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

1Khaled Gaballa, 2Mohamed AbdelKhalek, 2Adel Fathy, 2Basel Refky, 2Khaled Belal, 2Mohammad Zuhdy, 1Moustafa Elaraby

1Mansoura University, Mansoura, Egypt; 2Surgical Oncology, Oncology Center Mansoura University, Mansoura, Egypt; 3Mansoura specialized hospital, Mansoura, Egypt

10.1136/ijgc-2022-ESGO.524

**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 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 (51.9%) followed by the serous type in 11 patients (40.7%) and the seromucinous type in 1 patient only. Patients with mucinous borderline type were significantly younger (40.08±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-618-ESGO  WHO RECEIVES MAINTENANCE THERAPY AFTER FIRST-LINE CHEMOTHERAPY? A REAL-WORLD ASSESSMENT OF PATIENTS WITH OVARIAN CANCER WHO RECEIVED NIRAPARIB FIRST-LINE MAINTENANCE THERAPY IN THE UNITED STATES

1Ritu Salani, 2Tirza Areli Caldeón Boyle, 3Jessica Perhanidis, 4Jonathan Lim, 5Linda Kalilani, 3Jean A Hurteau, 4Amanda Golembesky, 5Floor Backes, 2Obstetrics and Gynecology, David Geffen School of Medicine at UCLA, Los Angeles, CA; 2GSK, Upper Providence, PA; 4GSK, Waltham, MA; 4GSK, Durham, NC; 5The Ohio State University Comprehensive Cancer Center-The James Cancer Hospital and Solove Research Institute, Columbus, OH

Introduction/Background Niraparib, a poly(ADP-ribose) poly-merase inhibitor (PARPi), was approved 29Apr2020 in the US for first-line maintenance (1LM) treatment of advanced epithelial ovarian cancer (EOC). To better understand how niraparib 1LM approval impacted who received niraparib in clinical practice, this study characterised real-world patients with EOC prescribed niraparib for 1LM before and after FDA approval using real-world data.

Methodology This retrospective cohort study used the nationwide Flatiron Health electronic health record-derived de-identified database and included patients diagnosed with EOC between 01Jan2011 and 30Nov2021, who were ≥18 years old at initial diagnosis and received first-line platinum-based treatment. The index date was defined as the initiation date of 1LM niraparib monotherapy, or on or after 01Jan2017. Demographic and clinical characteristics of the study cohort were assessed from initial EOC diagnosis to index date. Patients were stratified by index date: before 29Apr2020 (niraparib preapproval cohort) or after 29Apr2020 (niraparib postapproval cohort).

Results A total of 374 patients initiated 1LM niraparib monotherapy. Most patients had stage III (50%) or IV (35%) disease and had BRCAwt (84%); 40% of patients had no visible residual disease (table 1). Demographic and clinical characteristics were mostly similar across the cohorts. However, the niraparib postapproval cohort (n=284) had fewer patients with stage IV disease (30% vs 49%) and more with BRCAwt (90% vs 63%) than the preapproval cohort (n=90). Furthermore, fewer patients in the niraparib postapproval cohort had unknown BRCA status (3% vs 16%), unknown HRD status (63% vs 84%), and no debulking surgery (13% vs 27%).