Introduction/Background Outcome of ovarian cancer patients has considerably improved by introduction of maintenance PARP inhibitors; however, most patients subsequently relapse and there is a need for further improvement. Combinations of targeted therapy and immunotherapy are of interest due to their single agent efficacy in different stages of ovarian cancer. To further enhance the response rate, one approach may be to integrate an anticancer vaccine aiming to activate an immune response against tumour-related antigens into a regime of combined targeted therapy and immunotherapy. This prospective, multicenter, open-label, randomized phase II study is evaluating the efficacy of UV1-olaparib-durvalumab combination as maintenance therapy after platinum combination therapy for BRCAwt patients with relapsed ovarian cancer.

Methodology Patients with BRCAwt epithelial ovarian cancer, relapsed >6 months after last chemotherapy (maximum 4 prior lines of chemotherapy), in response to last chemotherapy, ECOG performance status 0–1 are eligible.

Patients are randomized into one of the three treatment arms, (A:B:C), in a 1:1:2 randomization (n=184): Arm A (olaparib): 46 subjectsArm B (olaparib plus durvalumab): 46 subjectsArm C (olaparib plus durvalumab plus UV1): 92 subjects Patients are stratified according to: HRD status, Previous lines of chemotherapy, in response to last chemotherapy, disease progression >6 months after last chemotherapy (maximum 4 lines of chemotherapy). Study sponsor is the Nordic Society of Gynaecological Oncology – Clinical Trial Unit and is being conducted in six ENGOT oncology cooperative groups (AGO-A, BGOG, DGOG, HeGOG, NOGGO). (NCT04742075)

Results

Expected results Study is enrolling patients in 11 ENGOT countries

Conclusion The positive outcome will further improve the outcome of our patients

Abstract 2022-RA-1271-ESGO Figure 1 Flow chart of the study population

Conclusion US-guided biopsy is a feasible, safe, and accurate method to provide histologically diagnosis in suspicious advanced tubo-ovarian cancer patients.
Introduction/Background  Scarce evidence supports Cancer Antigen 125 (CA125) as a reliable recurrence biomarker in patients affected by Ovarian Cancer (OC) on maintenance treatment with PARP inhibitors (PARPi) or Bevacizumab after response to platinum-based therapy. Our aim is to assess concordance between CA125 increase and Response Evaluation Criteria In Solid Tumours (RECIST) progression in these patients.

Methodology  The study includes 109 patients affected by CA125-sensitive OC on maintenance treatment with Bevacizumab (group A) or PARPi (group B) for at least two months after complete/partial response to platinum-based therapy. 55 patients underwent PARPi, 54 Bevacizumab. Data were discordant if CA125 increased within a month from radiological progression; otherwise, they were considered discordant.

Results  38 (34.9%) patients relapsed under maintenance treatment; 18 (47.4%) had recurrence with PARPi, 20 (52.6%) under Bevacizumab. In group A, concordant cases were 12 (60%), discordant cases accounted for 8 (40%). In this last category of patients in half cases CA125 increased before radiological progression, while in the other half marker was permanently negative; CA125 never increased after radiological progression. In group B, concordant cases were 7 (38.9%), discordant ones were 11 (61.1%). In this last category of patients in 4 cases (36.4%) CA125 increased after radiological progression, while in the other 7 (63.6%) CA125 was constantly negative; marker never increased before radiological progression.

Conclusion  In patients treated with PARPi CA125 does not always correlate with disease progression; in fact, in cases of relapse highlighted with imaging techniques, marker remains within the normal range. This contrasts with what happens in patients treated with Bevacizumab. In conclusion, CA125 and imaging should always be evaluated together.

2022-RA-1276-ESGO  PEMBROLIZUMAB MONOTHERAPY FOR ADVANCED CLEAR CELL GYNECOLOGICAL CANCER: PHASE II PEACOCC TRIAL

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2022-RA-1277-ESGO  CORRELATION BETWEEN CA125 LEVELS & SURGICAL FINDINGS IN PATIENTS UNDERGOING SECONDARY OPERATIONS FOR EPITHELIAL OVARIAN CANCER

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Introduction/Background  We aim to correlate serum CA 125 values after chemotherapy with clinical findings during second-look surgery.

Methodology  This study was conducted on twenty-five patients with epithelial ovarian cancers undergoing second-look operations in our hospital between 2019 and 2021.

Results  The average age of the patients was 59, 2 years. Twenty-one cases of stage III (84%) and 4 cases of stage VI (16%) high serous ovarian carcinoma. The CA125 level before chemotherapy was high in all cases with a mean rate of 932, 8 UI/ml. All the patients underwent multiple courses of neoadjuvant chemotherapy. The evaluation of response was clinically, radiologically, and biologically. Eight patients who had negative second-look findings gave normal serum CA125 levels. Of the 17 patients who were positive in second-look surgery, 10 had normal CA125 levels with a false negative rate of 58, 8%. Of the patients with normal CA125 levels at the time of operation, those with persistent disease had higher mean CA125 levels (22, 21 UI/ml) than those with no disease detected (12, 2 UI/ml). All the seven patients with elevated CA125 serum values after chemotherapy showed discordant results.

Conclusion  This study suggests that CA125 is effective in heavily pre-treated patients with advanced CCAG: 43.8% patients were alive and progression-free at 12w. Clinical outcomes were durable with limited toxicity. These promising results justify consideration of pembrolizumab monotherapy as a new standard-of-care for advanced CCAG.