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.

2022-RA-676-ESGO UTILIZATION OF LIGASURE MARYLAND JAW OPEN SEALER/DIVIDER WITH NANOCOATING IMPROVES PERIOPERATIVE PARAMETERS IN WOMEN WITH ADVANCED OVARIAN CANCER SUBJECTED TO CYTOREDUCTIVE SURGERY

Dimitrios Tsolakidis, Kimon Chatzistamatiou, Dimitrios Zouzoulas, Efthalia Markopoulou, Stavros Mpischiniotis, Eleni Mpili, Themistoklis Mikos, George Pados, Grigorios Grimbizis. *st Department of Obstetrics and Gynaecology, Aristotle University of Thessaloniki, Thessaloniki, Greece*

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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 (LMjsd) 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 LMjsd 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 LMjsd, 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 LMjsd (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 LMjsd was used ($p<0.001$ for both parameters).

Conclusion The LMjsd 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.

2022-RA-680-ESGO 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

[1]Shin Nishio, [2]Mayu Yunokawa, [3]Koji Matsumoto, [4]Kazuhiro Takehara, [5]Kosei Hasegawa, [6]Yasuyuki Hirashima, [7]Hidenori Kato, [8]Hiroki Ikezawa, [8]Maiko Nomoto, [8]Seiichi Hayato, [8]Yohei Otake, [8]Takuma Miura, [9]Kan Yonemori. *[1]Kurume University School of Medicine, Fukuoka, Japan; [2]Cancer Institute Hospital, Tokyo, Japan; [3]Hyogo Cancer Center, Hyogo, Japan; [4]National Hospital Organization Shikoku Cancer Center, Ehime, Japan; [5]Saitama Medical University International Medical Center, Saitama, Japan; [6]Shizuoka Cancer Center, Shizuoka, Japan; [7]Hokkaido Cancer Center, Sapporo, Japan; [8]Eisai Co. Ltd., Tokyo, Japan; [9]National Cancer Center Hospital, Tokyo, Japan*

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Introduction/Background MORAb-202 is an antibody-drug conjugate consisting of farletuzumab (an antibody targeting folate-receptor alpha [FRα]) 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

Safety		
Parameter, n (%)	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)
Efficacy		
Parameter	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)[a]	6 (25.0), (9.8–46.7)	11 (52.4), (29.8–74.3)
DCR, n (%), (95% CI)[a]	16 (66.7), (44.7–84.4)	20 (95.2), (76.2–99.9)
Median PFS, mos (95% CI)[a]	6.7 (1.5–12.0)	8.2 (4.2–10.4)
Median OS, mos (95% CI)[a]	10.5 (6.4–15.1)	NE (12.5–NE)

[a]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