IS NEOADJUVANT CHEMOTHERAPY EFFECTIVE AS PREHABILITATION PROGRAM IN ADVANCED EPITHELIAL OVARIAN CANCER?

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10.1136/ijgc-2022-ESGO.723

Abstract 2022-RA-1470-ESGO Figure 1 Progression-free survival and overall survival in HR patients

Introduction/Background A consistent number of advanced ovarian cancer (AOC) patients present with poor performance status. We sought to determine whether neo-adjuvant chemotherapy (NACT) can modify pre-operative characteristics used to identify patients at high risk (HR) of peri-operative complications, as defined by the Mayo Clinic Algorithm

Methodology In this retrospective single center observational study, FIGO stage III-IV AOC patients undergoing NACT from 01/2016 to 12/2019 were collected and triaged as low risk (LR) and HR according to Mayo Clinic Algorithm. HR group included women with at least one of the following criteria: (i) Albumin <3.5 g/dL, (ii) age ≥80 years, (iii) age 75–79 with ECOG performance status >1, (iv) ASA score ≥3. Pre-NACT and post-NACT characteristics were compared in the HR group.

Results 177 patients were included, 144 (81%) and 33 (19%) were classified as HR and LR respectively before NACT. A median number of 4 cycles (range 2–6) of carboplatinex NACT was administered in HR patients, with bevacizumab addiction in 53% of cases. 115 out of 144 (80%) HR women showed a significant difference in pre-NACT ECOG (p=0.007), ASA score (p=0.001), albumin level (p=0.001) compared to post-NACT setting, taking on LR features. All patients underwent interval surgery and complete cytoreduction was achieved in 97 (84%) cases. Among 42 (35%) post-operative complications, 7 (16%) were classified as G3-G4. Median progression free survival was 18 months (CI 95% 14-21), median overall survival was 54 months (CI 95% 34-73) (figure 1).

Conclusion NACT appeared to improve pre-treatment patient’s characteristics that may account for an increase peri-operative morbidity. A comparison between the analyzed population and a statistically matched group of HR and LR patients undergoing primary debulking surgery is in due course.

2022-RA-1474-ESGO RANDOMIZED PHASE II CLIO STUDY ON OLAPARIB MONOTHERAPY VERSUS CHEMOTHERAPY IN RECURRENT OVARIAN CANCER – RESULTS OF THE LEUVEN HRD TEST

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10.1136/ijgc-2022-ESGO.724

Introduction/Background Poly(ADP-ribose)-polymerase inhibitors (PARPi) have changed the treatment landscape for high grade serous ovarian cancer. The CLIO trial (NCT02822157) evaluated olaparib (OLA) single-agent therapy versus physician’s choice chemotherapy (CT) in recurrent epithelial ovarian cancer. Current available tests for homologous recombination deficiency (HRD) have been able to identify possible responders to PARPi, but improvements to these tests are necessary and validation in clinical trials is key.

Methodology With Leuven HRD test we provide an academic laboratory-developed method for HRD testing in ovarian cancer. The test was designed on DNA tumor samples of the biobank of University Hospitals Leuven and showed its predictive effect for OLA efficacy in the PAOLA-1/ENGOT-ov25 study (SGO 2022). Here we report the results of Leuven HRD test (LOH+TAI+LST) in the CLIO trial. Results will be compared to Myriad myChoiceDX on the same samples.
Results In CLIO 160 patients (60 PSOC and 100 PROC) were randomized 2:1 to OLA (n=107) or CT (n=53). Baseline characteristics were similar between both arms. Overall objective response rate (ORR) for OLA and CT were similar (24.3% and 28.3%, respectively). In PSOC, ORR was 35.0% and 65.0% for OLA and CT (p=0.053); in PROC, ORR was 17.9% and 6.1% for OLA and CT (p=0.134). All patients were tested for germline/somatic BRCA1/2 prior to inclusion. 117 FFPE tumor samples at diagnosis were retrieved and tested for HRD with Leuven HRD test. In PSOC Leuven HRD test was a good predictor of PFS benefit with HR 0.35 (p=0.035). There was no difference in PFS in PROC based on Leuven HRD status (p=0.274). Myriad myChoiceDX testing on the same samples is ongoing and comparison of HRD test results will be presented at the meeting.

Conclusion Leuven HRD test is predictive for OLA efficacy not only in first-line setting but also in recurrent setting in the CLIO trial.

Abstracts

2022-RA-1474-ESGO TRADITIONAL SYSTEMIC TREATMENT OPTIONS IN ADVANCE LOW GRADE SEROUS OVARIAN CANCER AFTER SUCCESSFUL CYTOREDUCTION. A SYSTEMATIC REVIEW AND META-ANALYSIS

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10.1136/ijgc-2022-ESGO.725

Introduction/Background We performed a systematic literature review and a subsequent meta-analysis to compare traditional i.e. antihormonal and cytotoxic treatment options in advance Low Grade Serous Ovarian Cancer (LGSOC).

Methodology We conducted a systematic literature review in MEDBASE and MEDLINE between September 2000 and June 2021 for women who received cytotoxic chemotherapy and/or antihormonal treatment after primary cytoreduction due to stage II-IV LGSOC and also at relapse. PFS and OS were calculated depending on the type of their adjuvant treatment. For each endpoint in the meta-analysis, pooled HR was calculated using the random effect model with the inverse variance weighted method. Only primary patients were included in the subsequent meta-analysis due to the small number of studies in the relapsed setting.

Results Five eligible 1st line studies were included. Systemic chemotherapy failed to provide a significant OS benefit when compared to no systemic treatment (pooled HR = 1.01, 95% CI [0.79, 1.29]) after successful cytoreduction. Moreover, systemic chemotherapy followed by antihormonal treatment also did not result to a significant PFS or OS benefit when compared to systemic chemotherapy alone (for PFS: pooled HR=0.59, 95% CI [0.33, 1.04]; for OS: pooled HR=0.83, 95% CI [0.50–1.39]). There were insufficient data from studies in the recurrent setting to allow their inclusion in the meta-analysis.

Conclusion In this meta-analysis, we failed to identify a traditional cytotoxic or antihormonal systemic treatment option that was associated with a significant OS or PFS benefit when administered following successful cytoreduction for advanced LGSOC. Prospective randomised studies are urgently warranted to define optimal adjuvant options in this challenging disease.