range. Primary colorectal origins were ruled out by colonoscopy. Based on pap test results, there was no suspicion of cervical cancer. Ovarian cancer seemed the most probable diagnosis.

Laparotomy was performed for diagnostic and curative purposes. During the procedure, gross image presented accumulation of 500 ml of ascitic fluid, pathologically changed ovaries and several pelvic/paraaortic lymph nodes, as well as palpable retroperitoneal masses located in presacral area, in close proximity to upper rectum and sigmoid colon.

Hysterectomy with bilateral salpingo-oophorectomy and sigmoid colon resection with colorectal anastomosis was completed. Frozen section examination reported serious ovarian cystadenofibroma. Morphologic structure of resected retroperitoneal masses was consistent with undifferentiated (squamous or transitional cell) carcinoma. Intraoperative cytoscopy revealed no lesions. Omentectomy and pelvic and paraaortic lymph node dissection was performed for preventive measures.

Results

Definitive pathomorphological analysis confirmed the diagnosis of ovarian cystadenofibroma and signs of squamous cell carcinoma in tissues resected from retroperitoneum with lymphatic involvement and P16 positivity on immunohistochemical study. Primary site of cancer couldn't be detected neither in genital nor head and neck areas.

Conclusion

Diagnosis of squamous cell carcinoma changed the postoperative management, resulting in potentially increased survival rate.

Abstracts

2022-RA-1290-ESGO

MAINTENANCE OLAPARIB RECHALLENGE IN PATIENTS WITH OVARIAN CANCER PREVIOUSLY TREATED WITH A PARP INHIBITOR: DETAILED SAFETY RESULTS FROM THE PHASE IIIIB OREO/ENGOT-OV38 TRIAL

Vanda Salutari, 1 Jean-Pierre Lotz, 2 Luis Marso, 4 Bernard Asselain, 4 Frederik Marmé, 4 Kristina Lindemann, 1 Germana Tognon, 8 Radoslav Madry, 4 Ros Glasspool, 4 Jacques Medioni, 1 Antonia Marquez-Arganaz, 1 Graziana Rondino, 1 Nikolaus de Gregorio, 5 Florence Joly, 7 Ignacio Tronero, 8 Francesco Raspagliesi, 2ZAzad Bahir, 3 Bob Shaw, 1 Michel Fabro, 4 Eric Pujade-Lauraine. Fondazione Policlinico Universitario A. Gemelli IRCCS, and MITO, Rome, Italy; 2Service d’Onco Mèdicol, Institut Universitaire de Cancérologie, Hôpital Tenon, AP-HP, Sorbonne Université, and GINECO, Paris, France; 3Hospital 12 de Octubre, and GEICO, Madrid, Spain; 4ARCAGY-GINECO, Paris, France; 5University Hospital Mannheim, Medical Faculty Mannheim, Heidelberg University, and AGO, Mannheim, Germany; 6Department of Gynaecological Oncology, Division of Cancer Medicine, Oslo University Hospital, and Faculty of Medicine, Institute of Clinical Medicine, University of Oslo, and NSGO, Oslo, Norway; 7Division of Obstetrics and Gynecology, ASST Spedali Civili di Brescia, University of Brescia, and MANGO, Brescia, Italy; 8Department of Gynaecological Oncology, Faculty of Oncology, Poznari Medical University, and PGOG, Poznari, Poland; 9Beatson West of Scotland Cancer Centre and Institute of Cancer Sciences, University of Glasgow, and NCRI, Glasgow, UK; 10Hôpital Européen Georges Pompidou, Cancérologie Médicale, Université Paris Cité. Centre d’Essais Précoces en Cancérologie (CEPEC), and GINECO, Paris, France; 11Medical Oncology Intercenter Unit. Regional and Istituto Nazionale Tumori, Milan, Italy; 12Global Medical Affairs, AstraZeneca, Cambridge, UK; 13Oncology, and GEICO, Valencia, Spain; 14Department of Medical Oncology, Centre François Baclesse, and GINECO, Caen, France; 15Instituto Valenciano de Oncología, Valencia, Spain; 16Fondazione IRCCS Istituto Nazionale Tumori, and MITO, Milan, Italy; 17Global Medical Affairs, AstraZeneca, Cambridge, UK; 18Oncology, and GEICO, Valencia, Spain; 19ICM Regional Cancer Institute of Montpellier, and GINECO, Montpellier, France.

10.1136/ijgc-2022-ESGO.679

Introduction/Background

OreO/ENGOT-ov38 (NCT03106987) demonstrated a statistically significant progression-free survival benefit with maintenance olaparib rechallenge versus placebo in patients with platinum-sensitive relapsed ovarian cancer (PSROC), irrespective of BRCA1/BRA2 (BRCA) mutation status. Safety data were consistent with olaparib during first use; overall, olaparib discontinuation due to adverse events (AEs) was low (Pujade-Lauraine et al. ESMO 2021). We further characterised the tolerability of maintenance olaparib rechallenge in OreO/ENGOT-ov38, including time to onset and duration of selected AEs deemed relevant to olaparib.

Methodology

Patients with PSROC in response to their most recent platinum-based chemotherapy, who had received one prior maintenance PARP inhibitor, were enrolled into BRCA-mutated or non-BRCA-mutated cohorts. In each cohort, patients were randomised 2:1 to maintenance olaparib (300 mg) or placebo bid until disease progression. Safety and tolerability were assessed in patients receiving ≥1 dose. AEs were monitored during treatment and for 30 days after discontinuation.

Results

All 220 enrolled patients were included in the safety analyses (BRCA-mutated, n=112 [olaparib, n=74; placebo, n=38]; non-BRCA-mutated, n=108 [olaparib, n=72; placebo, n=36]). At data cutoff, 8 (7%) and 27 (25%) patients in the BRCA-mutated and non-BRCA-mutated cohorts, respectively, were still receiving treatment. In the BRCA-mutated cohort (olaparib arm), median time to first occurrence of nausea, vomiting, fatigue/asthenia, and anaemia was ≤32 days (table 1). Median durations of first events of nausea, vomiting, neutropenia, and thrombocytopenia were ≤38 days (table 1 for placebo comparison). In the non-BRCA-mutated cohort (olaparib arm), median time to first occurrence of all AEs was ≤29 days, excluding anaemia (table 2). Duration of first events of nausea, vomiting, neutropenia, and thrombocytopenia was ≤36 days (table 2 for placebo comparison). No cases of MDS/AML were reported (olaparib arm).

Abstract 2022-RA-1290-ESGO Table 1 BRCA-mutated cohort

<table>
<thead>
<tr>
<th>Nausea</th>
<th>Vomiting</th>
<th>Fatigue/asthenia</th>
<th>Anaemia</th>
<th>Neutropenia</th>
<th>Thrombocytopenia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with AE</td>
<td>20 (18)</td>
<td>4 (3)</td>
<td>4 (4)</td>
<td>11 (10)</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Median time to first event (days)</td>
<td>20 (18)</td>
<td>6 (5)</td>
<td>2 (2)</td>
<td>11 (10)</td>
<td>1 (1)</td>
</tr>
</tbody>
</table>

Abstract 2022-RA-1290-ESGO Table 2 Non-BRCA-mutated cohort

<table>
<thead>
<tr>
<th>Nausea</th>
<th>Vomiting</th>
<th>Fatigue/asthenia</th>
<th>Anaemia</th>
<th>Neutropenia</th>
<th>Thrombocytopenia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with AE</td>
<td>30 (27)</td>
<td>5 (4)</td>
<td>7 (6)</td>
<td>13 (12)</td>
<td>2 (2)</td>
</tr>
<tr>
<td>Median time to first event (days)</td>
<td>30 (27)</td>
<td>4 (4)</td>
<td>6 (5)</td>
<td>13 (12)</td>
<td>2 (2)</td>
</tr>
</tbody>
</table>

Conclusion

In patients with PSROC who received maintenance olaparib rechallenge, AEs usually occurred early and were generally manageable, consistent with the known safety profile of olaparib.