

based pre- and post-recurrence means and p-values for the difference in means.

Results 269 of 486 enrolled patients had a PFS event resulting in a median PFS of 20.3 months. This analysis includes QoL-evaluable 186 patients. Median age was 62.5 years (range 31 – 90). The number of evaluable answers for each domain ranged between 166 and 172 before recurrence and 135 and 137 after recurrence. Global QoL decreased from 61.4 to 48.4 points ($p < 0.001$) with the diagnosis of recurrence. The following scales showed a deterioration of at least 10 points: Social functioning (65.7- > 52.6), fatigue (44.5- > 55.8), appetite loss (22.5 - > 33.4), emotional functioning (65.2 - > 54.9), role functioning (56.5 - > 46.4); (all $p < 0.001$). EQ-5D 3L visual analogue scale showed a deterioration from 66.4 to 55.0 ($p < 0.001$).

Conclusion The event of first relapse is associated with a significant and clinically relevant deterioration of global QoL including several subscales. Therefore, prolongation of PFS preserves QoL, which supports the role of PFS as meaningful primary endpoint in ovarian cancer trials.

2022-RA-800-ESGO

AGO-OVAR 27: WINDOW-OF-OPPORTUNITY PROOF-OF-CONCEPT, NON-RANDOMIZED, OPEN-LABEL PHASE II TRIAL OF OLAPARIB GIVEN ALONE OR IN COMBINATION WITH DURVALUMAB PRIOR TO PRIMARY DEBULKING SURGERY IN HISTOLOGICALLY PROVEN HIGH-GRADE EPITHELIAL OVARIAN CANCER

¹Frederik Marmé, ²Florian Heitz, ²Philipp Harter, ³Alexander Reuss, ²Friederike Kipkeew, ⁴Pauline Wimberger, ⁵Holger Bronger, ²Andreas du Bois, ⁶Jalid Sehoul, ⁷Felix Hilpert. ¹AGO Study Group, Mannheim, Germany; ²AGO Study Group, Essen, Germany; ³AGO and Coordinating Center for Clinical Trials, Marburg, Germany; ⁴AGO Study Group, Dresden, Germany; ⁵AGO Study Group, München, Germany; ⁶AGO Study Group, Berlin, Germany; ⁷AGO Study Group, Hamburg, Germany

10.1136/ijgc-2022-ESGO.563

Introduction/Background The time window prior to debulking surgery offers a unique opportunity to directly study the response of treatment-naïve epithelial ovarian cancer (EOC) to targeted therapies alone or in combinations and to obtain serial tissue and liquid biopsies to study clinically useful predictive biomarkers, e.g. for poly-ADP-ribose-polymerase (PARP) inhibitors and/or immune checkpoint inhibitors. As distinct from a neoadjuvant concept, the observed effect will not be obscured by highly effective platinum-based chemotherapy.

Methodology This proof-of-concept, non-randomized, open-label, phase II trial of Olaparib alone (cohort A) or in combination with Durvalumab (cohort B) prior to primary debulking surgery in histologically proven high-grade EOC evaluates the feasibility of the window-of-opportunity (WoO) procedure. Patients with suspected advanced high-grade EOC scheduled to undergo diagnostic laparoscopy for histologic confirmation will be registered into the trial. Only those deemed candidates for primary debulking surgery and with histologically confirmed diagnosis of high-grade EOC, fulfilling all other inclusion criteria, will then be included in the WoO treatment phase. WoO treatment phase will be followed by primary debulking surgery and standard-of-care platinum-based first-line chemotherapy and maintenance therapy. Fresh-frozen and corresponding Formalin-fixed-paraffin-embedded (FFPE) tumor samples will be obtained for translational research at

laparoscopy and primary debulking surgery. Plasma samples for circulating tumor DNA (ctDNA) analysis and plasma/serum samples for further translational research analyses will be obtained during all phases of the study at defined time points. It is planned to enroll 30 patients per cohort. After completion of cohort A, a trial steering committee will review safety and feasibility prior to starting cohort B. Further information: NCT04644289.

Results The first patient has been enrolled recently.

Conclusion This concept might open the possibility to investigate the predictive value of biomarkers for benefit from PARP and immune-checkpoint inhibitors in the treatment of EOC. Sponsor: AGO Study Group. Financial support and drug supply: AstraZeneca.

2022-RA-805-ESGO

IMPACT OF SURGERY AND CHEMOTHERAPY TIMING ON OUTCOMES IN OLDER VERSUS YOUNGER EPITHELIAL OVARIAN CANCER PATIENTS: A NATIONWIDE DANISH COHORT STUDY

¹Anne Weng Ekmann-Gade, ²Tine Henriksen Schnack, ³Lene Seibæk, ⁴Mette Calundann Noer, ¹Claus Høgdall. ¹Department of Gynecology, Rigshospitalet, Copenhagen University Hospital, Copenhagen, Denmark; ²Department of Gynecology, Odense University Hospital, Odense, Denmark; ³Department of Gynecology, Aarhus University Hospital, Aarhus, Denmark; ⁴Department of Gynecology and Obstetrics, Nordsjællands Hospital, Hillerød, Denmark

10.1136/ijgc-2022-ESGO.564

Introduction/Background Epithelial ovarian cancer (EOC) is the most lethal gynaecological cancer for which long-term survival is conditioned by surgery and chemotherapy. Striking a balance between this comprehensive treatment combination and the patient population, with a substantial number of older women, poses a continuous challenge. Older patients with EOC repeatedly demonstrate poor survival compared to younger. Yet, age itself cannot explain the survival gap. We aimed to explore differences between older and younger patients regarding surgical complexity, chemotherapy management, and treatment delays in Denmark.

Methodology We included a nationwide cohort of patients diagnosed with EOC from 2013 to 2018. We described surgical complexity and outcomes, the extent of chemotherapy and treatment delays stratified by age (< 70 and ≥ 70 years), and surgical modality (primary, interval, or no debulking surgery). Finally, we assessed the cancer-specific survival.

Results We included 2,946 patients in total. For patients with advanced-stage disease, 52% of the older and 25% of the younger patients underwent neither primary debulking surgery (PDS) nor interval debulking surgery (IDS). For patients that did undergo PDS or IDS, older patients had less extensive surgery and were more likely to have residual disease after surgery than younger patients. Furthermore, chemotherapy was given less frequently to older patients. Yet, we found no differences across age cohorts regarding treatment delays according to national cancer patient pathways. Two-year cancer-specific survival differed significantly between age groups favouring the younger patients, regardless of whether patients underwent curatively intended treatment or not.

Conclusion Our study demonstrates that older patients receive less active surgical and oncological treatment than younger patients, resulting in lower cancer-specific survival. Treatment delays are not more common in older patients than in younger patients.