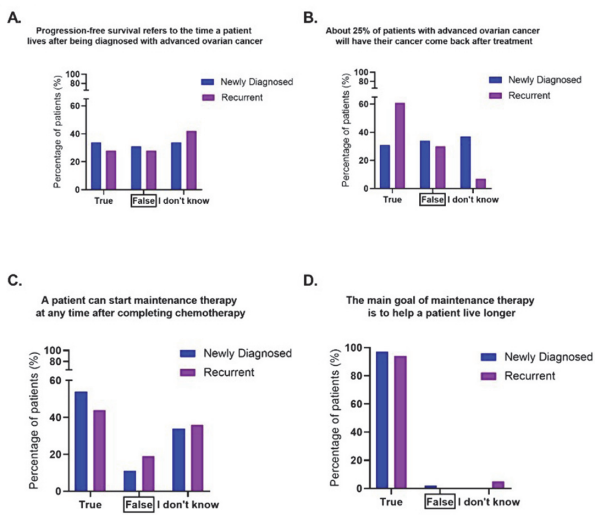

Abstract EPV186/#240 Figure 1
*Correct answers selected on each contingency table.

Abstract EPV186/#240 Table 1

		Newly Diagnosed	Already Recurred	Total
Age				
	Median Age	60.2	65.5	62.3
	Total	35 (40.2%)	52 (60.0%)	87 (100.0%)
Race				
	White	31 (88.6%)	43 (83.0%)	74 (85.0%)
	Black or African American	1 (2.9%)	3 (6.0%)	4 (5.0%)
	Other	3 (8.6%)	6 (11.5%)	9 (10.3%)
	Total	35 (100.0%)	52 (100.0%)	87 (100.0%)
Education				
	≤ High School Graduate	1 (2.9%)	11 (21.1%)	12 (14.0%)
	Some College or Technical School	14 (40.0%)	11 (21.1%)	25 (29.0%)
	College Graduate/Post-Graduate	20 (57.1%)	30 (58.0%)	50 (57.5%)
	Total	35 (100.0%)	52 (100.0%)	87 (100.0%)
Employment				
	Full-time employed	10 (28.6%)	12 (23.1%)	22 (25.3%)
	Part-time employed	3 (8.6%)	1 (2.0%)	4 (5.0%)
	Homemaker	4 (11.4%)	5 (10.0%)	9 (10.3%)
	Retired	13 (37.1%)	33 (63.5%)	46 (53.0%)
	Disabled/Unemployed	5 (14.3%)	1 (2.0%)	6 (7.0%)
	Total	35 (100.0%)	52 (100.0%)	87 (100.0%)
Annual household income				
	Less than $35,000	4 (11.4%)	6 (11.5%)	10 (11.5%)
	Less than $75,000	8 (23.0%)	2 (4.0%)	10 (11.5%)
	$75,000 or more	17 (48.6%)	33 (63.5%)	50 (57.5%)
	I prefer not to answer this question	6 (17.1%)	11 (21.1%)	17 (19.5%)
	Total	35 (100.0%)	52 (100.0%)	87 (100.0%)

iteratively using cognitive interviews with patients. Patients with OC with ≥ 3 cycles of chemotherapy and cytoreductive surgery completed the survey by email or phone. No prior background information was given to patients.

Results Clinico-demographic characteristics are shown in table 1 (n=87). Sixty percent had recurrent disease. General knowledge about advanced OC was similar between groups. The majority of patients did not understand the purpose of MT or the definition of progression-free survival. The recurrent group showed a similar lack of knowledge in the same questions as the newly diagnosed group, with no statistically significant differences observed (figure 1).

Conclusions Our data suggests that knowledge of OC among patients is highly variable. The overall lack of understanding regarding the goal of MT even among patients who have recurred is concerning. These gaps in knowledge suggest an important role for shared decision making to improve patients' decision making about treatment of advanced OC.

EPV187/#241 EFFICACY OF PARP INHIBITORS MAINTENANCE IN OLDER PATIENTS WITH OVARIAN CANCER: A META-ANALYSIS

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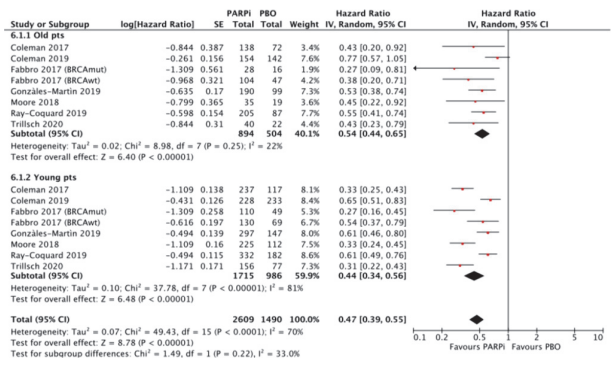
Objectives In recent years, PARP inhibitors have shown to be effective as maintenance treatment in patients with advanced ovarian cancer, both in the newly diagnosed and in the recurrent setting. However, as most ovarian carcinomas develop before 65, older patients are underrepresented in clinical trials. We performed a meta-analysis to assess the efficacy of PARP inhibitors as maintenance therapy in older patients with ovarian cancer.

Methods We systematically searched the PubMed, EMBASE, and Cochrane databases for randomized clinical trials (RCTs) concerning maintenance with PARP inhibitors in patients with newly diagnosed or recurrent, advanced, ovarian cancer. We extracted trials including hazard ratios (HRs) for progression-free survival (PFS) stratified by patients' age (cut-off: 65 years).

Results 7 phase III RCTs were selected. Olaparib, Niraparib, Rucaparib and Veliparib were administered. Among the 4099 treated patients, 1398 (34.1%) were ≥65 (894 receiving PARP inhibitors maintenance and 504 receiving placebo in the control arm). Compared to placebo, maintenance with PARP inhibitors improved PFS in older patients (HR=0.54; 95% CI: 0.44–0.65; P<0.00001). No differences for PFS emerged compared to the young population (HR=0.47; P=0.22).

Conclusions Our meta-analysis demonstrates that maintenance with PARP inhibitors prolongs PFS compared to placebo after chemotherapy in older patients with ovarian cancer. No OS data are disposable yet. Longer follow-up and data from further studies will increase the power of our analysis.



Abstract EPV187/#241 Figure 1

EPV188/#270 ASCITES-DERIVED CORTISOL CORRELATES WITH INFLAMMATORY AND IMMUNOSUPPRESSIVE CYTOKINES IN OVARIAN CANCER PATIENTS

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