intolerable toxicity (maximum 35 pembrolizumab cycles; nemvaleukin can be continued). Primary endpoint: investigator-assessed progression-free survival (RECIST v1.1) in the nemvaleukin+pembrolizumab versus chemotherapy arms. Secondary/exploratory endpoints include overall survival, other anti-tumour measures, safety, health-related quality of life, and pharmacokinetic/pharmacodynamic effects.
Results not applicable
Conclusion not applicable

2022-RA-688-ESGO SURVIVAL OUTCOMES OF ADVANCED OVARIAN CANCER PATIENTS UNDERGOING MAXIMAL EFFORT CYTOREDUCTION

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Introduction/Background Surgery remains one of the main treatment modalities for the treatment of ovarian cancer. Patients with advanced stage disease will likely undergo neoadjuvant chemotherapy as the majority of surgeons is not familiarized with maximal effort cytoreduction. The purpose of the present study is to evaluate morbidity and mortality outcomes of ovarian cancer patients undergoing procedures with and intermediate and high complexity score.
Methodology We performed a retrospective chart review of patients undergoing intermediate and high complexity procedures (according to the Mayo Clinic classification system) between 2008 and 2020. We assessed morbidity and survival outcomes in order to evaluate which subgroups benefited the most from maximal effort cytoreduction.
Results Overall 107 patients were included with a median duration of follow-up of 45 months (24–156). The median surgical complexity score was 7 (4–15). The progression free and overall survival rates of the entire cohort were 28 (22 – 34) and 47 (37–57) months respectively. Sixteen patients experienced a grade IIIB Clavien-Dindo complication. Median high dependency unit stay was 3 days (1–15). Five patients required hospitalization in the intensive care unit. Patients undergoing primary debulking had a clear overall survival benefit compared to patients that had interval debulking surgery (54 months (40–67) vs 35 months (24–46)). Kaplan Meier curves revealed that the difference became evident among patients that survived for at least 50 months. Recurrence free survival was not influenced by this parameter. A progressive decrease in overall survival rates was observed with advancing stage. Complexity of the procedure (intermediate vs high) did not affect survival rates of patients.
Conclusion Maximal effort cytoreduction is feasible and is accompanied by acceptable morbidity and mortality rates. Primary debulking should be considered in appropriately selected patients as this considerably increases overall survival rates of patients.

2022-RA-703-ESGO PRIMARY AND INTERVAL DEBULKING SURGERY IN ADVANCED OVARIAN CANCER: REAL-WORLD CLINICAL OUTCOMES OF PATIENTS IN 1ST LINE SETTING, ANALYSIS FROM THE FRENCH NATIONAL ESME-UNICANCER DATABASE

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Introduction/Background Primary cytoreductive surgery is the standard of care for advanced ovarian cancer. This work would like to explore the prognostic according the surgical management in advanced ovarian cancer of a real-world multicentre cohort.
Methodology A non-interventional, retrospective study in patients selected from the Epidemio-Strategy and Medical Economics (ESME) Ovarian Cancer (OC) Data Platform of Unicancer, a multicentre real-life database using a supervised, retrospective data collection process was conducted.

Patients treated with surgery for advanced ovarian cancer between January 01, 2011 and December 31, 2017 in 18 French Comprehensive Cancer Centers (FCCC) were included. The database was locked on January 01, 2020. Propensity scores were performed in population analyses.
Results 1831 female patients with FIGO stage III or IV ovarian cancer at diagnosis underwent surgery, including 879 (48%) primary debulking surgery (PDS) and 952 (52%) interval debulking surgery (IDS).

The median follow-up was 59.2 months CI 95% [57.1–61.7]. The median overall survival (OS) was 90.4 months for PDS, CI95% [79.4–95.3] and 47.8 months for IDS, CI95% [43.3–54.1], HR = 0.48 CI 95% [0.41–0.56], $p<0.0001$. The median progression-free survival (PFS) was 23.6 months for PDS, CI95% [20.9–26.1] and 14.3 months for IDS, CI95% [13.0–16.0], HR = 0.66 CI95% [0.59–0.75], $p<0.0001$.