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

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**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 (PARPis) 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 maintenance PARPi (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 was 12.1and 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.

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

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**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, tamoxifen20 mg daily. CBC was checked monthly. Later on
Progression Free Survival (PFS) & Overall Response Rate was calculated. Quality of life (QOL) was calculated monthly.

**Results**

The median PFS was 4 months (3–6 months). The median ORR was 15% (95%CI, 0.13–0.17%). Commonest toxicity was grade 2 anaemia. No grade 3 toxicity. There were 10 deaths all secondary to disease progression. Among QOL pain & vomiting improved most.

Conclusions

OMCT is quite effective least toxic therapy in heavily treated progressive ovarian cancer. However randomized trial required comparing it with single agent oral etoposide & best supportive care.

**Introduction/Background**

In this retrospective study, we discuss our experience as a large tertiary referral center in Egypt in the management and follow up of borderline tumors.

**Methodology**

This is a retrospective cohort study where all patients who were diagnosed with a borderline ovarian tumor at the Oncology Center Mansoura University from November 2014 to June 2020 were included.

**Results**

We included 27 patients with borderline ovarian tumors. The mean age of the study patients was (47.67±16.39) years. The median CA125 was 33 (6–304 U/ml). Frozen section examination was utilized in 13 patients (48.14%) where a diagnosis of borderline ovarian tumor was revealed in 8 patients. Recurrence was reported in one patient with serous type after approximately 26 months. The most common pathological type in our cohort was the mucinous borderline type which was reported in 14 patients (51.9%) followed by the serous type was reported in 11 patients (40.7%) and the seromucinous type in 1 patient only. Patients with mucinous borderline type were significantly younger (40.083±18.47 vs 53.73±11.91 years, p=0.028). Interestingly, Cancer Antigen 125 levels were significantly higher in mucinous than serous and seromucinous types (67(16–304) vs 20(6–294.6) U/ml, P=0.027). On the other hand, the radiological tumor size of serous and seromucinous type was larger than that of the mucinous type (23 (19–31) cm vs 8(5–20) cm, P=0.001). Over a median follow up period of 58.66 (54.16–63.16) months, only one postoperative mortality was reported while only one recurrence was reported.

**Conclusion**

Borderline ovarian tumors still represent a dilemma either in diagnosis or management. Frozen section examination could help to reach a preliminary diagnosis. Total abdominal hysterectomy and bilateral salpingo-oophorectomy is the cornerstone of surgical management, however, fertility-sparing surgery could be a valid option for women desiring fertility.