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 HR0.35 (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.

Introduction/Background We performed 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. Prospective randomised studies are urgently warranted to define optimal adjuvant options in this challenging disease.

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.

Methodology We conducted a systematic literature review in MEDBASE and MEDLINE between September 2000 and June 2021 to determine the selection criteria for cytoreductive surgery in the advanced ovarian cancer patients.

Methodology A cohort of 190 consecutive primary IB-IV stage ovarian cancer patients underwent surgical treatment (including diagnostic laparoscopy) from August 2017 to August 2020. Assessment of the peritoneal carcinomatosis index (PCI) was according to P. Sugarbaker. The outcome of cytoreductive surgery was: complete – without a macroscopically detectable tumor, optimal – residual tumor ≤ 1 cm, non-optimal – residual tumor ≥ 1 cm

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.