

Conclusion The combination of cytology and immunocytochemistry of the fallopian tube smear could be used as a promising diagnostic tool for ovarian, fallopian tube and peritoneal carcinoma. Further evaluation with larger sample size is warranted.

2022-RA-1235-ESGO ADULT OVARIAN GRANULOSA CELL TUMORS: CLINICAL AND IMAGING FINDINGS CHARACTERISTICS OF A TUNISIAN POPULATION SAMPLE

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10.1136/ijgc-2022-ESGO.665

Introduction/Background Adult-type granulosa cell tumor (GCT) is a rare subtype of ovarian cancer. It derives from sex cord stromal cells of the ovary. The incidence of GCTs is 0.6–0.8/100,000, and it represents 3–5% of all ovarian malignancies.

Methodology a retrospective study concerning 40 cases of ovarian sex cord-stromal tumors (OSCST). Among them, we collected 17 cases of GCT. Epidemiological, clinical and radiological data were analyzed in this study.

Results GCT represented 42.5% of the OSCSTs and 1.15% of all ovarian tumors during the study period. The average age was 42.3 years. The mean parity of patients was 4. Menopausal average age calculated at 49 years. In 80% of cases patients were symptomatic; chronic pelvic pain 43.5%, menometrorrhagia 36.5%. For Three patients the tumor was discovered by chance: one during a caesarean scare and two during an ultrasonography for infertility. Physical exam revealed a palpable mass in 9 cases (52.9%), with an average size of 8 cm, and a solid consistency. On ultrasonography, we found a compartmentalized cystic tumor with vascularized partitions in color and pulse Doppler in 71.42% of cases. An effusion in the douglas has been described in 35.71%. The ultrasound study must incorporate the endometrium, in our study, the endometrium was hyperplastic in two cases. In CT we found a predominant cystic forms (53%) with variable contents. In MRI, in 75% of cases we found a hyposignal with T2 weighting with a multilocular cystic appearance with solid components.

Conclusion The variability in the histological type globally and in the cellular arrangement particularly of granulosa tumors has helped to create a spectrum of radiological manifestations, whose good assimilation of their semiology will make it easier to pose the diagnosis before the surgery.

2022-RA-1237-ESGO PREDICTORS OF PARP INHIBITORS TOXICITIES AND THE TOXICITY IMPACT ON OVERALL SURVIVAL IN ADVANCED OVARIAN CANCER

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10.1136/ijgc-2022-ESGO.666

Introduction/Background We sought to identify predictors of Dose-Limiting Adverse Events (DLAE) (adverse events (AE) leading to dose reduction or discontinuation) in patients who received standard of care PARP inhibitors (PARPi) maintenance therapy and the impact of toxicities on overall survival (OS) in advanced ovarian cancer (aOC).

Methodology Retrospective data collection was performed for patients (newly diagnosed or recurrent) who received at least one dose of maintenance Olaparib or Niraparib between April/2015–November/2021, at the Royal Marsden, UK. Pearson's Chi-square and Log rank Kaplan Meier tests were used for categorical and continuous variables, respectively. Logistic regression was used to predict DLAE; Cox regression for OS. STATA SE 17.0 was used for statistical analysis.

Results 160 patients (median age 62.5 years, 41% (66/160) first-line, 49% (79/160) BRCA-mutated; median follow up on PARPi of 18.7 months; 68/160 were deceased at data cut-off) were included. DLAE were reported in 46.2% (74/160). Grade (G) 2 and G3 AE led to DLAE in 52.7% (39/74) and 32.4% (24/74) of cases, respectively. 78.2% (140/179) \geq G2 AEs occurred during the first 3 months. Hypertension (OR 2.6, $p=0.03$), upfront surgery (OR 2.7, $p=0.01$), previous G2 AE on chemotherapy (OR 1.8, $p=0.01$), residual disease (OR 2.4, $p=0.04$), and creatinine clearance <60 ml/min (OR 3.5, $p=0.01$) predicted higher risk of DLAE. HRD (OR 0.4, $p=0.04$), and Niraparib at 200 mg (OR 0.4, $p<0.001$) predicted lower risk of DLAE. G3/G4 hematological AE predicted better PFS at 24 months (OR 0.4, $p=0.047$). \geq G2 AEs in the first 3 months predicted better 5-year OS from diagnosis (OR 0.4, $p=0.005$) for the overall population. Dose reductions did not impact on OS ($p=0.65$).

Conclusion This is the first real-world data analysis suggesting that the development of early PARPi toxicities predicts improved 5-year OS in aOC. This model warrants further validation in prospective cohorts.

2022-RA-1241-ESGO A MULTICENTRE, OPEN-LABEL PHASE 1/2 TRIAL EVALUATING THE SAFETY, TOLERABILITY, AND EFFICACY OF MORAB-202, A FOLATE RECEPTOR ALPHA-TARGETING ANTIBODY-DRUG CONJUGATE IN PATIENTS WITH SELECTED TUMOUR TYPES

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10.1136/ijgc-2022-ESGO.667

Introduction/Background MORAb-202 (farletuzumab ecteribulin) is an antibody-drug conjugate (ADC) comprised of the humanised antifolate receptor-alpha (FR α) monoclonal antibody, farletuzumab, and the cytotoxic microtubule inhibitor, eribulin, conjugated by a cathepsin B-cleavable linker. MORAb-202 targets the eribulin payload to tumour cells expressing FR α , where internalisation leads to lysosomal cleavage of the ADC and intracellular release of eribulin, causing apoptosis, cell-cycle arrest, and bystander effects in adjacent

cells. A previous phase 1 study in Japan of MORAb-202 (NCT03386942) demonstrated antitumour activity across multiple tumour types and identified interstitial lung disease (ILD) as an adverse event of interest (Shimizu 2021). An expansion cohort (doses: 0.9, 1.2 mg/kg) in patients with platinum-resistant ovarian cancer (OC) found meaningful efficacy across all FR α -expression levels and ILD/pneumonitis (mainly low grade) was the most common adverse event (Nishio ASCO 2022).

Methodology This multicentre phase 1/2 study (NCT04300556) consists of Dose-Escalation and Dose-Confirmation cohorts. In the Dose-Escalation phase, the primary objectives were to evaluate safety/tolerability and determine the recommended phase 2 dose of MORAb-202 in patients with OC, endometrial cancer (EC), non-small cell lung cancer (NSCLC), or triple-negative breast cancer (TNBC). In the ongoing Dose-Confirmation phase, the primary objectives are (1) to further evaluate safety/tolerability and (2) to evaluate preliminary efficacy (ORR) in patients with OC or EC. Based on a population pharmacokinetics model (Hayato ASCO 2022), body-surface-area-based dosing is utilised. The initial cohort will enrol 6 patients at a MORAb-202 25 mg/m² IV Q3W dose and additional patients will be enrolled at 25 mg/m² and 33 mg/m² following ILD safety evaluation. Tumour assessments will be conducted by investigators using RECIST v1.1 at screening, every 6 weeks for 24 weeks, then every 12 weeks or as needed. Potential ILD assessments of CT scans will be conducted by a central ILD expert review board.

Results Trial in Progress

Conclusion TIP

2022-RA-1243-ESGO

ANXIETY AND POST-TRAUMATIC STRESS DISORDER IN WOMEN REFERRED AFTER SYMPTOM TRIGGERED TESTING FOR OVARIAN CANCER – ANALYSIS FROM THE LARGE MULTICENTRE NATIONAL UK ROCKETS STUDY

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10.1136/ijgc-2022-ESGO.668

Introduction/Background International guidelines recommend symptom-triggered testing to detect ovarian cancer (OC). In the UK, symptomatic women are referred if they have an abnormal CA125 and/or ultrasound. Some women will experience adverse psychological responses to testing and be less motivated to attend further investigations. We analysed data from the ROCKETS prospective test accuracy study to investigate psychological morbidity in diagnostic testing and identify women most at risk.

Methodology Participants completed a questionnaire at enrolment and, if not diagnosed with OC at 12 months. Anxiety and post-traumatic stress disorder (PTSD) were measured using the State-Trait Anxiety Inventory (STAI) and Revised Impact of Event Scale (IES-r). Their association with variables was explored using Wilcoxon Rank-Sum and Kruskal-Wallis tests. The effect on scores at 12 months was explored using the Wilcoxon signed-rank test.

Results Responses from 2574 women were analysed. Women experienced ‘moderate’ anxiety and ‘severe’ PTSD at enrolment with median (IQR) STAI and IES scores of 43 (40–50) and 41 (29–62) respectively. Age, employment status,

educational level, smoking history, route of presentation and a change in menstruation were associated with PTSD (table 1). None of the variables were associated with anxiety (table 1). Anxiety levels in those without an OC diagnosis increased to ‘high’ at 12 months (n=487), 47 (40–50) but this change was not statistically significant (p=0.197). IES-r scores decreased to 36 (27–55) at 12 months (n=492), which was statistically (p=0.033) and clinically significant resulting in a lowering of IES-r severity categorisation.

Abstract 2022-RA-1243-ESGO Table 1 Associations between patient characteristics and STAI and IES-r scores at enrolment

| | Number of responses | STAI score Median (interquartile range) | IES-r score Median (interquartile range) |
|--|---------------------|---|--|
| Age | | | |
| - Under 50 | 932 | 43 (40-50) | 44 (30-63) |
| - Over 50 | 1386 | 43 (40-50), p=0.823 | 40 (28-60), p=0.000 |
| Marital status | | | |
| - Living alone | 796 | 43 (40-50) | 42 (29-60) |
| - Living together | 1527 | 43 (40-50) | 41 (29-63) |
| - Other | 2 | 48 (43-53), p=0.710 | 39 (28-49), p=0.690 |
| Employment status | | | |
| - Employed fulltime or part-time | 1143 | 43 (40-50) | 44 (30-63) |
| - Self employed | 147 | 43 (40-50) | 41 (28-59) |
| - Retired | 697 | 43 (40-50) | 36 (27-55) |
| - Unemployed | 162 | 47 (40-50) | 43 (29-72) |
| - Student | 175 | 47 (40-50), p=0.079 | 42 (28-64), p=0.000 |
| Educational level | | | |
| - No qualifications | 467 | 47 (40-50) | 38 (27-59) |
| - At least secondary level | 1098 | 43 (40-50) | 42 (29-63) |
| - At least tertiary level | 564 | 43 (40-50) | 44 (31-62) |
| - Other | 189 | 43 (40-50), p=0.211 | 38 (26-59), p=0.001 |
| Ethnicity | | | |
| - Non-White | 185 | 47 (40-50) | 42 (29-70) |
| - White | 2139 | 43 (40-50), p=0.196 | 41 (29-61), p=0.266 |
| Ever smoked | | | |
| - No | 1289 | 43 (40-50) | 41 (28-60) |
| - Yes | 1033 | 43 (40-50), p=0.854 | 42 (30-63), p=0.027 |
| Route of presentation | | | |
| - Accident and emergency | 142 | 47 (40-50) | 45 (30-65) |
| - Two week wait referrals | 1575 | 43 (40-50) | 43 (30-63) |
| - Cancer unit or other specialities | 401 | 43 (40-50) | 39 (27-59) |
| - Routine GP referral | 211 | 43 (40-50), p=0.614 | 33 (28-53), p=0.000 |
| Performance status | | | |
| - 0 | 2004 | 43 (40-50) | 42 (29-62) |
| - 1 | 218 | 47 (40-50) | 40 (29-60) |
| - 2 | 55 | 43 (40-50) | 39 (29-62) |
| - 3 | 30 | 43 (40-50) | 35 (28-48) |
| - 4 | 2 | 45 (40-50), p=0.636 | 42 (38-46), p=0.606 |
| History of subfertility | | | |
| - No | 830 | 43 (40-50) | 45 (31-63) |
| - Yes | 156 | 43 (40-50), p=0.553 | 47 (30-60), p=0.884 |
| History of ovarian stimulation for subfertility | | | |
| - No | 918 | 43 (40-50) | 45 (31-63) |
| - Yes | 65 | 47 (40-50), p=0.099 | 48 (32-62), p=0.841 |
| Change in nature of periods | | | |
| - No | 434 | 43 (40-50) | 44 (29-61) |
| - Yes | 551 | 43 (40-50), p=0.249 | 47 (32-64), p=0.015 |
| Use of contraception | | | |
| - No | 660 | 43 (40-50) | 46 (31-64) |
| - Yes | 321 | 43 (40-50), p=0.959 | 44 (30-61), p=0.301 |
| Any postmenopausal bleeding | | | |
| - No | 622 | 47 (40-50) | 38 (28-60) |
| - Yes | 187 | 43 (40-50), p=0.498 | 38 (28-60), p=0.885 |
| Current of previous use of HRT | | | |
| - No | 932 | 47 (40-50) | 38 (28-59) |
| - Yes | 380 | 43 (40-50), p=0.080 | 40 (29-61), p=0.167 |
| Number of pregnancies | | | |
| - 0 | 97 | 43 (40-50) | 43 (32-65) |
| - 1 to 4 | 1645 | 43 (40-50) | 41 (29-61) |
| - 5 or more | 61 | 47 (40-50), p=0.780 | 34 (24-66), p=0.147 |

Validated classification for STAI and IES-r:

STAI: ‘no or low anxiety’ (20-37), ‘moderate anxiety’ (38-44), and ‘high anxiety’ (45-80)
IES-r: PTSD is a clinical concern’ (24 -32), ‘probable PTSD’ (33 - 36) and ‘severe enough to suppress the immune system and effects may persist even 10 years following the event’ (37 or more).

Conclusion To our knowledge, this is the first study investigating psychological morbidity after diagnostic testing for OC. Women experience significant anxiety and distress with certain