impact of scientific-based geriatric, psychological and functional assessments based on mental, emotional, disease-related and patient-reported outcome measures (PROM), as well as to assess clinicopathological and disease-related variables. Based on this evidence, a predictive score will be developed. In a second stage of the study, we also plan to evaluate its predictive power to identify those fragile patients who will interrupt or discontinue recurrent chemotherapy within the first 12 weeks of therapy.

Results /

Conclusion /

2022-RA-1084-ESGO ONCOLOGICAL OUTCOMES IN PATIENTS HAVING NEOADJUVANT CHEMOTHERAPY WHO DO NOT UNDERGO INTENDED INTERVAL DEBULKING SURGERY

[1]Si Liang Yao, [1]Megan Simpkins, [2]Liadin Rider, [3]Jiexin Cao, [4]Camilla Underwood, [2]Monica Tryczynska, [2]Anuoluwa Ajakaiye, [4]Tineke Vergeldt, [4]Rachel Jones, [5]Louise Hanna, [2]Kenneth Lim, [2]Aarti Sharma, [4]Kerryn Lutchman-Sing, [3]Rosalind Jones, [3]Richard Peevor, [6]Abigail Hayward, [2]Sadie Jones, [2]Adam Naskretski. *[1]Cardiff University, Cardiff, UK; [2]University Hospital of Wales, Cardiff, UK; [3]Ysbyty Gwynedd Hospital, Bangor, UK; [4]Singleton Hospital, Swansea, UK; [5]Velindre Hospital, Cardiff, UK; [6]NHS Wales Health Collaborative, Cardiff, UK*

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Introduction/Background A common treatment approach for patients with FIGO stage III/IV ovarian cancer is neoadjuvant chemotherapy (NACT) with interval debulking surgery (IDS) with subsequent adjuvant chemotherapy. However, not all patients undergo the intended surgery for multiple reasons. Outcome data for these patients is limited, however, reduced survival has been reported in literature. This study aimed to assess and compare the oncological outcomes of patients who did not undergo IDS following NACT for stage III/IV ovarian cancer in Wales.

Methodology The Wales Cancer Network identified all patients with stage III/IV ovarian cancer scheduled for NACT across the three Cancer centres in Wales in 2018 and 2019. The Welsh Clinical Portal and CANISC were used to gather data on patients' demographics, disease stage, treatment plans, complications, reasons for not having surgery, and oncological outcomes.

Results 197 patients were included, of which 128 (65%) underwent surgery and 69 (35%) did not. Across Wales, the patients who had surgery were on average younger (64.2 vs 70.8 years), had fewer comorbidities (average 2.7 vs 3.0), a better performance status at diagnosis (average 0.8 vs 1.5), but had the same average BMI (28.9) compared to those who did not. The majority of patients who underwent surgery had zero complications (58.6%). Across Wales, 99.13%, 93.91%, 74.78%, and 58.26% of patients who underwent IDS survived at 6, 12, 24, and 36 months respectively, compared to 90.00%, 73.33%, 40.00%, and 20.00% who did not ($p=0.0034$, 0.0001, 0.0001, 0.0001 respectively).

Conclusion Across Wales, 35% of women with stage III/IV ovarian cancer did not undergo their intended surgery after NACT. In this retrospective cohort, the survival was lower in those who did not have surgery. Common reasons for not proceeding with surgery included disease progression, fitness for surgery, and patient choice.

2022-RA-1088-ESGO CHITINASE RESPONSE AFTER 3 CYCLES OF CHEMOTHERAPY AS A PROMISING MARKER OF CHEMOSENSITIVITY AN ANCILLARY ANALYSIS OF THE GINECO-ENGOT EWOC-1 TRIAL

[1,2,3]Karim Chikh, [4,5]Charlotte Cuerq, [6]Marie Valero, [7]Olivier Colomban, [8]Aude-Marie Savoye, [9]Dominique Berton, [10]Laëtitia Stefani, [11]Michel Fabbro, [12]Cyriac Blonz, [13]Olivier Tredan, [14]Margot Noblecourt, [15]Oana Cojocarasu, [16]Delphine Mollon-Grange, [17]Fabrice Barlesi, [18]Eric Pujade-Lauraine, [19]Gilles Freyer, [20]Benoit You, [21]Hubert Vidal, [22]Claire Falandry. *[1]Laboratoire de Biochimie et Biologie Moléculaire – Centre Hospitalier Lyon Sud, Lyon, France; [2]ISPB, Faculté de Pharmacie de Lyon- UCBL1, Lyon, France; [3]Laboratoire CARMEN INSERM U1060, INRA U1397, Université Lyon 1, INSA Lyon, Oullins, France; [4]Biochemistry Department, Hospices Civils de Lyon, Pierre-Benite, France; [5]INSERM U1060, INRA UMR 1397, INSA-Lyon, CarMeN Laboratory, Université Lyon 1, Pierre-Benite, France; [6]Hôpital Lyon-Sud -Hospices Civils de Lyon, Lyon, France; [7]Université Lyon, Université Claude Bernard Lyon 1, Faculté de Médecine Lyon-Sud, EA UCBL/HCL 3738 CICLY, Lyon, France; [8]Institut Jean Godinot, Reims, France; [9]Institut de Cancérologie de l'Ouest (ICO), Saint-Herblain, France; [10]GINECO and Centre Hospitalier Annecy Genevois, Pringy, France; [11]GINECO and Institut du Cancer de Montpellier, Montpellier, France; [12]Hôpital Privé du Confluent S.A.S., Nantes, France; [13]GINECO and Centre Léon Bérard, Lyon, France; [14]GINECO and Centre Hospitalier de Cholet, Cholet, France; [15]Centre Hospitalier du Mans, Le Mans, France; [16]CH CORNOUAILLE, Quimper, France; [17]Gustave ROUSSY, Villejuif, France; [18]ARCAGY-GINECO, Paris, France; [19]GINECO and Centre Hospitalier Lyon-Sud, Lyon, France; [20]Medical Oncology, Institut de Cancérologie des Hospices Civils de Lyon (IC-HCL), CITOHL, Université Lyon, CICLY and GINECO, Lyon, France; [21]Laboratoire CarMeN INSERM U.1060/Université Lyon1/INRAE U. 1397/Hospices Civils Lyon Bâtiment CENS-ELI 2D Hôpital Lyon Sud Secteur 2, Pierre-Benite, France; [22]Geriatrics, Hospices Civils de Lyon – Centre Hospitalier Lyon Sud, Saint-Genis-Laval, France*

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Introduction/Background Older patients with ovarian cancer have poor outcomes; the geriatric vulnerability score (GVS) was validated as a prognostic factor for survival. During aging the circulating Chitinase 3-like-1 (CHI3L1), and its related chitinase enzymatic activity increase, leading to propose them as 'aging biomarkers'. However, recent data supported the implication of chitinase-like proteins in the proliferation of several cancers. The EWOC-1 trial (NCT02001272) showed a lower efficacy of the carboplatin monotherapy (Cmono) arm compared to carboplatin-paclitaxel (CP) in vulnerable patients; a serum sampling was provided on inclusion, after 3 and 6 courses of chemotherapy for the measurement of chitinase activity in each arm (A: standard CP; B: Cmono; C: 3weeks/4 CP), to identify whether its association with patients' outcomes and inversely, the differential impact of the distinct treatment regimens on it.

Methodology Chitinase activity was assessed as previously published. Were analyzed both its absolute value on inclusion ('chitinase baseline') and its kinetics after 3 chemotherapy courses ('chitinase response').

Results Serum samples could be retrieved for 46/120 patients on inclusion and 33 after 3 chemotherapy courses. Chitinase baseline median activity (in U/L, IQR) was 1727.9 (1459.3; 1878.3) at inclusion, similar in the 3 arms; no association was shown with any of the geriatric vulnerability parameters, nor the GVS, nor overall survival. Chitinase response was significantly different in the 3 arms, with a median (in U/L,