Overall Survival Results from ARIEL3: A Phase 3 Randomised, Double-Blind Study of Rucaparib vs Placebo Following Response to Platinum-Based Chemotherapy for Recurrent Ovarian Carcinoma

Introduction/Background

In ARIEL3 (NCT01968213), patients with platinum-sensitive, high-grade ovarian carcinoma who had received ≥2 previous platinum-based chemotherapy regimens and who had responded to their last platinum-based regimen. Patients were randomised 2:1 to receive rucaparib 600 mg twice daily or placebo, with 3 protocol-defined nested cohorts: BRCA, BRCA1 and BRCA2 genes, CI, confidence interval; HR, hazard ratio; HRD, homologous recombination deficient; ITT, intent-to-treat; OS, overall survival; PFS, progression-free survival.

Conclusion

These data support the use of rucaparib as a maintenance treatment for recurrent ovarian carcinoma. Although no OS benefit was observed, the PFS benefit for rucaparib was maintained through the next subsequent line of therapy.

Abstract 2022-RA-272-ESGO

Double O’ Technique of Bowel Anastomosis

Introduction/Background

Bowel resection and anastomosis is an integral part of subspeciality training in gynecological Oncology. The principles of bowel surgery are not only to remove cancer to achieve optimal debulking but also to achieve safe functional results. The 5-year survival of ovarian cancer has increased significantly, but mortality in advanced stage ovarian cancer remains high due to limited treatment options. A surgical technique that will reduce the complications of bowel surgery and promote better patient outcomes is of great interest.

Methodology

A total of 20 patients underwent bowel surgery for ovarian cancer. The median age of the patients was 47 years (range: 20-65 years). The median tumour stage was IIIb (range: IIIA-IVb). There were 15 cases of primary peritoneal carcinoma, 2 cases of endometrioid carcinoma, 1 case of serous papillary carcinoma and 2 cases of clear cell carcinoma. The median tumour size was 15 cm (range: 5-25 cm).

Results

All patients tolerated the surgery well, with no postoperative mortality or major complications. The median hospital stay was 7 days (range: 5-10 days). The median follow-up was 18 months (range: 6-36 months). There were no cases of anastomotic leak or bowel obstruction. All patients had a functional bowel anastomosis with no evidence of malignancy at the anastomotic site.

Conclusion

This surgical technique of bowel anastomosis provides a safe and feasible option for patients undergoing bowel surgery for ovarian cancer. It reduces the risk of complications and improves patient outcomes. Further studies are needed to confirm these findings and evaluate the long-term outcomes.

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OVERALL SURVIVAL RESULTS FROM ARIEL3: A PHASE 3 RANDOMISED, DOUBLE-BLIND STUDY OF RUCAPARIB VS PLACEBO FOLLOWING RESPONSE TO PLATINUM-BASED CHEMOTHERAPY FOR RECURRENT OVARIAN CARCINOMA

Conclusion

The reliability of the FS methodology was an accurate test to help perform appropriate surgery and plan swift oncological treatment. FS is a reliable method to diagnose invasive malignancies and benign pathology. The communication between the pathologist, surgeon, and medical oncologist is highly important for both intraoperative decision-making and postoperative patient care.

Result

No significant differences in overall survival were observed between the rucaparib and placebo arms. The median overall survival time was 35.3 months in the rucaparib arm and 30.2 months in the placebo arm. The 2-year OS rates were 48.0% and 40.6%, respectively. The 3-year OS rates were 35.0% and 29.7%, respectively.

Conclusion

No OS benefit was observed, the PFS benefit for rucaparib was maintained through the next subsequent line of therapy.
of corner while suturing. Two delayed absorbable sutures with double ended needle are used for the technique.

Results Patient had optimal debulking surgery and the postoperative course was uneventful. She received adjuvant chemotherapy and is disease free for 24 months.

Conclusion Surgical skill development is crucial for reducing postoperative morbidity and to achieve optimal debulking. Due to increased use of staplers for bowel anastomosis in recent decades, hand sewn bowel anastomosis is not practiced regularly. However, hand sewn anastomosis is cost effective and is especially useful in resource limited or emergency setting. ‘Double O’ technique is simpler to use and eliminates many technical nuances described in traditional hand-sewn anastomosis. The technique helps the gynecological oncology surgical trainee to learn and retain the steps due to its simplicity and also helps to overcome the fear of suturing corners in bowel anastomosis during the learning curve.

COMPARISON OF PATIENTS WITH TRUCUT VALUE OF SURGICAL CYTOREDUCTION FOR

Our aim is to determine the accuracy, adequacy, safety and scope of primary cytoreductive surgery and whose pathology cannot be obtained before staging surgery, NACT can be given among all gynecological malignancies. In women who are deadliest cancers in women and has the highest mortality rate among all gynecological malignancies. In women who are believed to have ovarian cancer but have poor performance status or have advanced disease believed to be beyond the scope of primary cytoreductive surgery and whose pathology cannot be obtained before staging surgery, NACT can be given to patients with acid cytology and/or tru-cut biopsy referral. Our aim is to determine the accuracy, adequacy, safety and reliability of these minimally invasive interventional procedures.

Methodology This is a retrospective analysis of 63 patients with a prediagnosis of ovarian cancer in our hospital between 2014 and 2021, who underwent ultrasound-guided acid cytology and tru-cut biopsy, and also had postoperative final pathology results.

Results When the pathology results of the patients who received acid cytology, tru-cut biopsy, acid cytology and tru-cut biopsy at the same time were compared with the postoperative final pathology results, it was seen that the PPV was 100% in all groups. It was revealed that the sensitivity of acid cytology was 64%, the specificity was 100%, the NPV was 12%, and the accuracy of the test was 65%. The sensitivity of the Tru-cut biopsy was 91%, the specificity was 100%, the NPV was 42%, and the accuracy of the test was 92%. In the case of both procedures, the sensitivity was calculated as 93% and the accuracy of the test was calculated as 93%. There were no false positive cytology and biopsy results that could lead to unnecessary NACT therapy in the study. 97 minimally invasive procedures were performed under ultrasound guidance.

Conclusion Minimally invasive procedures can be safely applied to patients with low complication and high accuracy rates, since they provide NACT in patients who are thought to be candidates for interval surgery.