

niraparib-related adverse events. Main G3-4 hematological toxicities were thrombocytopenia (17.4% ISD-32.0% fixed starting dose (FSD)), anemia (12.4% ISD-17.5% FSD), and neutropenia (7.5% ISD-5.8% FSD). There were not relevant G3-4 non-hematological events. 58 (18.3%) pts were long-term responders (treatment ≥ 1 year). 47 (14.9%) remained on treatment upon analysis.

Conclusion* The use of niraparib as maintenance therapy in pts with recurrent PSOC in real-life setting is safe. The ISD approach improved the safety profile. Results were in accordance with those reported in phase III trials. Overall effectiveness analysis is coming.

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NON-CODING RNA AND MRNA TRANSCRIPTOME DIFFERENCES IN OVARIAN CARCINOMA PATIENTS ASSOCIATED WITH RESISTANCE TO ADJUVANT CHEMOTHERAPY

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Introduction/Background* Epithelial ovarian carcinoma (EOC) is associated with the highest mortality among gynecological carcinomas. High mortality is due to the diagnosis at advanced stages and development of resistance to anticancer therapy regimens based on taxanes and platinum derivatives. In effort to overcome the problem of resistance, novel therapeutic drugs are synthesized and new potential therapeutic targets are under study.

Resistance of cancer cells is a multifactorial process, where deregulation of transcriptome may play important role. In addition, long non-coding RNAs (lncRNAs) with recognized regulatory functions may modulate transcriptome profile and its association with resistance and therapy response. The aim of this study was to analyze transcriptome profile of EOC patients and decipher interactions between protein-coding genes and lncRNAs, which may help to reveal new potential therapeutic targets of EOC.

Methodology Set of 60 EOC patients with different sensitivity to the adjuvant chemotherapy was divided into two groups based on their platinum-free interval (PFI) after adjuvant chemotherapy by platinum derivatives in combination with paclitaxel. Together 37 patients had PFI > 12 months (sensitive; 27 $\pm$ 24 months) and 23 patients had PFI < 12 months (resistant; 5 $\pm$ 3 months). We have performed transcriptome profiling using 3'mRNA QuantSeq FWD kit (Lexogen) with sequencing on the NextSeq500 platform (Illumina). Bioinformatics analysis was carried out by in-house pipeline with final differential expression analysis.

Result(s)* Bioinformatics analysis of transcriptome profile revealed significant differences in the expression profile of EOC patients with different sensitivity to adjuvant chemotherapy. We observed twelve differentially expressed protein coding genes (after false discovery rate correction) – MYH11, JAK2, SETDB2, SUCNR1, IRAG2, CCN5, FOXP2, GCNT3,