Introduction/Background By analyzing the longitudinal data of serum CA (cancer antigen) 125 data during follow-up, we developed a framework for the dynamic determination of the follow-up interval based on serum biomarkers.

Methodology The longitudinal data of CA125 tests from routine 3-month follow-up visits of advanced epithelial ovarian cancer were retrospectively retrieved. A repeated-measure analysis using mixed model effects was developed to predict the probability of short-term recurrence (within 3 months and 6 months). The probability was calculated for the three predefined risk groups: serum CA125 levels lower than 10 U/ml, between 10 and 20 U/ml, and higher than 20 U/ml.

Results The 346 CA125 test results from 115 patients were subjected to longitudinal analysis. For results less than 10 U/ml, the predicted probabilities that the patient would experience recurrent disease within 3 and 6 months were 4.1% and 14.0%, respectively. For results between 10 U/ml and 20 U/ml, the predicted probabilities were 9.8% and 40.5%, respectively. For results greater than 20 U/ml, the predicted probabilities increased to 40.3% and 61.0%, respectively. Multivariate analysis indicated that the current CA125 level was the sole factor significantly associated with recurrence both within 3 months and within 6 months (all $P < 0.001$).

Conclusion We developed a risk model to predict the short-term recurrence risk of ovarian cancer and proposed a framework for the dynamic determination of the follow-up interval based on the results of CA125 testing.

Abstract 2022-RA-1694-ESGO Figure 1

Abstract 2022-RA-1715-ESGO ONCOLOGICAL OUTCOMES OF LAPAROSCOPY IN PATIENTS WHO UNDERWENT A CONSERVATIVE FERTILITY TREATMENT IN OVARIAN BORDERLINE TUMORS

Marta Tortajada, Nuria Agustí, Pere Fusté, Berta Díaz-Feijóo, Ariel Glickman, Nuria Carreras, Tiemes Marina, Aureli Tomé. Hospital Clinic Barcelona, Barcelona, Spain

10.1136/ijgc-2022-ESGO.778

Introduction/Background Borderline ovarian tumours (BOTs) have an average age at the diagnosis of 40 years and around 30% of patients have not completed their childbearing. Fertility sparing surgery (FSS) is considered the best treatment without an impact on the overall survival rate. However, the safety of laparoscopy for FSS in BOTs remains limited with short follow-up and ESGO and ESMO guidelines indicate open surgery as the standard approach. We aim to assess the long-term oncological safety of laparoscopy in the FSS treatment of BOTs.

Methodology This is a retrospective single-centre study including 34 women who underwent laparoscopic FSS for BOTs, between January 2000 and June 2019 at Hospital Clinic of Barcelona. FSS was considered when the uterus and at least part of the ovarian tissue was conserved. Patients were scheduled for transvaginal ultrasound and blood test including CA125 for 10 years or until loss. Chi-square and Fisher’s tests were applied for qualitative variables. Student T-tests or Mann-Whitney tests were applied for continuous variables.

Results Median age was 32 years. Unilateral cystectomy was performed in 15 patients (44.1%), bilateral cystectomy in 2...
Minimally invasive surgery (5.9%), unilateral adnexectomy in 14 (41.1%) and unilateral adnexectomy with contralateral cystectomy in 3 (8.9%). Mean tumour size and CA125 at diagnosis was 8.72 cm and 21, respectively. Twelve patients (35.2%) relapsed with a mean follow-up time of 95 months, being earlier in case of unilateral cystectomy (median 30 months, IQR 29) and bilateral cystectomy (18 months, IQR 0), compared to unilateral adnexectomy (median 78 months, IQR 64). Up to 41% relapses occurred after 45 months. Surgical factors related to laparoscopy and risk of recurrence were studied without finding significant differences.

Conclusion Laparoscopic FSS for BOTs is a safe treatment in patients with reproductive desire without impacting on overall survival. A long-term follow-up is essential to detect late recurrences.

Abstract 2022-RA-1715-ESGO Table 1

<table>
<thead>
<tr>
<th>Factor</th>
<th>Category</th>
<th>Odds Ratio (IC 95%)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Histology</td>
<td>Serous</td>
<td>4 (0.674003 23.72478)</td>
<td>0.10</td>
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<tr>
<td>FIGO Stage 2014</td>
<td>IA-IB</td>
<td>0.54 (.1192275 2.311757)</td>
<td>0.394</td>
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<tr>
<td>FIGO Stage 2014</td>
<td>IC-III</td>
<td>1.21 (.1751372 8.389066)</td>
<td>0.845</td>
</tr>
<tr>
<td>Laterality</td>
<td>Bilateral</td>
<td>1.51 (.3865568 5.950685)</td>
<td>0.550</td>
</tr>
<tr>
<td>Type of surgery</td>
<td>Cystectomy</td>
<td>1.1 (.2602337 4.649666)</td>
<td>0.897</td>
</tr>
<tr>
<td>Capsular rupture</td>
<td>Yes</td>
<td>1.06 (.2736021 4.1802)</td>
<td>0.923</td>
</tr>
<tr>
<td>Adnexectomy</td>
<td>No</td>
<td>1.00 (.2736021 4.1802)</td>
<td>0.923</td>
</tr>
</tbody>
</table>

Pazopanib with Topotecan Weekly for Patients with Platinum-Resistant or Intermediate-Sensitive Recurrent Ovarian Cancer: Results of a multicentre NOGGO Phase I and II Study (TOPAZ)

1Tjadina Arndt, 2Radoslav Chekerov, 3Klaus Pietzner, 4Iisl Yakinkaya, 5Ulrich Canzler, 6Pauline Wirmberger, 7Hans Georg Strauß, 8Sven Mahner, 9Linn Woelber, 10Nikolaus de Gregorio, 11Ulrich Thorsten Hacker, 12Ekkehard von Abel, 13Rolf Richter, 14Jailid Sehouli, 15Gynecology, Competence Center for Ovarian Cancer (EKZE), Charité, Charite, 16Department of Obstetrics and Gynaecology, University Medicine Eppendorf, Hamburg, Germany; 17Department of Gynecology and Obstetrics, TU Dresden Medizinische Fakultät Carl Gustav Carus, Dresden, Dresden, Germany; 18Department of Gynecology, University of Halle, Klinikum Ludwigshafen, Halle, Germany; 19Obstetrics and Gynaecology, University Hospital Ludwig-Maximilian-University, Munich, Munich, Germany; 20Department of Gynecology, University Medical Center Hamburg-Eppendorf, Hamburg, Germany; 21Department of Obstetrics and Gynaecology, University of Ulm, SLK Kliniken Heilbronn, Ulm, Germany; 22Clinic and Polyclinic for Oncology, Gastroenterology, Hepatology, Pneumology and Infectology, University Cancer Center Leipzig, university leipzig, Leipzig, Germany; 23Department of Gynecology and Obstetrics, Städtisches Krankenhaus Schwäbisch Gmünd, Schwäbisch Gmünd, Germany.

1Tjadina Arndt, 2Radoslav Chekerov, 3Klaus Pietzner, 4Iisl Yakinkaya, 5Ulrich Canzler, 6Pauline Wirmberger, 7Hans Georg Strauß, 8Sven Mahner, 9Linn Woelber, 10Nikolaus de Gregorio, 11Ulrich Thorsten Hacker, 12Ekkehard von Abel, 13Rolf Richter, 14Jailid Sehouli, 15Gynecology, Competence Center for Ovarian Cancer (EKZE), Charité, Charite, 16Department of Obstetrics and Gynaecology, University Medicine Eppendorf, Hamburg, Germany; 17Department of Gynecology and Obstetrics, TU Dresden Medizinische Fakultät Carl Gustav Carus, Dresden, Dresden, Germany; 18Department of Gynecology, University of Halle, Klinikum Ludwigshafen, Halle, Germany; 19Obstetrics and Gynaecology, University Hospital Ludwig-Maximilian-University, Munich, Munich, Germany; 20Department of Gynecology, University Medical Center Hamburg-Eppendorf, Hamburg, Germany; 21Department of Obstetrics and Gynaecology, University of Ulm, SLK Kliniken Heilbronn, Ulm, Germany; 22Clinic and Polyclinic for Oncology, Gastroenterology, Hepatology, Pneumology and Infectology, University Cancer Center Leipzig, university leipzig, Leipzig, Germany; 23Department of Gynecology and Obstetrics, Städtisches Krankenhaus Schwäbisch Gmünd, Schwäbisch Gmünd, Germany.

2022-RA-1725-ESGO

Conclusion Adding pazopanib to topotecan is safe and feasible, but does not seem to have any clinical benefit. We will not pursue this combination. Further studies are needed to pursue the approach of novel combination therapies with chemotherapy and anti-angiogenesis inhibitors. In addition, the promising therapeutic options with PARP and immune checkpoint inhibitors should also be considered.

Palliative care

2022-RA-747-ESGO

Quality of End-of-Life Care and Patterns of Palliative Care Use by Women with Gynaecologic Malignancies in Ontario, Canada: A 13-Year Population-Based Retrospective Analysis

1Sarah Jill Mah, 2Aynhanar Sinnarajah, 3Kara Schnarr, 4Daniel Carter Ramirez, 5Clare J Reade, 6Anastasia Gayowsky, 7Kehvin KW Chan, 8Hsien Seow, 9Obstetrics and Gynecology, McMaster University and Juravinski Cancer Centre, Hamilton, ON, Canada; 10Palliative Care, Queen’s University, Kingston, ON, Canada; 11Radiation Oncology, McMaster University and Juravinski Cancer Centre, Hamilton, ON, Canada; 12Palliative Care, McMaster University and Juravinski Cancer Centre, Hamilton, ON, Canada; 13ICES McMaster, Hamilton, ON, Canada; 14Medicine, University of Toronto and Sunnybrook Health Sciences Centre, Toronto, ON, Canada; 15Oncology, McMaster University, Hamilton, ON, Canada.

1Sarah Jill Mah, 2Aynhanar Sinnarajah, 3Kara Schnarr, 4Daniel Carter Ramirez, 5Clare J Reade, 6Anastasia Gayowsky, 7Kehvin KW Chan, 8Hsien Seow, 9Obstetrics and Gynecology, McMaster University and Juravinski Cancer Centre, Hamilton, ON, Canada; 10Palliative Care, Queen’s University, Kingston, ON, Canada; 11Radiation Oncology, McMaster University and Juravinski Cancer Centre, Hamilton, ON, Canada; 12Palliative Care, McMaster University and Juravinski Cancer Centre, Hamilton, ON, Canada; 13ICES McMaster, Hamilton, ON, Canada; 14Medicine, University of Toronto and Sunnybrook Health Sciences Centre, Toronto, ON, Canada; 15Oncology, McMaster University, Hamilton, ON, Canada.

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Introduction/Background Patients with recurrent ovarian cancer (ROC) have a particularly poor prognosis. So far recurrent treatment are mostly restricted by previous toxicity and of limited activity. The role of adding modern multi-targeted tyrosine kinase inhibitors (TKIs) for targeting angiogenesis could be a promising therapeutic strategy. The investigator-initiated multicentre TOPAZ trial aimed to evaluate the safety and efficacy of the combination of Topotecan with Pazopanib.

Methodology Patients with platinum-resistant ROC with no more than two prior lines of chemotherapy were enrolled. The chemotherapy backbone was based on weekly Topotecan (4 mg/m², d1,8,15 q28d). In phase I, pazopanib was added orally 400 mg/d in a dose-escalating regime to determine the maximum tolerated dose (MTD). The aim of phase II was to evaluate the safety and efficacy of pazopanib in the optimal MTD together with weekly Topotecan based on progression-free survival.

Results From June 2012 to February 2017, 11 patients were enrolled in phase I and 50 patients in phase II. The MTD of pazopanib was set at 400 mg/d. In phase I, the most common adverse event was haematological toxicity. In phase II, the median progression-free survival was 3.5 months (95% CI 2.0–5.0 months), with haematological toxicity being the most common reason for dose change and treatment delays. The combination of Topotecan and Pazopanib is shown to be feasible in terms of safety profile. It offers no clinical advantage in progression-free or overall survival compared to Topotecan monotherapy.

Conclusion Adding pazopanib to topotecan is safe and feasible, but does not seem to have any clinical benefit. We will not pursue this combination. Further studies are needed to pursue the approach of novel combination therapies with chemotherapy and anti-angiogenesis inhibitors. In addition, the promising therapeutic options with PARP and immune checkpoint inhibitors should also be considered.