2022-RA-599-ESGO 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 (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 maintenance PARPis (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 12.1and 9 months, respectively). Toxicities been assessed with CTCAE Grade ≥3 AEs (anaemia, thrombocytopaenia, 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.

2022-RA-602-ESGO 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

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Introduction/Background To ascertain the clinicopathological and treatment factors of recurrent ovarian adult-type granulosa cell tumours (AGCTO) and evaluate outcomes of women who underwent secondary and tertiary cytoreductive surgery (CRS) for recurrent AGCTO.

Methodology This was a retrospective cohort study, spanning the period 2000–2022. Population-based prospectively collected data on AGCTO were retrieved via the Pan-Birmingham Gynaecological Oncology database. 38 women with AGCTO were enrolled. Clinicopathological, and treatment data were analysed to identify plausible predictors of recurrence. Survival analysis was performed via the Kaplan-Meier method, log-rank test and Cox-regression. Census day was April 1st, 2022. Statistical significance was set at p-value<0.05.

Results The median age at diagnosis was 48.5 years. 78.96% of women had stage IA, 10.52% stage IC, and 10.52% stage IIIC, respectively. All women underwent primary surgical staging, including eight (21.1%) women who underwent fertility-sparing surgery (FSS). During follow-up (median, 128.5 months), 11 recurrences (28.9%) were observed. The mean time to recurrence was 235.11 months. The cumulative recurrence free rate for the first 3 and 5 years was 97.4% and 89.5%, respectively. There was a significant correlation between tumour size (*p-value*=0.006), stage (*p-value*=0.0008), solid component (*p-value*=0.02), moderate/severe nuclei atypia (*p-value*=0.0004), necrosis (*p-value*=0.04), mitotic index (MI) (*p-value*=0.0001), hormonal treatment (*p-value*=0.02), and recurrence. In multivariate analysis, MI (HR=11.95, *p-value*=0.03) was found to be independent prognosticator. FSS was not associated with recurrence. Six women underwent complete secondary cytoreductive surgery (CRS). The median time interval between the first and second recurrence (R-PFS) was 59 months. Two women underwent complete tertiary CRS for three and four subsequent recurrences, respectively.

Conclusion Surgical management represents the cornerstone of treatment in AGCTO. Several pathological factors should be taken in consideration when tailoring post-operative management. The role of post-operative chemotherapy and hormonal therapy remains vague. Secondary and tertiary CRS should be offered at highly experienced centres to improving R-PFS.

2022-RA-603-ESGO THE EFFECT OF ORAL METRONOMIC CHEMOTHERAPY ON RECCURRENT PROGRESSIVE OVARIAN CANCER

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

Methodology Retrospective observational study. Data of cases of receiving OMCTafter multiple lines of chemotherapy failure were procured from medical oncology & gyne-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 mon–5 mon).The median ORR was 15% (13%-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.
Conclusion 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.

2022-RA-608-ESGO MANAGEMENT OF BORDERLINE OVARIAN TUMORS; A TERTIARY REFERRAL CENTER EXPERIENCE IN EGYPT

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Introduction/Background
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 CA 125 was 33 (6–304 U/ml). Frozen section examination was utilized in 13 patients (48.14%) where a diagnosis of borderline ovarian tumors 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.

2022-RA-609-ESGO FACTORS RELATED TO GRADE IIIA CLAVIEN-DINDO COMPLICATIONS AND DELAYED TIME TO CHEMOTHERATPY AFTER CYTOREDUCTIVE SURGERY FOR ADVANCED STAGE OVARIAN CANCER: A PROSPECTIVE COHORT STUDY

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Introduction/Background Early post-operative chemotherapy improves the survival of advanced-stage epithelial ovarian cancer (AEOC) patients by increasing the benefit of systemic therapy. As a result, recovery time after surgery and time to chemotherapy (TTC) are crucial endpoints for ovarian cancer treatment. The present study aimed to evaluate predictors for 30-day severe post-operative complications classified by Clavien-Dindo classification (CDC) grade ≥IIIa and TTC after cytoreductive surgery for primary AEOC.
Methodology Patients undergoing cytoreductive surgery for primary AEOC were enrolled from February 2018 to September 2020. Post-operative complications were graded according to CDC. Logistic regression analysis was performed to evaluate factors predicting CDC grade ≥IIIa and TTC>42 days.

Abstract 2022-RA-609-ESGO Table 1 Clavien-Dindo classification

Clavien-Dindo grades	Definition
Grade I	Any deviation from the normal postoperative course without the need for pharmacological treatment or surgical, endoscopic and radiological interventions Allowed therapeutic regimens are: drugs as antiemetics, antipyretics, analgesics, diuretics and electrolytes and physiotherapy. This grade also includes wound infections opened at the bedside.
Grade II	Requiring pharmacological treatment with drugs other than such allowed for grade I complications. Blood transfusions and total parenteral nutrition are also included.
Grade III	Requiring surgical, endoscopic or radiological intervention
Grade IIIa	Intervention not under general anesthesia
Grade IIIb	Intervention under general anesthesia
Grade IV	Life-threatening complication (including CNS complications) * requiring IC/ICU-management
Grade IVa	single organ dysfunction (including dialysis)
Grade IVb	Multiorgan dysfunction
Grade V	Death of a patient

*Brain hemorrhage, ischemic stroke, subarachnoid bleeding, but excluding transient ischemic attack, IC: intermediate care, ICU: intensive care unit
Reference: Dindo D, Demartines N, Clavien P-A. Classification of surgical complications: a new proposal with evaluation in a cohort of 6336 patients and results of a survey. *Ann Surg*. 2004;240(2):205-213

Results CDC grade ≥IIIa occurred in 51(17%) patients. In multivariable analysis, age (p=0.037), cardiovascular comorbidity (p<0.001), diaphragmatic surgery (p<0.001), intraoperative urinary tract injury (p=0.017), and other visceral injury (e.g., pancreas, stomach, liver or spleen) (p=0.013)