PARP INHIBITOR MAINTENANCE IN PLATINUM-SENSITIVE OVARIAN CANCER: A SINGLE-CENTER REAL-WORLD EXPERIENCE

1Chandan Das*, 1Gaurav Prakash, 2Rachmi Bagga, 3Bhauma Rai, 2Gv Prasad, 2Sc Saha, 2V Suri, 2V Jain, 1Jaevinder Kalra, 3Subhrmita Ghoshal, 4Radhika Srinivasan. 1Postgraduate Institute of Medical Education and Research, Department of Clinical Hematology & Medical Oncology, Chandigarh, India; 2Postgraduate Institute of Medical Education and Research, Gynaecology and Obstetrics, Chandigarh, India; 3Postgraduate Institute of Medical Education and Research, Radiotherapy, Chandigarh, India; 4Postgraduate Institute of Medical Education and Research, Cytology & Gynecological Pathology, Chandigarh, India

INTRODUCTION
Poly (ADP-ribose) polymerase (PARP) Inhibitors are used as a maintenance strategy and significantly improve PFS in platinum-sensitive ovarian cancer (PSOC) maintenance. There is a paucity of clinical data from the Indian subcontinent regarding the Olaparib in the PSOC setting.

METHODS
This is a retrospective analysis of PSOC patients treated with PARPi maintenance at the Medical Oncology Clinic. Data analyzed by SPSS statistics software, IBM Corp.

RESULTS
Between Sep 2017 and Jan 2022, 64 patients were treated with PARPi maintenance at the Medical Oncology Clinic. Data analyzed by SPSS statistics software, IBM Corp.

Abstract EP213/#937 Table 1

<table>
<thead>
<tr>
<th>Variable</th>
<th>Olaparib n=45 (70.3%)</th>
<th>Rucaparib n=19 (29.7%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in year</td>
<td>50±8</td>
<td>58±6</td>
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<tr>
<td>Previous Bevacizumab use</td>
<td>40(88.8%)</td>
<td>19(100%)</td>
</tr>
<tr>
<td>Number of therapies before PARPi &gt;1</td>
<td>25(55.5%)</td>
<td>20(44.5%)</td>
</tr>
<tr>
<td>HRR/BRCA+ mutation</td>
<td>15(33%)</td>
<td>3(15.7%)</td>
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<tr>
<td>Median PFS (IQR)</td>
<td>9.6(7–13)</td>
<td>9.3(6.3–12)</td>
</tr>
</tbody>
</table>

Abstract EP213/#937 Figure 1

Kaplan-Meier survival estimates

Abstract EP214/#508

OUTCOMES AND LONG-TERM FOLLOW-UP BY TREATMENT TYPE FOR PATIENTS WITH ADVANCED-STAGE OVARIAN CANCER MANAGED AT A TERTIARY CANCER CENTER

1Sarah Ehmann*, 2Kelly Shray, 3Qin Zhou, 4Alexia Iasonos, 5Yukio Sonoda, 6Ginger Gardner, 7Kara Long Roche, 8William Zammarelli, 9Rosin O’Carrahill, 10Oliver Zivairovic, 11Dennis Chi. 1Memorial Sloan Kettering Cancer Center, Gynecologic Oncology, New York, USA; 2Walter Reed National Military Medical Center, Department of Obstetrics & Gynecology, Bethesda, USA; 3Memorial Sloan Kettering Cancer Center, Epidemiology and Biostatistics, New York, USA; 4Memorial Sloan Kettering Cancer Center, Gynecologic Medical Oncology, Department of Medicine, New York, USA

OBJECTIVES
To perform a detailed analysis of all treatment given to patients with advanced-stage ovarian cancer at a tertiary cancer center from the time of diagnosis to death or minimum 5 years follow-up.

METHODS
Newly diagnosed, stage III-IV ovarian cancer patients who underwent upfront treatment at our institution between 01/01/2015 and 12/31/2015 were included. We reviewed electronic medical records for clinicopathological, treatment, and survival characteristics.

RESULTS
One hundred fifty-three patients were included; 88 (58%) had stage III and 65 (42%) stage IV disease. Median follow-up was 65.8 months (3.6–75.3). Eighty-nine patients (58%) underwent primary debulking surgery (PDS), 50 (33%) received neoadjuvant chemotherapy followed by interval debulking surgery (IDS), and 14 (9%) had no surgery (NSx) and were treated with chemotherapy alone. Median PFS (months) to first recurrence was: 26.2 (20.1–36.2) for PDS; 13.5 (12–15.1) for IDS; and 4.2 (1.1–5.8) for NSx (p<0.001). At time of first recurrence/progression, 80 (72.7%) were treated with chemotherapy, 28 (25.5%) underwent secondary cytoreductive surgery followed by chemotherapy, and 2 (1.8%) had no treatment. Four (4%) of 82 underwent respectively. Anemia 14 (21%), Vomiting 10(16%), fatigue eight (12%), and thrombocytopenia 10 (15%) were the most common adverse events of grade 3 or more severity. Two patients developed MDS/AML. Results of patients on PARPi therapy for PSOC

Conclusions
This analysis suggests that oral PARPi therapy significantly improved survival benefits with an acceptable adverse effect profile.

Abstract EP214/#508 Table 1

Clinicopathologic characteristics of the cohort

Abstract EP214/#508 Figure 1

Kaplan-Meier survival estimates
tertiary cytoreductive surgery for malignant bowel obstruction. Seven (4.6%) underwent palliative surgery for malignant bowel obstruction. Five-year OS was 53.2% (44.7–61) for the entire cohort and 71.5% (60.2–80) for PDS. Median OS was not reached for PDS or the entire cohort. Median OS was 41.7 (26.7–57.6) for IDS and 14.6 months (1.1–27.8) for NSx (p<0.001).

Conclusions Given that the 5-year OS rate compares favorably to that described in the literature, these data can be a useful reference for patient counseling, long-term planning, and future studies.