ONCOLOGICAL OUTCOMES IN PATIENTS HAVING NEOADJUVANT CHEMOTHERAPY WHO DO NOT UNDERGO INTENDED INTERVAL DEBULKING SURGERY

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.

Chitinase response after 3 cycles of chemotherapy as a promising marker of chemosensitivity: an ancillary analysis of the GINECO-ENGOT EWOC-1 trial

Introduction/Background Chitinase 3-like-1 (CHI3L1) and its related enzymes play a role in aging, as well as in other chronic diseases and cancers. The ENGOT EWOC-1 trial (NCT02001272) showed a lower efficacy of the carboplatin monotherapy (Cmono) arm compared to carboplatin-paclitaxel (CP) in vulnerable patients; 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 measured as previously published. Were analyzed both its absolute value on inclusion (chitinase baseline) and 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,