

Conclusion In a pooled analysis of 464 patients, MIRV monotherapy demonstrated ETB in ~10% patients. The safety profile consisted primarily of low-grade gastrointestinal and ocular events and reinforces MIRV's potential to become a new standard of care for FR α -positive ovarian cancer.

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PERIOPERATIVE MANAGEMENT OF ADVANCED OVARIAN (TUBAL/PERITONEAL) CANCER PATIENTS. A SURVEY FROM MITO-MANGO GROUPS

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Introduction/Background The ESGO-quality indicators (QIs) for advanced ovarian cancer (AOC) have been assessed only by few Italian centres, and data are not available on the proportion of centres reaching the score considered for a satisfactory surgical management. There is great consensus that the ERAS approach is beneficial, but there is paucity of data concerning its application in AOC. This survey was aimed at gathering detailed information on perioperative management of AOC patients within MITO-MaNGO Groups.

Methodology A 66-item questionnaire, covering ESGO-QIs for AOC and ERAS items, was sent to MITO/MaNGO centres reporting to operate >20 AOC/year.

Results Thirty/34 questionnaires were analysed. The median ESGO-QIs score was 31.5, with 50% of centres resulting with a score ≥ 32 which provides satisfactory surgical management. The rates of concordance with ERAS guidelines were 46.6%, 74.1%, and 60.7%, respectively, for pre-operative, intra-operative, and post-operative items. The proportion of overall agreement was 61.3%, and with strong recommendations was 63.1%. Pre-operative diet, fasting/bowel preparation, correction of anaemia, post-operative feeding and early mobilization were the most controversial. A significant positive correlation was found between ESGO-QIs score and adherence to ERAS recommendations.

Conclusion This survey reveals a satisfactory surgical management in only half of the centres, and an at least sufficient adherence to ERAS recommendations. Higher the ESGO-QIs score stronger the adherence to ERAS recommendations, underlining the correlations between case volume, appropriate peri-operative management and quality of surgery.

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COMPARISON OF QUALITY OF LIFE IN PATIENTS WITH PLATINUM-SENSITIVE RECURRENT OVARIAN, FALLOPIAN TUBE AND PERITONEAL CANCER TREATED WITH TRABECTEDIN PLUS PEGYLATED LIPOSOMAL DOXORUBICIN (PLD) OR STANDARD PLATINUM-BASED THERAPY: DATA LOOK OF THE NOGGO S16/COMPASS TRIAL

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Introduction/Background Despite recent progress regarding surgical and medical management of primary ovarian cancer, relapses are still frequent and one of the most critical challenges in the clinical routine. There is a broad consensus that quality of life (QoL) should be one of the most relevant goals of any therapy in relapsed ovarian cancer.

Methodology We report the results of a data look of the multicentre, randomized (1:1), active-controlled, open-label phase IV NOGGO-S16/COMPASS trial performed in patients with recurrent, platinum-sensitive, ovarian, peritoneal or fallopian tube cancer. The scope of this trial is to evaluate QoL with EORTC QLQ-C30 and QLQ-OV28 questionnaires during/after chemotherapy either with platinum/taxane-free combination of trabectedin (Yondelis®) plus PLD or with standard platinum-based chemotherapy comprising combination of carboplatin with PLD, gemcitabine or paclitaxel. The current data look serves to characterise the included patient population.

Results Data from 76 patients screened have been analysed. Patients have a median age of 63 years (range: 21–82), the performance status score of 0/1 was recorded in 75 patients (98.7%), and most are BRCA-negative (77.4%). They are diagnosed with primary ovarian carcinoma (83.6%), primary peritoneal carcinoma (9.6%) and fallopian carcinoma (6.8%), and 79% of patients have a grade 3 histopathological staging. Poly (ADP-ribose) polymerase inhibitors or bevacizumab were given as prior maintenance therapy to 15.3% and 76.4% of

patients, respectively. Overall, 60% of patients had a platinum-free interval of >12 months before randomization and 45.8% of patients finished COMPASS trial as per protocol. The main reasons for withdrawal were progression under treatment (18.6%), toxicity (15.3%), death (13.6%) and patient wish (6.8%). Post-protocol maintenance therapy was given to 23.8% of patients. No differences in patient characteristics were observed.

Conclusion Based on this data look no significant signal for a non-inferiority of the study arms have been observed. Study is ongoing and open for recruitment.

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UTILIZATION OF LIGASURE MARYLAND JAW OPEN SEALER/DIVIDER WITH NANOCoATING IMPROVES PERIOPERATIVE PARAMETERS IN WOMEN WITH ADVANCED OVARIAN CANCER SUBJECTED TO CYTOREDUCTIVE SURGERY

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Introduction/Background Cytoreductive surgery is a pivotal treatment for women with advanced ovarian cancer. Optimal cytoreduction aims to achieve no visible tumor or residual disease less than 1 cm. This surgical procedure often has high morbidity due to the surgical complexity. The objective of the presented analysis is to identify whether using the Ligasure® Maryland-jaw open sealer/divider (LMjds) with nanocoating facilitates cytoreductive surgery by reducing intraoperative bleeding and therefore other parameters regarding hospitalization.

Methodology Women with stage III/IV ovarian cancer who were referred to the Department of Gynaecologic Oncology, 1st Department of Obstetrics and Gynecology, Papageorgiou General Hospital, Thessaloniki, Greece, and were subjected to primary/interval cytoreductive surgery were retrospectively allocated into two distinct groups, depending on whether the LMjds was used or not. The comparison focused on differences between the two groups regarding intraoperative blood loss and blood transfusion, duration of surgery, blood transfusion within the post-operative course, Intensive Care Unit (ICU) and overall hospital length of stay.

Results Between January 2012 and April 2022, 306 ovarian cancer patients were surgically treated; of these, 230 were stage III/IV. In the group of women (N=56), who were operated on using the LMjds, duration of surgery ($p<0.001$) was increased, but blood loss ($p<0.001$) during surgery was significantly decreased compared to cases treated without the LMjds (N=174). The intra-operative blood transfusion rate, but not the amount of transfused packed red blood cells ($p=0.752$), was significantly decreased in the first group ($p=0.032$), whereas post-operative blood transfusion rate was not affected ($p=0.063$). Moreover, ICU and overall hospital length of stay were significantly decreased in cases where the LMjds was used ($p<0.001$ for both parameters).

Conclusion The LMjds is associated to less intra-operative bleeding and transfusion rates; ICU and overall hospital length of stay is improved in women subjected to cytoreductive surgery for advanced ovarian cancer.

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SAFETY AND EFFICACY OF MORAB-202 IN PATIENTS WITH PLATINUM-RESISTANT OVARIAN CANCER: RESULTS FROM THE EXPANSION PART OF A PHASE 1 TRIAL IN JAPAN

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Introduction/Background MORAb-202 is an antibody-drug conjugate consisting of farletuzumab (an antibody targeting folate-receptor alpha [FR α]) and eribulin mesylate (a microtubule dynamics inhibitor) conjugated via a cathepsin-B-cleavable linker. Antitumour activity was observed in the dose-escalation part of this phase 1 study; MORAb-202 0.9 mg/kg and 1.2 mg/kg Q3W were chosen for the expansion part of this study in patients with platinum-resistant ovarian cancer (PROC).

Methodology The primary objective for the expansion part of this phase 1 study was to define the safety and tolerability of MORAb-202. Secondary objectives included pharmacokinetic characterization and efficacy assessment (best overall response, ORR, PFS, and OS). Eligible patients had measurable disease per RECIST v1.1 and had ≤ 2 chemotherapy regimens after PROC diagnosis. The expansion phase began at the 0.9 mg/kg dose (Cohort 1); Cohort 2 (1.2 mg/kg) was initiated after a Cohort 1 safety assessment. Tumour responses were assessed per RECIST v1.1 by investigator.

Abstract 2022-RA-680-ESGO Table 1

Parameter, n (%)	Safety	
	Cohort 1 MORAb-202 0.9 mg/kg (n=24)	Cohort 2 MORAb-202 1.2 mg/kg (n=21)
ILD/pneumonitis	9 (37.5)	14 (66.7)
Nausea	6 (25.0)	7 (33.3)
Pyrexia	8 (33.3)	9 (42.9)
Malaise	4 (16.7)	6 (28.6)
Headache	3 (12.5)	10 (47.6)
Parameter	Efficacy	
	Cohort 1 MORAb-202 0.9 mg/kg (n=24)	Cohort 2 MORAb-202 1.2 mg/kg (n=21)
CR, n (%)	1 (4.2)	0
PR, n (%)	5 (20.8)	11 (52.4)
SD, n (%)	10 (41.7)	9 (42.9)
PD, n (%)	8 (33.3)	1 (4.8)
ORR, n (%), (95% CI)*	6 (25.0), (9.8–46.7)	11 (52.4), (29.8–74.3)
DCR, n (%), (95% CI)*	16 (66.7), (44.7–84.4)	20 (95.2), (76.2–99.9)
Median PFS, mos (95% CI)*	6.7 (1.5–12.0)	8.2 (4.2–10.4)
Median OS, mos (95% CI)*	10.5 (6.4–15.1)	NE (12.5–NE)

*CI calculations: ORR, DCR—Clopper-Pearson's exact method; PFS, OS—Kaplan-Meier estimate and Greenwood Formula.

CI, confidence interval; CR, complete response; DCR, disease control rate; ILD, interstitial lung disease; NE, not estimable; ORR, objective response rate; OS, overall survival; PD, progressive disease; PFS, progression-free survival; PR, partial response; SD, stable disease.

Results Twenty-four patients were treated in Cohort 1; 21 patients were treated in Cohort 2. Grade ≥ 3 TEAEs occurred