evaluating the effect of liberal NACT administration on case-mix–standardized median overall survival and 1-year mortality rates.

Results We identified 19,562 patients treated in 332 cancer programs that increased use of NACT from 21.7% in 2004–2009 to 42.2% in 2010–2015 and 19,737 patients treated in 332 programs that marginally increased use of NACT (20.1% to 22.5%) over the same period. Standardized median overall survival improved by similar magnitudes in programs with liberal (from 31.6 to 37.9 months; 6.3-month difference; 95% CI, 4.2–8.3) and restrictive (from 31.4 to 36.8 months; 5.4-month difference, 95% CI, 3.5–7.3) use of NACT after 2010 (difference-in-differences, 0.9 months; 95% CI, −1.9 to 3.7). One-year mortality declined more in programs with liberal (from 25.6% to 19.3%; risk difference, −5.2%; 95% CI, −6.4 to −4.1) than with restrictive (from 24.9% to 21.8%; risk difference, −3.2%, 95% CI, −4.3 to −2.0) use of NACT (difference-in-differences, −2.1%; 95% CI, −3.7 to −0.5).

Conclusions Compared with cancer programs that administered NACT restrictively, those that administered it liberally achieved similar improvements in median overall survival and larger declines in short-term mortality.

EPV295/#178 EFFICACY AND TOLERABILITY OF WEEKLY PACLITAXEL AS 'SALVAGE THERAPY' IN PATIENTS WITH GYNECOLOGICAL TUMORS

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Objectives Despite paclitaxel has been used routinely in gynecological tumors, there are still few studies in literature that have investigated its efficacy and tolerability as salvage therapy. The aim of this study is to examine weekly paclitaxel's efficacy and tolerability as salvage therapy in patients diagnosed with gynecological tumors.

Methods A retrospective study was conducted on 96 patients diagnosed in our 'II Clinica Ginecologica' of Policlinico di Bari, between October 1992 and July 2019. Inclusion criteria were: 1) diagnosis of ovarian, endometrial, or cervical tumor 2) patients who received treatment with weekly paclitaxel as salvage therapy To evaluate the efficacy, PFS and OS were elaborated with Kaplan Meier curves and compared with Log Rank test. Response to therapy was also considered (stable disease or partial response vs progression of disease). Tolerability was evaluated collecting data about adverse events from medical records.

Results

Ovarian tumor 81/96 cases; OS median 13 months (7,6–18,4); PFS median 17 weeks (12,8–21,1); positive response 68,6% Endometrial tumor: 9/96 cases; OS median 9 months (0–17,9); PFS median 18 weeks (5,2–30,7); positive response 77,8% Cervical tumor: 6/96 cases; OS median 19 months (10,4–27,5); PFS median 23 weeks (0–50,9); positive response 66,7% Toxicity: 18,4% anemia; 12,6% leucopenia; 3,4% peripheral neuropathy; 2,3% myalgia/arthralgia; 1,1% cardiac toxicity; 1,1% ocular toxicity; 2,3% thrombocytopenia.

Conclusions With this study, the efficacy of weekly paclitaxel as salvage therapy can be confirmed. Moreover, this treatment is well tolerated by patients.

EPV296/#395 'A PROSPECTIVE MULTICENTRIC STUDY OF RISK-REDUCING SALPINGO-OOPHORECTOMY IN BRCA MUTATION PATIENTS'

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Objectives BRCA1/2 are tumour-suppressor genes involved in DNA homologous recombination and ovarian cancer development.

Methods Risk-reducing surgery (RRS) was performed in 148 patients carrying BRCA1 (aged between 30–73 years, median age was 51 years) and BRCA 2 mutation (aged between 36–70 years, median age was 53 years). Seventy-nine patients had previous history of breast cancer.

Results Between the all patients, 131 women underwent risk-reducing salpingo-oophorectomy (RRSO) through a laparoscopic minimally invasive approach, 11 (7,4%) underwent laparoscopic RRSO and contextual hysterectomy, 2 woman (1,3%) underwent RRSO through a laparotomic approach and 12 women (8,1%) laparotomic RRSO and hysterectomy. During 7 (4,7%) laparoscopic RRSO, prophylactic bilateral mastectomy was also performed. Early and late complication occurred in 4 patients (3%). Six patients (4%) were found to have occult Serous Tubal Intraepithelial Carcinoma (STIC) and seven patients (4,7%) occult cancer.

Conclusions RRSO is safe and feasible in BRCA mutation carriers. The procedure is effective for genetic prevention of ovarian cancer.