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.

Abstract 2022-RA-1474-ESGO Figure 1

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.

Abstract 2022-RA-1483-ESGO

Introduction/Background To determine the selection criteria for cytoreductive surgery in the advanced ovarian cancer patients

Methodology A cohort of 190 consecutive primary IIB-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 performed on December 24, 2022 by guest. Protected by copyright.http://ijgc.bmj.com/ Int J Gynecol Cancer: first published as 10.1136/ijgc-2022-ESGO.726 on 20 October 2022. Downloaded from http://ijgc.bmj.com/ on December 24, 2022 by guest. Protected by copyright.
SURGICAL ANATOMY OF THE RIGHT UPPER QUADRANT AFTER CYTOREDUCTIVE SURGERY

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Introduction/Background On the basis of evidence substantial effort is exerted by gynecologic oncologists to achieve no residual macroscopic disease for obtaining best oncologic outcomes in cytoreductive surgery performed for ovarian cancer. In this regard, dealing with upper abdomen metastases and being familiar with related surgical procedures is essential. Right upper quadrant cytoreduction harbors serious potential of complications and morbidities, and therefore one of the most time-consuming and challenging procedures. Good knowledge of surgical anatomy is crucial for performance of these procedures and techniques and avoiding complications and potential morbidities.

Methodology Video presentation.

Abstract 2022-VA-1485-ESGO Figure 1

Results In this video, we demonstrate the surgical anatomy of the right upper quadrant after complete tumoral clearance in a 72 years old woman operated for advanced ovarian cancer with extensive peritoneal carcinomatosis and implants in the right upper quadrant.

Conclusion As gynecologic oncologists, dealing with upper abdomen metastases and being familiar with related surgical procedures is essential. Good knowledge of surgical anatomy is crucial for performing cytoreductive surgical procedures in upper abdomen.

CHARACTERISTICS, TREATMENT PATTERNS AND OUTCOMES OF PATIENTS WITH NEWLY DIAGNOSED ADVANCED OVARIAN CANCER (AOC) IN ENGLAND

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Introduction/Background Personalised care and targeted therapy approaches in aOC have evolved during the last decade with introduction of bevacizumab to platinum-doublet chemotherapy being one of these early advances during this period. This observational, retrospective database study builds on previously published real-world evidence describing patient characteristics and outcomes in newly diagnosed aOC patients treated with systemic therapy with/without bevacizumab.

Methodology Newly diagnosed aOC patients (stage III/IV) were selected from the National Cancer Registration Dataset 01/08/2014 through 31/12/2018. This work includes patient data collated by the National Disease Registration Service. Patients aged ≥18 years at diagnosis, with no other cancers diagnosed in the five years prior to aOC, treated with systemic anti-cancer therapy (SACT) were included. Follow-up ended 31/12/2019. An algorithm defined probable therapy line occurring after aOC diagnosis. Time to next treatment (TTNT): days from start of first-line therapy to start of second-line therapy. Characteristics, treatment patterns and outcomes were described overall and by a sub-cohort receiving bevacizumab in first-line.

Results In the 8717 patients, median age at first-line therapy start was 68.8 (Inter-Quartile-Range (IQR):59.8–75.7) years, 2968 (34%) were diagnosed at stage IV and 1717 (20%) had recorded performance status (PS) 2–3 during first-line. Total, 5505 (63%) received surgery; 2556 (29%) had surgery before first-line therapy. Median TTNT was 331 (IQR:194–488) days in patients observed receiving second-line (n=4193 (48%)). Total 1833 (21%) received bevacizumab in first-line. This sub-cohort had median age 64.8 (IQR:56.4–71.3) years; 921 (50%) were diagnosed at stage IV; 210 (11%) had recorded PS 2–3 during first-line. Median bevacizumab cycles was 11 (IQR:6–16). Surgery occurred in 1291 (70%) patients, with 420 (23%) receiving surgery before first-line. Median TTNT was 426.5 (IQR:309.5–602) days in patients observed receiving second-line (n=972 (53%)).