In the multivariate Cox analysis, the covariates treatment strategy (PDS versus IDS) HR = 0.57 CI 95% [0.44–0.74], p<0.0001, and residual tumor after surgery HR = 1.78 CI 95% [1.25–2.53], p<0.0001 remain significant as a PFS prognostic factors. The OS prognostic factors was the covariates treatment strategy (PDS versus IDS) (p<0.002), residual tumor after surgery (p<0.0001), age at diagnosis (p<0.02) and BRCA mutation (p<0.02).

Conclusion Our data of real-world are in line with those reported in clinical trial for patient with advanced ovarian cancer in 1sr line setting with surgical treatment.

Abstract 2022-RA-704-ESGO TREATMENT PATTERNS AND TIME TO NEXT TREATMENT AMONG PATIENTS WITH OC IN A REAL-LIFE SETTING IN FINLAND: THE OCRWE-FINLAND STUDY

1Heini Rauhamaa, 2Fredrik Herse, 3Outi Isomeri, 4Juhaana Ildanpää-Heikkilä, 5Sari Käkälä, 3Sakari Hietanen, 4Mikko Loukovaara, 3Annika Auranen, 1Nordic Healthcare Group, Helsinki, Finland; 2GlaxoSmithKline, Espoo, Finland; 4Turku University Hospital, Turku, Finland; 5Helsinki University Hospital, Helsinki, Finland; 1Syys Cancer Centre, Tampere University Hospital and Tampere University, Tampere, Finland

Introduction/Background Ovarian cancer (OC) is a disease characterized by a dynamic treatment landscape in the real-life setting. The OCRWE-Finland study aims at describing the real-life burden of patients with OC, including treatment patterns, time to next treatment, disease characteristics and progression, survival, and healthcare resource utilization. This abstract reports on the observed treatment patterns.

Methodology OCRWE-Finland is a multicentre, retrospective, noninterventional study collecting hospital medical records from university hospitals in Helsinki, Turku, and Tampere. Patients with ovarian, fallopian tube, or primary peritoneal cancer who were newly diagnosed as part of routine clinical care and received all OC treatments in these hospitals from 2014–2019 were included. Registry data were collected and combined by Findata (authorization holder), operating under the performance guidance of the Finnish Ministry of Social Affairs and Health.

Abstract 2022-RA-706-ESGO PROGNOSTIC IMPACT OF VAGUS NERVE ACTIVITY AT INITIAL MANAGEMENT OF OVARIAN CANCER

1Francois Cherifi, 2Sophie Lefevre Arbogast, 3Jonaz Font, 4Justine Lequesne, 4Stephanie Becourt, 5Cyril Abbeddaim, 4Yori Gidron, 2Florence Joly, 1Medical Oncology department, Centre François Baclesse, Caen, France; 2Clinical Research department, Centre François Baclesse, Caen, France; 3Cardiology department, CHU de Caen, Caen, France; 4Medical Oncology department, Centre Oscar Lambret, Lille, France; 5Nursing, Haifa University, Haifa, Israel

Introduction/Background Finding new modifiable prognostic markers is important in ovarian cancer (OC). The autonomic nervous system plays an important role in cancer initiation and progression. Low parasympathetic nervous system activity is associated with inflammation, oxidative stress and sympathetic activation. Low vagal nerve activity, measured by low heart rate variability (HRV) predicts poor cancer prognosis. Our study examined the prognostic value of HRV in OC.

Methodology We conducted a bicentric retrospective study. We analyzed patients diagnosed with serous OC stage FIGO≥IIIB, between January 2015 to August 2019, with an electrocardiogram (ECG) available around diagnosis. We used the time domain HRV parameter of the standard deviation of all normal-to-normal beat interval (SDNN) in 10 seconds ECG. Optimal SDNN cut-off was found using the Youden index criteria of time-dependent ROC curve. We carried out multivariable analysis including HRV and well-known OC prognostic factors.

Results We included 202 patients with a median age of 65 years, 93% had stage FIGO III/IV, 56% had complete surgical resection. Median overall survival (OS) was 38.6 months [95%CI:34.4–47.4]. The median SDNN was 11.1 ms (min=1.93; max=74.5), with an optimal cut off of 10 ms to predict OS. Median OS was significantly shorter for patients with low HRV compared to high HRV (26.4 vs 45.1 months; p<0.001). In a multivariable analysis, HRV remained a strong independent prognostic factor with a two-fold higher risk of death among patients with low SDNN compared to those with high SDNN (HR=2.09 [1.40–3.124], p<0.001); other associated factors with higher risk of death were ECOG>=0, high CA125 level and incomplete resection.

Results In total, 1711 patients with OC (mean age=65.9 y, StDev=13.4 y) and 621 patients with high-grade serous OC (HGSOC) (mean age=68.0 y, StDev=10.1 y) were identified. Disease origin was ovaries in 75% of patients and peritoneum in 19%. Baseline characteristics and first-line treatment (TL1) patterns among patients with HGSOC can be found in table 1. During the observation period, 57% of patients received TL2, with 48% of these moving to TL3. The probability of undergoing TL2 was higher among stage III/IV patients and those with residual disease. In TL2, the most common treatment was platinum-based chemotherapy (32%); 26% received ‘other chemotherapy’, 33% of patients did not receive TL2 during this period but were still alive, and 9% died before initiating TL2.

Conclusion This study documents real-life treatment patterns across lines of treatment among patients with OC and HGSOC during the first years of disease from the 3 biggest university hospitals in Finland. These results can provide useful baseline information about the rapidly evolving treatment landscape in OC in recent years.
Conclusion High vagal nerve activity, indexed by HRV, is significantly and independently associated with better OS. These results support previous studies on the prognostic role of HRV in cancer and if confirmed in longitudinal studies, call for testing effects of vagal nerve activation among OC patients.

Results 231 2LM niraparib monotherapy patients were included, with all receiving 2L platinum-based therapy. The median age was 68 years, and patients were primarily treated in a community setting (90.0%; table 1). The majority of patients had stage III/IV disease at diagnosis (78.4%) and had BRCA wild-type (BRCAwt, 74.0%). Homologous recombination deficiency status was unknown for most patients (92.2%). Median time from initial EOC diagnosis to 2L maintenance therapy was 803 days. Patient characteristics were broadly similar across the stratified cohorts, with a higher proportion of patients with BRCAwt in the niraparib 1LM postapproval cohort than in the preapproval cohort (85.3% vs 68.6%).

Conclusion This real-world analysis found that niraparib remained an important treatment option for 2LM in patients with ovarian cancer.