but responses are short-lived. Immune-checkpoint inhibitors like atezolizumab as single agents have limited activity in ovarian cancer. There is a biologic rationale to combine checkpoint inhibitors with chemotherapy and bevacizumab, however, the role of such combination for the management of ovarian cancer is so far undefined. Because of the intimate relationship between angiogenesis and immunosuppression, it is expected that inhibition of both pathways could lead to synergism and more durable clinical benefit. The addition of a chemotherapeutic agent is expected to lead to the release of tumor antigens and enhance the efficacy of immunotherapy. Therefore, we aim to test the efficacy of atezolizumab in combination with non-platinum-based chemotherapy and bevacizumab vs the combination of a non-platinum-based chemotherapy and bevacizumab alone.

Methodology AGO-OVAR 2.29 is a randomized (1:1), double-blinded, phase III trial evaluating the efficacy and safety of atezolizumab plus bevacizumab and chemotherapy (weekly paclitaxel or PLD) compared with placebo, bevacizumab and chemotherapy in patients with recurrent ovarian, fallopian tube, or primary peritoneal cancer with 1st or 2nd relapse within 6 months after completing platinum-based chemotherapy or 3rd relapse. Patients are treated until progression or unacceptable toxicity. A de novo tumor biopsy to determine the PD-L1 expression status prior to randomization for stratification is mandatory. Co-primary endpoints are overall survival and progression-free-survival. Target recruitment is 550 patients. Safety interim analyses were performed after inclusion of 24, 60 and 120 patients who had completed at least one cycle.

Results Screening was stopped on 23-May-2022. As of 30-May-2022, 554 patients have been randomized.

Conclusion This concept might open the possibility to investigate the synergetic effect of immune-checkpoint and angiogenesis inhibitors in ROC.

2022-RA-1077-ESGO | **BIUXX**

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Introduction/Background GRANULOSA TUMOR OF THE OVARY: ABOUT A CASE AND REVIEW OF THE LITERATURE

Abstract Granulosa cell tumors of the ovary are rare neoplasias. They are characterized by the high frequency of recurrences and metastases which can occur several years after the initial treatment. Their diagnosis is anatomopathological based essentially on morphological data.There are two types: the adult type, which is the most common, and the juvenile type. We report an observation emphasizing its clinical, paraclinical, therapeutic and prognostic particularities.

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2022-RA-1083-ESGO | **FRASTROC —FRAILTY STRATIFICATION FOR RECURRENT OVARIAN CANCER DEVELOPMENT AND PROSPECTIVE VALIDATION OF A FRAILTY SCORE FOR CHEMOTHERAPY ASSOCIATED TOXICITY IN RELAPSED OVARIAN CANCER**

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Introduction/Background Introduction The treatment of recurrent ovarian cancer (ROC) confronts us with major clinical and social problems. However, the question of how to appropriately manage vulnerable, elderly or multimorbid patients in the palliative setting is of key importance. It should be borne in mind that elderly or heavily pretreated patients in particular may suffer from a range of comorbidities and persistent toxicities from previous therapies. Nevertheless, chronological age cannot be the only factor used to make treatment decisions. The evaluation of organ function, cognitive, emotional factors and social behaviour all have an equal impact on the patient's well-being and can be used as prognostic factors. However, clinical experience and practical implementation in gynaecological oncology are largely lacking in this regard. Therefore, it is important if innovative predictive models can be developed and implemented into the clinical routine.

Methodology Rationale and Objective The aim of this observational study is, first, to prospectively evaluate the practical