2022-RA-1068-ESGO CANADIAN PRACTICE PATTERNS OF PRIMARY TREATMENT IN ADVANCED (STAGE III-IV) LOW GRADE SEROUS OVARIAN CARCINOMA

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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 in 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 (38.0%), 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

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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 factor 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

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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 candidate for platinum,