Abstracts

2022-RA-1068-ESGO

CANADIAN PRACTICE PATTERNS OF OPTIMAL CYTOREDUCTION FOR STAGE III-IV LOW GRADE SEROUS OVARIAN CARCINOMA

1Melica Brodeur, 2Maggie Bryce, 3Mark Casey, 4Lilian Gien, 5Hannah Kim, 6Susie Lau, 7Jordan Adelle Lewis, 8Marta Llaurado Fernandez, 9Alice Lytwyn, 10Sandra Monteiro, 11Stephanie Scott, 12Geneviève St-Onge, 13Obstetrics and Gynecology, McGill University, Montreal, QC, Canada; 14Obstetrics and Gynecology, University of British Columbia, Vancouver, BC, Canada; 15Obstetrics and Gynecology, University of Toronto, Toronto, ON, Canada; 16Pathology and Molecular Medicine, McMaster University, Hamilton, ON, Canada; 17Health Research Methods Evidence and Impact, McMaster University, Hamilton, ON, Canada; 18Obstetrics and Gynecology, University of Dalthouse, Halifax, NS, Canada; 19Centre de recherche du CHUM, Centre Hospitalier de l’Université de Montréal (CHUM), Montreal, QC, Canada

10.1136/ijgc-2022-ESGO.624

Introduction/Background Low grade serous ovarian carcinoma (LGSC) is rare and studies informing evidence-based treatment are lacking. We developed a survey to determine Canadian practice patterns relating to the primary treatment of advanced LGSC. A secondary objective was to explore interest and barriers to participating in a prospective LGSC database.

Methodology Using REDCap software, a descriptive 21-question survey in English and French was designed by the rare cancer Community of Practice/The Society of Gynecologic Oncology of Canada. This was distributed to 126 registered Canadian medical and surgical oncologists. Questions were designed to assess provider characteristics and primary treatment preferences.

Results 80 responses were received from providers across eight provinces for a response rate of 63.5%. 76.3% of providers tailor their treatment approach based on the presence of residual disease following surgery. In this group, the most common regimen was chemotherapy with hormone replacement therapy (HMT) when residual disease was present (58.0%), and HMT only among patients without residual disease (41.0%). Among the 23.7% of providers who do not tailor treatment based on residual disease, surgery, chemotherapy, and HMT is the most common treatment (57.9%). Carboplatin-taxol was the preferred chemotherapy (98.7%), while letrozole was most commonly chosen as HMT (81.6%). Fertility sparing treatment in advanced LGSC was rarely offered (11.8%). 34.2% of respondents referred patients for genetic testing. Most centers did not have active clinical trials for LGSC (86.8%). 90.8% expressed interest in participating in a rare cancer registry. Perceived barriers to participation in a registry included time constraints (50.7%), lack of resources (40.0%) and ethics challenges (29.3%).

Conclusion Among Canadian providers, the approach to treating LGSC varies. Most surveyed physicians support the development of a prospective database to track patient outcomes and optimize treatment recommendations.

2022-RA-1072-ESGO

OPTIMAL CYTOREDUCTION FOR ADVANCED EPITHELIAL OVARIAN CANCER: NON INVASIVE PREDICTIVE FACTORS

Gioiand Candotti, Alice Bergamini, Raffaella Cloffi, Patrizia de Marzi, Marianna Di Filippo, Federica Galli, Emanuela Rabaiotti, Giulia Sabetta, Costanza Saponaro, Francesca Vasta, Luca Boccilione. IRCCS San Raffaele, Milan, Italy

10.1136/ijgc-2022-ESGO.625

Introduction/Background Standard treatment for advanced ovarian cancer patients should be primary cytoreduction followed by platinum-based chemotherapy. The aim of surgical effort should be the complete removal of all macroscopic disease. Prediction of post-operative residual disease after ovarian cancer cytoreductive surgery remains a topic of interest to gynecologic oncologists. The aim of this study was to evaluate non-invasive predictive factors for optimal cytoreduction.

Methodology From June 2018 to August 2021, 161 patients underwent cytoreductive surgery for advanced ovarian cancer at San Raffaele Hospital. Primary or interval debulking surgery (IDS) were included. Clinical, surgical, pathological and hematological parameters were recorded. 120 patients were eligible for this study.

Results Median age was 65 (range 32-84) years. Median hospital stays were 6 (range 2-32) days. Seventy-five patients (62.5%) obtained optimal cytoreduction with absence of macroscopic disease. Eighty (67%) patients underwent PDS and 40 (33%) underwent IDS. Using a receiver operating characteristic analysis, cut-off values of Sodium and Neutrophil-Lymphocyte ratio (NLR) could be defined. This model had a sensitivity of 64% and specificity of 93% to predict optimal debulking surgery. Moreover, age over 70 and Emergency room access were independent factors to undergo to IDS.

Conclusion Age over 70 and Emergency room access could benefit IDS after Neoadjuvant Chemotherapy (NACT) to achieve RT=0. Level of sodium and NLR could use to predict optimal debulking surgery.

2022-RA-1074-ESGO

AGO-OVAR 2.29 (ENGOT-OV34): ATEZOLIZUMAB IN COMBINATION WITH BEVACIZUMAB AND CHEMOTHERAPY VS BEVACIZUMAB AND CHEMOTHERAPY IN RECURRENT OVARIAN CANCER

1Philipp Harter, 2Frederik Marmé, 3Klaus Pietzner, 4Alexander Reuss, 5Isabelle Ray-Coquard, 6André Redondo, 7Ana Oaknin, 8Goda Jonuskiene, 9Kristina Lindemann, 10Christian Kurzeder, 11Jens Huber, 12Elis van Nuenenhuysen, 13Stephanie Henny, 14Christian Marth, 15Hirna Tsibulak, 16Nadin Cron, 17Patrick Pautier. 1AGO Study Group and Department of Gynecology and Gynecologic Oncology, Ev. Kliniken Essen-Mitte, 45138 Essen, Germany; 2AGO Study Group and Medical Faculty Mannheim, Heidelberg University, University Hospital Mannheim, Mannheim, Germany; 3Department of Gynecology, AOG Study Group and Chanté – Universitätsmedizin Berlin, Berlin, Germany; 4AGO Study Group and Coordinating Center for Clinical Trials, Marburg, Germany; 5GINECO and Centre Léon Bérard, Lyon, France; 6GINECO and Hospital Universitario La Paz – IDIPAZ, La Paz, Spain; 7GECO and Vall d`Hebron Instituto de Oncology (VWHO), Barcelona, Spain; 8NSGO-CTU, Denmark and Vinius Universites Uzitokos klinikos, Vilnius, Lithuania; 9NSGO-CTU, Denmark and Department of Gynecologic Oncology, Division of Cancer Medicine, University Hospital, Oslo, Norway; 10SAX and University Hospital Basel, Basel, Switzerland, 11SAX and Kantonsspital St. Gallen, Brustzentrum, Klinik für Med. Onkologie und Hämatologie, St. Gallen, Switzerland, 12BGOG and UZ Leuven, Leuven, Belgium; 13BGOG and Université Catholique de Louvain, CHU UCL, Namur and Ste Elisabeth, Service d’onco-hémato-oncologie (SORMIN), Namur, Belgium; 14AGO-Austria and Medizinische Universität Innsbruck, Department of Gynecology and Obstetrics, Innsbruck, Austria; 15AGO Study Group, Essen, Germany; 16GINECO and Institut Gustave-Roussy, Villejuif, France

10.1136/ijgc-2022-ESGO.626

Introduction/Background Paclitaxel or pegylated liposomal doxorubicin (PLD) in combination with bevacizumab constitutes a standard treatment option in patients with relapsed ovarian cancer (ROC) who are not considered platinum,