any untoward medical occurrence in a patient; AE data were only collected if AEs resulted in dose reduction or treatment interruption or discontinuation. This analysis reports data by country with a planned pooled analysis at the third year of follow-up. Included are patients followed between index date and first data extraction (France) or with a minimum follow-up of 1 year (Italy and UK).

Results By the end of January 2022, Italy (n=125) and UK (n=116) had completed enrolment; data were available from the first 83 patients from France. Baseline patient characteristics are shown in table 1. Most patients had a diagnosis of FIGO stage III disease. Anaemia, nausea, fatigue, and neutropenia were the most frequently reported AEs across the countries (table 2). Progression-free survival endpoint data are not yet mature.

Conclusion These preliminary descriptive analyses provide insights into real-world management of newly diagnosed advanced OC in Italy, UK, and France. Safety was consistent with previous reports of maintenance olaparib in this setting. Future analyses will focus on survival endpoints and country-specific analyses.

2022-RA-948-ESGO NEOADJUVANT CHEMOTHERAPY (NACT) AND INTERVAL DEBULKING SURGERY (IDS) IN A GROUP OF PATIENTS WITH ADVANCED STAGE EPITHELIAL OVARIAN CANCER, UNSUITABLE FOR UPFRONT SURGERY

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10.1136/ijgc-2022-ESGO.601

Introduction/Background Neoadjuvant chemotherapy (NACT) has been advocated for patients with advanced stage epithelial ovarian carcinoma (EOC) with an aim to improve resectibility rate and survival. In this study we reported our experience in patients with advanced stage epithelial ovarian cancer.

Methodology This was a prospective observational study conducted at National Institute of Cancer Research & Hospital, Dhaka, Bangladesh from November,2018 to November,2019 for a period of 1 year. Advanced-stage EOC (FIGO stage-III and IV) patients with poor performance status (Eastern Co-operative Oncology Group scale 3 and 4), had received 3–6 cycles of 3weekly paclitaxel 175 mg/m^2 and carboplatin AUC5 or AUC6. Response evaluation was done after 3rd and 6th cycle according to RECIST(Response evaluation criteria in solid tumor) criteria. Interval debulking surgery (IDS) was performed, unless there was evidence of disease progression. The primary end point was the proportion of patients made suitable for surgery. Statistical analysis was done by using SPSS version 23. Chi-square (χ^2) test and Fisher's Exact test were done, *p*-value less than 0.05 was taken as a level of significance.

Results Fifty patients were eligible for the study. They received the protocol treatment with NACT. Complete response was obtained in 46% cases and partial response 32%, stable disease 16%, progressive disease 6%. IDS was performed in 47 patients and 3 returned to chemotherapy with change schedule due to progressive disease. Complete resection (R0) rate was 53.2%, optimal resection (R1) 21.30% and suboptimal resection (R2) 19.10%. Complete (R0) resection was achieved in cases with complete response to NACT in 91.30% of patients, $p < 0.000$.

Conclusion Neoadjuvant chemotherapy for primary unresectable ovarian cancer leads to the selection of a subset of patients sensitive to chemotherapy in whom cytoreduction can be achieved in a high proportion of cases.

2022-RA-949-ESGO VOCAL (VIEWS OF OVARIAN CANCER PATIENTS-HOW MAINTENANCE THERAPY AFFECTS THEIR LIVES) STUDY: PATIENT PREFERENCE FOR TREATMENT FORMULATION AND ADMINISTRATION

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10.1136/ijgc-2022-ESGO.602

Introduction/Background Patient preference on treatment options following frontline platinum-based chemotherapy for epithelial ovarian cancer (EOC) remains unstudied. Multiple treatment options are available, including PARP inhibitors, so understanding patient preference is critical.

Methodology A cross-sectional survey was completed by US patients with newly-diagnosed EOC eligible for frontline maintenance therapy. Maintenance preference was assessed via time trade-off simulation. Patients selected their preferred post-chemotherapy treatment approach: surveillance, oral daily (QD), oral twice daily (BID), intravenous every 3 weeks (IV-Q3W), or combination IV-Q3W/BID, assuming equivalent efficacy (for all scenarios) and safety (medication scenarios only). Patients were asked to select between a series of maintenance scenarios comparing decreased time to progression (TTP) on their preferred option with constant TTP with alternative options. Relative disutility of each scenario was calculated.

Abstract 2022-RA-949-ESGO Table 1 Patient (N=153) preferences for formulation and dosing frequency of frontline maintenance for EOC

Table 1. Patient (N=153) preferences for formulation and dosing frequency of frontline maintenance treatment for EOC

Treatment	Preferred treatment,[1] n (%)	Mean trade-off time, months[2]	Disutility[3]
Surveillance (no medication)	67 (43.8)	6.2	11.4%
QD	58 (37.9)	2.3	0.0%
BID	14 (9.2)	3.2	2.6%
IV-Q3W	11 (7.2)	5.5	9.4%
IV-Q3W/BID	3 (2.0)	7.5	15.5%

[1]Percentage of patients who selected each treatment as their most preferred option.

[2]Average amount of TTP that patients would trade off or "give up" from 36 months on their respective preferred treatments to be considered equivalent to this treatment. Smaller numbers indicate higher preference.

[3]Calculated by dividing mean TTO for each treatment by the treatment with the best TTO mean (oral QD). Higher disutility indicates lower preference.

BID, oral twice daily; EOC, epithelial ovarian cancer; IV-Q3W, intravenous every 3 weeks; QD, oral daily; TTO, time trade-off; TTP, time to progression.

Results 153 patients completed the survey, median age was 52.3 years; 30% were non-White, and 83% had health insurance covering full EOC treatment. Of all medication strategies, QD treatment was preferred (38%, table 1); patients were willing to trade the least amount of time (2.3 months) without progression on this scenario versus other choices. For patients who preferred to take a medication even when