

peritoneal cancer and lung cancer each recorded 1 (1.5%) case. In most cases bilateral disease was present (43 cases, 67.2%), while surface involvement was recorded in 55 patients (86%). Survival data existed only for a subset of 15 patients with median overall survival of 23.7 months (95% CI 12.7-34.8).

Conclusion* Metastatic ovarian cancer is more usually seen from primary gastric, breast and colon cancer. Hematogenous spread appears a more common route in these cases, rather than transserosal pathway. Despite survival data were limited in a subset of patients, data indicate the presence of long-term survivors. Analysis of larger datasets is warranted to optimize surgical and medical treatment in patients with metastatic disease to the ovary.

918 CORRELATIVE ANALYSES OF PHASE 1B STUDY OF NAVICIXIZUMAB PLUS PACLITAXEL IN PATIENTS WITH PLATINUM RESISTANT OVARIAN CANCER USING XERNA™ TME PANEL

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Introduction/Background* No biomarkers have been established yet to predict response to anti-angiogenic treatment. To test whether the Xerna™ TME Panel, a novel biomarker, is predictive of anti-angiogenic treatment outcome, an exploratory, retrospective analysis of the Phase 1b study of navicixizumab in combination with paclitaxel in platinum resistant ovarian cancer was performed. Navicixizumab is a bispecific anti-angiogenic antibody to vascular endothelial growth factor (VEGF) and delta-like ligand 4. The Xerna™ TME Panel evaluates RNA gene expression data of ~100 genes defining the immune and angiogenic biologies that dominate the tumor microenvironment (TME). This novel diagnostic employs a machine learning model to classify a patient's TME along immune and angiogenic axes, resulting in classification into one of four TME subtypes—Angiogenic (A), Immune Suppressed (IS), Immune Active (IA) and Immune Desert (ID). We hypothesized that patient TME subtypes classified with angiogenic dominant biology (A/IS) are more likely to benefit from treatment with navicixizumab relative to those in the biomarker negative subgroup (IA/ID).

Methodology The Phase 1b study of navicixizumab (3 mg/kg or 4 mg/kg, IV, q2w) in combination with paclitaxel (80 mg/m² IV on D0, D7, and D14 of 28-day cycle) was an open-label, non-randomized study that included 44 patients with platinum-resistant, grade 2/3 ovarian cancer. Patients received a median of 4 prior treatments (63% prior bevacizumab, 45% prior PARP). Pre-treatment tumor tissue was analyzed retrospectively using the Xerna™ TME Panel.

Result(s)* The objective response rate per RECIST 1.1 was 43.2% in the overall patient population (n=44). Responses were durable (median 6 months [95% CI, 5.4 months, not estimable]). Pre-treatment tumor tissue was available for 33 patients. In the B-positive subgroup (A/IS, n=13), 62% of patients had an objective response, compared to 25%, in the B-negative subgroup (IA/ID, n=20). PFS was 9.2 months in the B-positive subgroup vs. 3.9 months in the B-negative subgroup, HR = 0.43 [95% CI 0.188 to 0.999]).

Conclusion* Navicixizumab plus paclitaxel demonstrated promising clinical activity in this heavily pretreated patient population. The Xerna™ TME Panel may identify patients more likely to benefit from treatment with navicixizumab and should be prospectively evaluated in a future study.

946 LONG TERM FOLLOW-UP OF A LARGE SERIES OF STAGE II/III SEROUS OVARIAN BORDERLINE TUMORS

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Introduction/Background* The aim of this study was to assess prognostic factors and implications on further management in a large series of stage-II or III Serous Borderline Ovarian Tumors (SBOTs) with a long-term follow-up.

Methodology Patients with SBOTs and peritoneal implants treated in, or referred to, our institution were retrospectively reviewed. Prognostic factors on invasive recurrence, disease-free (DFS) and overall survival (OS) were analyzed.

Result(s)* Between 1971 and 2017, 212 patients were identified and followed (33 having invasive implants). After a median follow-up of 115 months, 70 recurrences were observed, 28 of them under the form of invasive disease. DFS at 5 years and 10 years was 73% and 62% respectively. The use of a conservative treatment (HR=5.5[3.33-9.08], p<.0001), the presence of ≥ 3 peritoneal sites with implants (HR=1.65[1.01-2.72], p=.045) were unfavorable prognostic factors for DFS. The presence of ≥ 3 peritoneal sites with implants (HR=3.02[0.96-9.53], p=.049) and the presence of stromal microinvasion (HR=3.19[1.12-9.1], p=.022) were unfavorable prognostic factors for OS. Non-conservative surgery (HR=7[2.35-20.87], p=0.0002), invasive implants (HR=5.37[1.29-22.26], p=0.013), and ≥ 3 peritoneal sites with implants (HR=3.56 [1.11-11.39], p=0.024) were identified as predictors of recurrence in the form of an invasive disease. Invasive implants were not associated with DFS (HR=1.39[0.77-2.51], p=0.27), nor OS (HR=1.76[0.57-5.47], p=0.32).

Conclusion* After a long-term follow-up, type of peritoneal implants is no longer a prognostic factor for OS. Implants ≥ 3 peritoneal sites seem to impact significantly OS and then require a specific follow-up in this subgroup of patients.

953 SURVIVAL IN ADVANCED STAGE EPITHELIAL OVARIAN CANCER PATIENTS WITH CARDIOPHRENIC LYMPHADENOPATHY WHO UNDERWENT CYTOREDUCTIVE SURGERY: A META-ANALYSIS

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Introduction/Background* Favourable survival outcomes for patients with advanced stage ovarian cancer are associated

with complete cytoreduction. In this study, we evaluated the survival impact of cardiophrenic lymph node enlargement in women with advanced stage epithelial ovarian cancer who have undergone cytoreductive surgery.

Methodology The Embase, Medline, Web of science, Cochrane Library and Google scholar databases were searched for articles from the database inception to November 2020. Meta-analysis was conducted to determine the prognostic impact of surgical outcome, postoperative complication and survival using random-effects models.

Result(s)* Fifteen relevant studies, involving 727 patients with CPLN adenopathy and 981 patients without CPLN adenopathy, were included in the review. The prevalence of ascites, and intra and extra abdominal metastases were highest in the CPLN adenopathy group. The mean size of pre-operative CPLN was 9.1 ± 3.75 mm. Eighty-two percent of the patients with CPLN resection, the resected CPLN were histological confirmed pathologic nodes. Surgical outcomes and perioperative complications did not differ between both groups. The pooled median overall survival (OS) was 42.7 months (95% CI 10.8-74.6) versus 47.3 months (95% CI 23.2-71.2) in patients with and without CPLN adenopathy. The pooled median progression free survival (PFS) was 14.6 months (95% CI 4.9-24.4) versus 27.8 months (95% CI 3.2-52.5) respectively. Patients with CPLN adenopathy had a significantly increased risk of disease recurrence (OR 4.56, 95% CI 1.98-10.51, $P < 0.001$) and of dying from disease (OR 2.96, 95% CI 2.08- 4.22, $p < 0.001$) compared to those without CPLN adenopathy.

Conclusion* Patients with CPLN adenopathy had a higher tumor burden in both intra and extra-abdominal sites, and lower survival compared to patients without CPLN adenopathy. The available data was not sufficient to definitively confirm a therapeutic role of CPLN resection. A randomized controlled trial is needed to demonstrate the benefit of CPLN resection in cytoreductive surgery.

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IMPACT OF DISEASE PROGRESSION ON HEALTH-RELATED QUALITY OF LIFE OF ADVANCED OVARIAN CANCER (AOC) PATIENTS – POOLED ANALYSIS FROM THE PRIMA TRIAL

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Introduction/Background* Clinical trials consistently demonstrate the detrimental impact of progressive disease (PD) on patients' health-related quality of life (HRQoL). Progression-free survival (PFS) is an established regulatory endpoint. However, PFS is often excluded as an efficacy endpoint on the basis that — PFS is not patient relevant — in early benefit assessment by select EU health technology agencies. The PRIMA/ENGOT-OV26/GOG-3012 (NCT02655016) Phase 3 trial showed niraparib significantly prolongs median PFS vs placebo in patients with AOC responsive to 1L platinum (Pt)-based chemotherapy, (CT), regardless of biomarker status. This post-hoc analysis of PRIMA is the first study to examine the relationship between HRQoL and PD in a broad frontline AOC maintenance treatment setting.

Methodology In PRIMA, patients with AOC responsive to 1L Pt CT were randomised 2:1 to once-daily, maintenance niraparib or placebo. Impact of PD on patient HRQoL, irrespective of treatment, was evaluated within the pooled ITT population by comparing HRQoL at the last on-treatment (pre-progression) visit with HRQoL at end of treatment (EOT), +4 weeks, +8w, +12w, and +24w. Assessments included FOSI, EORTC QLQ-C30, EQ-5D-VAS, and EORTC QLQ-OV28 abdominal/GI symptom scale. ANCOVA was applied with treatment as a fixed effect and HRQoL at last on-treatment visit as a continuous covariate. Mixed models for repeated measurements (MMRM) evaluated cumulative HRQoL changes.

Result(s)* Significant reductions in HRQoL from pre- to post-progression were observed across all measures. Compared with pre-progression, FOSI scores (Least-squares mean [95% CI]) were lower at EOT+4w (-2.2 [-2.8, -1.6]) and EOT+24w (-1.7 [-2.3, -1.1]); each $p < 0.0001$. Similarly, at these timepoints EORTC-QLQ-C30 scores were lower by -10.2 (-12.4, -8.0) and -10.7 (13.2, -8.2) points, respectively, and EQ-5D-VAS by -8.2 (-10.4, -6.0) and -6.2 (-8.2, -4.2) points, respectively; each $p < 0.0001$. EORTC QLQ-OV28 scores were significantly worse at EOT+4w (6.6 [4.3, 8.9]) and EOT+24w (5.0 [2.8, 7.2]); each $p < 0.0001$. Similar changes were seen on MMRM analysis.

Conclusion* These findings demonstrate HRQoL is negatively impacted by PD in AOC. Preservation of HRQoL, an important therapy goal in the maintenance setting particularly for asymptomatic patients, can be achieved with PFS prolongation. PFS is of significant relevance and clinically important for AOC patients.

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CLEAR CELL BORDERLINE OVARIAN TUMOR: CLINICAL CHARACTERISTICS, PROGNOSIS AND MANAGEMENT

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Introduction/Background* Most frequent borderline ovarian tumors are serous and mucinous subtypes. Clear Cell Borderline Ovarian Tumor (CCBOT) is one of the rarest subtypes of borderline ovarian malignancies. Very few are known about this subtype and most of reports concerns very short series or case reports. The aim of this study was to determine the prognosis of a series of CCBOT and to analyze data published in the literature about this rare disease.