women with newly diagnosed ovarian cancer (OC) regardless BRCA mutational status and in homologous-recombination deficiency (HRD) positive patients, respectively. However, despite the remarkable improvements in the therapeutic algorithm of OC disease over the years, the best first line treatment is still controversial.

Methodology MITO 25.1 is a multicenter, randomized open-label, phase II study comparing Carboplatin-Paclitaxel-Bevacizumab vs Carboplatin-Paclitaxel-Bevacizumab-Rucaparib vs Carboplatin-Paclitaxel-Rucaparib.Eligible patients, with histological confirmed high grade serous or endometrioid advanced OC, will be randomized in a 1:1 ratio according to HRD status.

Results *HRD negative patients:* ARM A: Carboplatin AUC 5 + Paclitaxel 175 mg/m2 q 21 + Bevacizumab 15 mg/kg for 5 cycles (starting from cycle 2) followed by Bevacizumab 15 mg/kg q 21 for 17 cycles, ARM B: Carboplatin AUC 5 + Paclitaxel 175 mg/m2 q 21 for 6 cycles followed by Rucaparib 600 mg BID q 28 for 24 cycles as maintenance *HRD positive patients:* ARM B: Carboplatin AUC 5 + Paclitaxel 175 mg/m2 q 21 for 6 cycles followed by Rucaparib 600 mg BID q 28 for 24 cycles as maintenance: ARM C: Carboplatin AUC 5 + Paclitaxel 175 mg/m2 q 21 + Bevacizumab 15 mg/kg for 5 cycles (starting from cycle 2) followed by Bevacizumab 15 mg/kg q 21 days for 16 cycles + Rucaparib 500 mg part BID q 28 for 24 cycles as maintenance

Conclusion The primary endpoint will be PFS. The secondary endpoints will be overall survival (OS), PFS2, adverse events according to CTCAE 5.0 and patient-reported outcome. Patients recruiting started in March 2021. To date, 159 of the 300 patients planned have been enrolled.

2022-RA-1542-ESGO 'THINGS HAVE CHANGED'. LAPAROSCOPIC CYTOREDUCTION FOR ADVANCED AND RECURRENT OVARIAN CANCER: THE EXPERIENCE OF A REFERRAL CENTER ON 108 PATIENTS

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Introduction/Background To investigate the efficacy and safety of laparoscopic cytoreduction surgery for primary and recurrent ovarian cancer in a strictly selected group of patients.

Methodology From June 2008 to January 2020, FIGO stage IIIA-IV advanced ovarian cancer(AOC) patients were rigorously selected for laparoscopic primary (PDS), interval (IDS), or secondary debulking surgeries (SC). The primary endpoint was optimal cytoreduction, defined as residual tumor (RT) less than 1 cm. The secondary endpoints, safety and long-term results, were investigated every three months for the first two years, then every six months.

Results 108 patients with AOC were selected to undergo laparoscopic PDS (40 patients), IDS (44 patients), and SC (24 patients) surgeries. Optimal cytoreduction (RT=0) was obtained in 96%, 89%, and 88% of patients after SC, IDS, and PDS, respectively. Early post-operative complications occurred in 19% of cases, with 7% requiring a reintervention. One patient died of respiratory failure in the immediate post-operative period. Late postoperative complications occurred in 15%, 7%, and 4% of cases following PDS, IDS, and SC. The recurrence rate observed was 37% after laparoscopic optimal cytoreduction with a median observation time of 25 months. The overall survival (OS) at three and five years was 84% and 67% after PDS, and 66% and 32% after IDS. Three-year disease-free survival (DFS) was 48% and 51% after PDS and IDS, respectively.

Conclusion Minimal invasive laparoscopic surgery for AOC is feasible in strictly selected patients with high rates of optimal cytoreduction, satisfactory peri-operative morbidity, and encouraging survival outcomes.

2022-RA-1551-ESGO IMPACT OF AGE ON FIRST LINE TREATMENTS OF OVARIAN CANCER AND THEIR OUTCOMES: RESULTS FROM THE UNICANCER ESME OVR REAL-WORLD DATABASE

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Introduction/Background Older patients with advanced ovarian cancer (AOC) have a poor survival. EWOC-1 study showed that carboplatin AUC5 monotherapy (C) was associated with 2.79-fold worse survival compared to carboplatin-paclitaxel (CP) combination in frail older patients. MITO7 study provided exploratory data in favor of weekly CP (wCP) compared to standard CP (sCP) in patients aged ≥70 years. A post hoc study on ICON7 database argued for a higher benefit of bevacizumab (Bev) in chemo-resistant tumors. Confirming the data in a real life database is fundamental to confirm results observed in randomized trials when exploration questioned the frailty.

Methodology On the Unicancer ESME-OVR national database (NCT03275298) were analyzed in patients in first line FIGO stages III-IV high grade AOC the impact of age, chemotherapy regimens and Bev exposure on overall survival.

Results 4686 patients were included, 888 had bevacizumab (≥70: 253); 2583 had sCP (≥70: 570); 171 had C (≥70: