in 33.3% of patients in Cohort 1; 28.6% of patients in Cohort 2. The most common TEAE was interstitial lung disease (ILD)/pneumonitis at both dose levels (Cohort 1: 37.5% [n=9; 8 with grade 1, 1 with grade 2]; Cohort 2: 66.7% [n=14; 6 with grade 1, 7 with grade 2, 1 with grade 3]). Other common TEAEs of any grade are in table 1. ORRs were 25.0% and 52.4% in Cohorts 1 and 2, respectively (table 1). Antitumour activity was observed across FRα-expression levels (<50% and ≥50%) and will be presented.

Conclusion In the PROC population, antitumour activity was seen with MORAb-202 0.9 mg/kg and 1.2 mg/kg dosages. Despite small patient numbers, efficacy was observed irrespective of FRα-expression levels. ILD/pneumonitis (mostly low-grade) was the most common TEAE.

2022-RA-685-ESGO WHAT IS BEYOND BRCA MUTATIONAL STATUS IN HIGH GRADE SEROUS OVARIAN CANCER? THE ROLE OF HORMONE RECEPTORS EXPRESSION

[1]Emanuele Perrone, [2]Riccardo Tudisco, [3]Pia Clara Pafundi, [4]Davide Guido, [5]Alessandra Ciucci, [5]Enrica Martinelli, [6]Gian Franco Zannoni, [6]Alessia Piermattei, [1]Claudia Marchetti, [1]Camilla Nero, [5]Daniela Gallo, [1]Giovanni Scambia, [1]Anna Fagotti.
[1]Gynecologic Oncology Unit, Dipartimento per le Scienze della Salute della Donna del Bambino e di Sa, Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, Italy; [2]Dipartimento per le Scienze della Salute della Donna del Bambino e di Sa, Universita' Cattolica del Sacro Cuore, Fondazione Policlinico Universitario A. Gemelli IRCCS. Rome, Italy., Rome, Italy; [3]Facility of Epidemiology and Biostatistics, Gemelli Generator, Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, Italy; [4]Bioinformatics Facility Core Research, Gemelli Science and Technology Park (GSTeP), Fondazione Policlinico Universitario A. Gemelli, IRCCS, Roma, Italy., Rome, Italy; [5]Unit of Translational Medicine for Woman and Child Health, Fondazione Policlinico Universitario Agostino Gemelli IRCCS, Rome, Italy, Rome, Italy; [6]Gynecopathology and Breast Pathology Unit, Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, Italy

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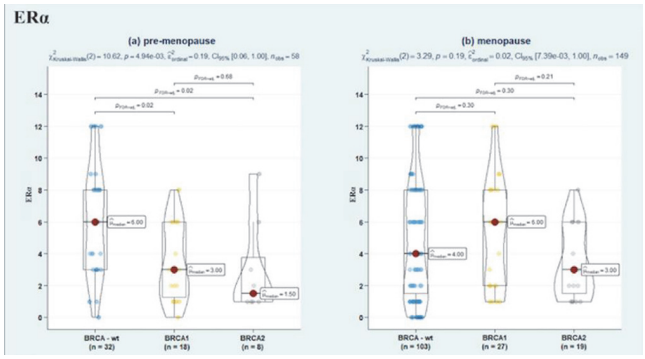
Introduction/Background Several studies have explored the prognostic role of hormone receptor status in high grade serous ovarian cancer (HGSOC). However, few reports have investigated their expression according to BRCA mutational status. Notably, there is evidences of a strong interaction between BRCA1/2 proteins and steroid hormones system, including higher titres of estradiol and progesterone in BRCA1/BRCA2 mutation carriers. Thus, we sought to explore the hormone receptor pattern and its potential prognostic impact in a well-characterized cohort of HGSOC patients stratified for BRCA status.

Methodology We assessed ERα, ERβ1, ERβ2, ERβ5, PR (progesterone receptor) and AR (androgen receptor) expression by immunohistochemistry in a single-centre observational retrospective cohort study of 207 HGSOC women, profiled for BRCA-1/2 mutation status with available clinical and molecular features.

Results 135 BRCA-wild type (BRCA-wt) and 72 BRCA1/2 mutation carriers (BRCA-mut) were observed. No significant differences were detected in hormone receptor expression between the two populations. However, in the subgroup analysis according to menopausal status, a significantly lower ERα expression was found in pre-menopausal BRCA-mut compared to BRCA-wt patients (p=0.02) (figure 1). Regarding survival analysis, none of the examined hormone receptors had a significant prognostic role. However, a higher ERα/ERβ5nuclear ratio differently affected outcome according to BRCA status: positively in BRCA-wt cohort (HR 0.77; CI 0.61–0.96; p=0.019) and negatively in BRCA-mut cohort (HR 1.41; CI 1.06–1.87; p=0.020) (table 1). Finally, higher PR levels were associated with platinum sensitivity in the whole population (p=0.019).



Abstract 2022-RA-685-ESGO Figure 1

Abstract 2022-RA-685-ESGO Table 1 Survival analysis on BRCA-wt *vs.* BRCA mutated (n=207)

	Ordinary Cox models	Interaction Cox models	
		Predictor main effect (with BRCA=0 (wt))	Predictor x BRCA interaction
	HR (95% CI); p	HR (95% CI); p	IHR (95% CI); p
Death (primary outcome)			
BRCA (Ref.=wt)	**0.34 (0.18; 0.61); <0.001**	-	-
BMI at baseline	1.01 (0.97; 1.06); 0.637	1.01 (0.95; 1.07); 0.855	0.98 (0.89; 1.07); 0.609
Menopause	**2.32 (1.24; 4.31); 0.008**	0.71 (0.29; 1.69); 0.438	2.34 (0.45; 12.23); 0.315
Ca125	1.00 (1.00; 1.00); 0.201	1.00 (1.00; 1.00); 0.317	1.00 (0.99; 1.00); 0.660
Ascites	**2.35 (1.42; 3.88); 0.001**	**1.73 (1.00; 2.98); 0.049**	3.20 (0.65; 15.77); 0.152
Primary treatment (Ref. Non cytoreduced)			
PDS	**0.06 (0.03; 0.11); <0.001**	**0.09 (0.04; 0.18); <0.001**	**0.09 (0.02; 0.41); 0.002**
IDS	**0.10 (0.05; 0.20); <0.001**	**0.14 (0.06; 0.29); <0.001**	*0.32 (0.10; 1.03); 0.055*
RT (ref=0)			
1-10 mm	1.32 (0.60; 2.94); 0.488	1.86 (0.78; 4.42); 0.160	0.28 (0.03; 2.64); 0.268
>10 mm	**7.50 (4.23; 13.28); <0.001**	**6.26 (3.31; 11.83); <0.001**	0.88 (0.17; 4.51); 0.880
Nucleus AR score	0.93 (0.82; 1.06); 0.303	0.90 (0.77; 1.06); 0.202	1.12 (0.84; 1.50); 0.433
PR score	*0.90 (0.80; 1.01); 0.067*	0.95 (0.84; 1.08); 0.460	0.88 (0.64; 1.21); 0.441
ERα score	0.99 (0.93; 1.06); 0.840	0.95 (0.88; 1.02); 0.175	1.13 (0.93; 1.36); 0.211
Nucleus ERβ1 score	1.05 (0.98; 1.14); 0.177	1.02 (0.94; 1.11); 0.413	1.05 (0.86; 1.29); 0.497
Cytoplasm ERβ1 score	1.00 (0.91; 1.10); 0.935	0.97 (0.86; 1.09); 0.642	1.12 (0.91; 1.39); 0.289
Nucleus ERβ2 score	1.01 (0.94; 1.08); 0.832	0.97 (0.90; 1.06); 0.534	1.05 (0.88; 1.25); 0.587
Cytoplasm ERβ2 score	1.04 (0.94; 1.16); 0.441	1.02 (0.91; 1.15); 0.696	1.04 (0.78; 1.39); 0.762
Nucleus ERβ5 score	0.99 (0.92; 1.07); 0.794	0.99 (0.90; 1.08); 0.803	0.96 (0.78; 1.17); 0.669
Cytoplasm ERβ5 score	0.89 (0.77; 1.03); 0.129	0.94 (0.81; 1.10); 0.438	0.82 (0.50; 1.33); 0.418
ERα/ERβ1nuc ratio	0.91 (0.78; 1.06); 0.215	0.89 (0.74; 1.08); 0.239	1.02 (0.69; 1.49); 0.934
ERα/ERβ2nuc ratio	0.92 (0.75; 1.12); 0.396	0.85 (0.65; 1.12); 0.248	1.29 (0.79; 2.09); 0.306
ERα/ERβ5nuc ratio	0.97 (0.85; 1.11); 0.714	**0.77 (0.61; 0.96); 0.019**	**1.41 (1.06; 1.87); 0.020**
P53 Status (Ref. wt)			
Mutated null-type	1.30 (0.39; 4.40); 0.667	1.68 (0.49; 5.77); 0.410	Inf^; (0.00; Inf^); 0.996
Mutated overexpressed	1.26 (0.39; 4.01); 0.695	1.23 (0.38; 3.98); 0.733	Inf^; (0.00; Inf^); 0.996

Abbreviations: wt: wild type; BMI: Body Mass Index; IDS: Interval debulking surgery; PDS: primary debulking surgery; RT: residual tumour; AR: androgen receptor; PR: progesterone receptor; ER: oestrogen receptor; HR: Hazard ratio; IHR: Interaction Hazard Ratio; 95%CI: 95% Confidence Interval; Ref.: Reference; ^Inf: Infinite (due to poor or null variability within predictors)
***In bold** the significant results (p<0.05), in *italic* the suggestive results (0.05<p<0.10).

Conclusion This study suggests a potential role of estrogen-mediated pathways in BRCA1/2-associated HGSOC tumorigenesis, revealing a possible therapeutic potential of targeting this interaction.

2022-RA-686-ESGO PARADIGM SHIFT IN SURGICAL APPROACH IN THE MANAGEMENT OF ADVANCED OVARIAN CANCER IN THE UNIVERSITY HOSPITALS OF LEICESTER

[1,2]Anas Barakat, [1]Aemn Ismail, [1,2]Supratik Chattopadhyay. *[1]Gynaecology Oncology Department, University Hospitals of Leicester NHS Trust, LEICESTER, UK; [2]Leicester Cancer Research Centre, University of Leicester, Leicester, UK*

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Introduction/Background Surgery for advanced ovarian cancer (AOC) has evolved over the past decade to ingeminate the

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