A REAL WORLD PERSPECTIVE OF PARP INHIBITORS MAINTENANCE THERAPY IN RELAPSED PLATINUM-SENSITIVE OVARIAN CANCER PATIENTS

1Menna Fouda, 2Kiran Punathothaman, 1Gynaecology unit, Royal Worcester NHS Trust, Worcester, UK; 2Medical Oncology, Royal Worcester NHS Trust, Worcester, UK

Introduction/Background Ovarian cancer is the leading cause of cancer death from gynaecologic malignancy in the UK. Over the last few years, Poly ADP ribose polymerase inhibitors (PARPi) becomes the mainstay maintenance treatment for patients with ovarian cancer including those patients with BRCA1/BRCA2 mutations. (PARPi) has shown efficacy as a maintenance treatment in platinum-sensitive relapsed ovarian cancer.

Methodology We retrospectively evaluated patients with (HGSOC) treated with maintenance Olaparib (300 mg bid, tablets), Niraparib (300 mg OD) and Rucaparib (600 mg BD) who received ≥2 platinum-based chemotherapy (ChT) and had a partial or complete response to the last platinum-based regimen. Patients who received Olaparib were BRCA 1/2 mutated (germline and/or somatic) and those who received Niraparib or Rucaparib were BRCA 1/2 wild-type. Study endpoints were progression-free survival (PFS), overall survival (OS) and adverse events (AEs).

Results In the period between September 2018 and December 2021, 36 patients received maintenancePARPi (9 received Olaparib and 11 received Rucaparib&16 received Niraparib). The median age was 55 years, and all patients had ECOG ≤1. The majority had an ovarian primary tumour with high grade serous histology (88%). Most patients (77.6%) received 2 prior platinum regimens. Twelve patients died (2 had Olaparib 16.6%, 2 had Rucaparib 16.6% and 8 had niraparib 66.6%). Median PFS was 9.8 months (median PFS for BRCA 1/2 mutated and BRCA 1/2 wild-type patients was 12.1 and 9 months, respectively). Toxicities been assessed with CTCAE Grade ≥3 AEs (anaemia, thrombocytopenia, neutropenia and nausea & elevated LFT) occurred in 8 patients (15.4% with niraparib). Treatment was suspended in 25 patients due to disease progression (3 with olaparib, 8 Rucaparib &13 with niraparib).

Conclusion This retrospective study provides real-world data which demonstrating the efficacy and safe toxicity profile of PARPi as a maintenance therapy in relapsing BRCA-mutated and non-mutated high-grade serous or endometrioid ovarian cancers.

PROGNOSTIC FACTORS FOR RECURRENCE IN ADULT-TYPE GRANULOSA CELL TUMOURS OF THE OVARY AND SURVIVAL OUTCOMES AFTER SECONDARY AND TERTIARY CYTOREDUCTIVE SURGERY: A UK POPULATION-BASED COHORT STUDY

1Anastasios Tranoulis, 2Fong Lien Audrey Kwong, 3Ahmed Elattar, 4Kavita Singh, 3Jaros Bdalega, 1Gynaecological Oncology, The Pan-Birmingham Gynaecological Cancer Centre, Birmingham, UK; 2The Pan-Birmingham Gynaecological Cancer Centre, Birmingham, UK

Introduction/Background Recurrent epithelial ovarian cancer progressing after multiple lines of chemotherapy usually show a deterioration of PS & poor chemotolerance so giving them further chemo maintaining dose density is a problem. Hence they were given low dose continuous oral chemo (OMCT).

Methodology Retrospective observational study. Data of cases of receiving OMCT after multiple lines of chemotherapy failure were procured from medical oncology & gyn- oncology OPD records in between 2019 Jan & 2022 Jan. The OMCT was composed of oral cyclophosphamide 25 mg, etoposide 25 mg, tamoxifen 20 mg daily. CBC was checked monthly. Later on