Methods This is a post hoc analysis of the published NORA phase III study (NCT03705156). Adults with PSROC and CR/PR to most recent Pt-chemo were randomized 2:1 to niraparib or placebo. Primary endpoint was PFS by BICR. Subgroups comprised patients with ≤ 4 or >4 cycles of most recent Pt-chemo.

Results Table 1 summarizes key baseline characteristics which were overall balanced between groups. Median (95% CI) PFS was 18.37 months (8.54–not estimable [NE]), ≤ 4 -cycle/niraparib) versus 3.88 months (3.68–7.43, ≤ 4 -cycle/placebo; HR=0.36 [$p=0.0016$]), and was 18.33 months (10.28–NE, >4 -cycle/niraparib) versus 5.49 months (3.71–5.75, >4 -cycle/placebo; HR=0.33 [$p<0.0001$]) (figure 1). Overall safety profiles were comparable between ≤ 4 -cycle/niraparib and >4 -cycle/niraparib, with similar percentages of patients experiencing neutrophil count decrease (60.4%; 58.1%), anemia

(50.0%; 55.0%), and platelet count decrease (45.8%; 58.1%). Composition of grade ≥ 3 TEAEs was consistent with the overall NORA results.

Conclusions Similar niraparib-versus-placebo PFS benefits were observed after ≤ 4 -cycle or >4 -cycle Pt-chemo in CR/PR patients. The efficacy and safety of niraparib MT after shorter Pt-chemo remain to be verified in larger samples.

Oral Featured Posters

OP001/#162 SENTINEL LYMPH NODE MAPPING IN EARLY-STAGE CERVICAL CANCER – A NATIONAL PROSPECTIVE MULTICENTER STUDY (SENTIREC TRIAL)

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Objectives Sentinel lymph node (SLN) mapping may replace staging radical pelvic lymphadenectomy in women with early-stage cervical cancer. In a national multicenter setting, we evaluated SLN mapping in women with early-stage cervical cancer and investigated the accuracy of SLN mapping and FDG-PET/CT in tumors >20 mm.

Methods We prospectively included women with early-stage cervical cancer from March 2017-January 2021 to undergo SLN mapping. Women with tumors >20 mm underwent completion pelvic lymphadenectomy and removal of FDG-PET/CT positive nodes. We determined SLN detection rates, incidence of nodal disease, sensitivity and negative predictive value (NPV) of SLN mapping, and the sensitivity, specificity, NPV, and positive predictive value (PPV) of FDG-PET/CT.

Results We included 245 women, and 38 (15.5%) had nodal metastasis. The SLN detection rate was 96.3% (236/245), with 82.0% (201/245) bilateral detection. In a stratified analysis of 103 women with tumors >20 mm, 27 (26.2%) had nodal metastases. The sensitivity of SLN mapping adhering to the algorithm was 96.3% (95% CI 81.0–99.9%) and the NPV 98.7% (95% CI 93.0–100%). For FDG-PET/CT imaging the sensitivity was 14.8% (95% CI 4.2–33.7%), the specificity 85.5% (95% CI 75.6–92.5%), the NPV 73.9% (95% CI 63.4–82.7%), and the PPV 26.7% (95% CI 7.8–55.1%).

Conclusions Our results suggest that SLN mapping is a reliable method in women with early-stage cervical cancer. However, until the oncological safety is established, we recommend completion pelvic lymphadenectomy in women with tumors >20 mm. FDG-PET/CT seems redundant for nodal staging in women with early-stage cervical cancer.

Abstract 0017/#15 Table 1 Key baseline characteristics for subgroups with ≤ 4 or >4 treatment cycles of most recent PT-chemo

n (%)	Niraparib		Placebo	
	≤ 4 cycles Pt-Chemo (N=48)	>4 cycles Pt-Chemo (N=129)	≤ 4 cycles Pt-Chemo (N=30)	>4 cycles Pt-Chemo (N=58)
Best response to most recent Pt-chemo*				
CR	28 (58.3)	58 (45.0)	18 (60.0)	29 (50.0)
PR	20 (41.7)	70 (54.3)	12 (40.0)	29 (50.0)
BRCA mutation status				
Germline BRCA mutation	17 (35.4)	48 (37.2)	10 (33.3)	25 (43.1)
Non-germline BRCA mutation	31 (64.6)	81 (62.8)	20 (66.7)	33 (56.9)
Platinum sensitivity after penultimate Pt-chemo				
Complete	29 (60.4)	92 (71.3)	18 (60.0)	42 (72.4)
Partial	19 (39.6)	37 (28.7)	12 (40.0)	16 (27.6)

*One patient in the >4 -cycle/niraparib group had stable disease. CR: complete response; PR: partial response; Pt-chemo: platinum-containing chemotherapy.

Abstract 0017/#15 Figure 1 PFS by blinded independent central review (interaction-to-treat)