(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.

Abstract 2022-RA-1715-ESGO Table 1 Univariate analysis of the risk of recurrence after the first surgery

Factor	Category	Odds Ratio (IC 95%)	P value
Histology	Serous	4 (0.6744003 23.72478)	0.10
	Mucinous		
FIGO Stage 2014	IA-IB	0.54 (.1192275 2.311757)	0.394
	IC-III		
Laterality	Bilateral	1.21 (.1751372 8.389066)	0.845
	Unilateral		
Type of surgery	Cystectomy	1.51 (.3865568 5.950685)	0.550
	Adnexectomy		
Capsular rupture	Yes	1.1 (.2602337 4.649666)	0.897
	No		
Endobag use	Yes	1.06 (.2736021 4.1802)	0.923
	No		

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.

2022-RA-1725-ESGO 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)

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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 proimising 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/m^2, 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 feasibble 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 that 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

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Introduction/Background A large body of research has validated several quality indicators of end-of-life (EOL) cancer care, but few have examined these in gynecologic cancer. Early palliative care (PC) is associated with improved patient quality of life, less aggressive EOL care, and prolonged survival. We examined provincial palliative and EOL care patterns.

Methodology This population-based, retrospective cohort study of gynecologic cancer decedents in Ontario from 2006–2018 used linked administrative health care databases. Quality indices included: emergency department (ED) use, hospital or