Introduction/Background The treatment of older women with ovarian cancer is challenging due to increased pre-existing co-morbidities and frailty, often leading to less radical treatment than the standard of care. Older women are frequently excluded from clinical trials. Recent studies such as the EWOC-1 study focused on elderly women with ovarian cancer suggest worse outcomes associated with less radical treatment approaches.

Methodology Women diagnosed with ovarian cancer ≥65 years old referred to oncology services at three Irish University Hospitals between 2015 and 2021 were included. We evaluated patterns regarding surgery and chemotherapy sequencing, choice of agent and completion rates, according to age group. Survival outcomes were examined by Kaplan Meier analysis. The study received ethical approval.

Results 190 patients were included in this study. 65.26% (124) of these women had an ECOG performance status of 0–1 at diagnosis. 129 patients (67.89%) had (FIGO) stage III or stage IV disease at diagnosis. 55% of all stage III/IV patients had optimal debulking surgery. 37% of stage III/IV patients received neoadjuvant chemotherapy followed by surgery and 27% had surgery followed by chemotherapy. Women in the ≥75 group were more likely to receive single agent carboplatin (38%), compared to women aged 65–74 years (30%). Median overall survival for all stage III/IV patients who received SA Carboplatin was 15 months versus 22 months for Carboplatin and Paclitaxel groups. BRCA testing was sub-optimal in this age group at 28% of all patients although routine BRCA testing has only been available in Ireland since 2019.

Conclusion Elderly ovarian cancer patients, particularly those ≥75 years, may receive less radical treatment approaches than standard of care. Our cohort suggests improved survival with carboplatin/paclitaxel, although our cohort is too small to draw significant conclusions. Rates of BRCA testing were low. Geriatric oncology assessments should be incorporated into treatment decisions.

2022-RA-1683-ESGO VTE IN NEWLY DIAGNOSED OVARIAN CANCER PATIENTS

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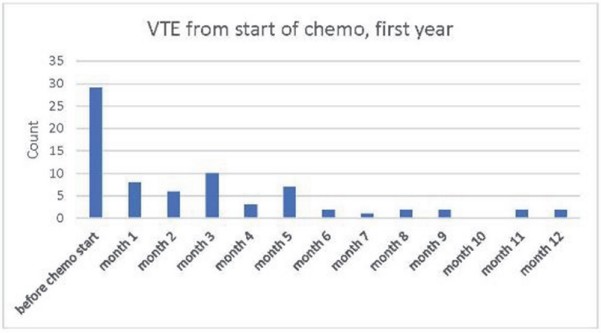
10.1136/ijgc-2022-ESGO.775

Introduction/Background Ovarian cancer is commonly diagnosed at advanced stages, and is frequently treated with neoadjuvant chemotherapy. Advanced cancer patients are at risk for venous thromboembolism (VTE) and benefit has been shown using anticoagulants in risk stratified populations. Although a limited number of publications describe high rates of VTE among ovarian cancer patients, predictors of risk in this population have not been well studied. Our objective was to define rates of VTE among ovarian cancer patients receiving first-line chemotherapy and to identify predictors.

Methodology Ovarian cancer patients receiving first-line chemotherapy in Sheba Medical Center between 2013–2021 were identified, and data retrieved from the electronic medical record (EMR), institutional pharmacy records and imaging reports using dedicated software (MDClone©, Israel). A Natural Language Processing algorithm was created to identify VTE events to augment recorded diagnoses. Descriptive statistics were used to compare patients experiencing a VTE around and up to one year after beginning chemotherapy, to patients who did not. Logistic regression analysis was used to evaluate predictors of VTE.

Results 697 records were identified. VTE during the first year was diagnosed in 74 (10.6%), of whom 40 were DVT and 34 were PE. The majority were diagnosed in the first 6 months (figure 1). Only 5 were diagnosed in the 30-day postoperative period. Patients with a VTE diagnosis were older (mean, 65.4 vs 62.3, p=0.03) and had lower albumin levels (mean, 3.08 vs 3.29, p=0.04). Other predictors of VTE on univariable regression analysis included poor performance status, neoadjuvant chemotherapy and a Khorana Score ≥ 2, but none were found to be independent predictors (table 1).



Abstract 2022-RA-1683-ESGO Figure 1

Abstract 2022-RA-1683-ESGO Table 1 Logistic regression model-predictors for VTE in first year of ovarian-cancer diagnosis

	Univariable OR (CI)	Adjusted OR (CI)
Age (/year)	1.02 (1.00-1.05)	1.01 (0.96-1.05)
ECOG (N=308) (REF=0)		
1	2.9 (1.39-6.04)	2.60 (0.93-7.31)
2	2.76 (0.54-13.92)	3.84 (0.33-44.62)
3	*	
4	*	
Albumin (/unit) (N=456)	0.65 (0.43-0.99)	1.09 (0.52-2.3)
Neoadjuvant Chemotherapy	1.66 (0.91-3.04)	1.60 (0.57-4.48)
Comorbidities (N=696)		
Previous VTE	0.95 (0.12-7.47)	
Hypertension	1.17 (0.67-2.06)	
Prior history of cancer	1.66 (0.62-4.47)	
Khorana Score (REF=1)		
2	1.94 (1.15-3.36)	
3	1.73 (0.78-3.79)	
4	2.3 (0.26-20.29)	
Khorana Score ≥ 2 (intermediate-high)	1.89 (1.16-3.08)	1.03 (0.36-2.94)

*small # of events in cell

Conclusion VTE is frequent in the first year, and particularly in the 6 months around ovarian cancer diagnosis. Risk may be predicted using established risk algorithms. Prophylactic anticoagulation may be considered in at-risk patients during first line chemotherapy.

2022-RA-1694-ESGO A DYNAMIC, RISK-BASED DETERMINATION OF FOLLOW-UPINTERVALSFOR ADVANCED EPITHELIAL OVARIAN CANCER BASED ON SERUM CA125 TESTS

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10.1136/ijgc-2022-ESGO.776