LONG-TERM SURVIVAL AMONG PATIENTS WITH VARIOUS HISTOLOGIC SUBTYPES OF ADVANCED OVARIAN CANCER ENROLLED IN NCI CLINICAL TRIALS

Objective(s) To determine extended long-term survival of ovarian cancer patients after standard surgery and chemotherapy enrolled in NCI clinical trials.

Method(s) Data on stage III epithelial ovarian cancer patients were obtained from three prospective randomized Gynecologic Oncology Group clinical trials (114, 158, 172). Chi-squared, multivariate Cox models, and log-rank tests were employed to determine overall survival.

Result(s) Of 1,526 patients enrolled, 75.7% had serous, 10.6% endometrioid, and 8.1% mixed epithelial, 3.3% clear cell, 2.3% mucinous histologies. Extended long-term OS (>15 years) was lowest in mucinous at 14.3% compared to clear cell (23.5%), serous (23.5%), mixed epithelial (25.8%), and endometrioid (34.2%) histologies (p<0.0001). On multivariate analysis, older age (>75 median age) (HR 1.23; 95%CI [1.09, 1.39]; p=0.0006), worse ECOG performance status (HR 1.77; 95%CI [1.14–1.77]; p=0.002), and low-grade serous tumors (HR 1.42; 95%CI [2.25–4.86]; p<0.0001) predicted worse OS. Subanalysis of 35 patients with mucinous tumors, those who underwent intraperitoneal chemotherapy did not have an improved survival compared to intravenous therapy (p=0.22). Furthermore, those with low grade serous tumors had the highest long-term survival at 42.7% compared to only 20.9% in those with high-grade tumors (p<0.0001).

Conclusion(s) Histology remains as an independent predictor for long term survival in ovarian cancer patients enrolled in clinical trials with central pathology review and after receiving combined neoadjuvant chemotherapy. Specificity, mucinous tumors demonstrated the worst survival of all histologies. Low grade serous had best prognosis after treatment.
of Salah Azaiez Institute from 1992 to 2019. We included in our study all patients who presented with a primary MBT on a surgical specimen and who had an EE of the tumor.

Results The EE showed a borderline tumor in 27 cases (the exact diagnosis), a benign tumor in six cases, and a carcinoma in one case. In two cases, it was necessary to wait for the final result after inclusion in paraffin. Finally, in one case, the EE could not be concluded due to extensive necrosis. The EE/definitive examination concordance rate was about 73%.

Conclusions The EE is a valuable aid in guiding the therapeutic decision, but it is difficult due to the bulky and heterogeneous nature of these tumors. According to the literature, the concordance between the EE and the final diagnosis of borderline tumors varies from 44 to 70%. This examination is quite effective in excluding the diagnosis of benign tumor and often responds that the tumor is ‘at least’ borderline.

EP233/#541 PATTERNS OF INITIAL OVARIAN CANCER RECURRENCE ON NIRAPARIB MAINTENANCE MONOTHERAPY IN PATIENTS WITH NO Baseline Evidence of Disease Following First-line CHEMOTHERAPY: PRIMA/ENGOT-OV26/GOG-3012 POST-HOC SUBGROUP ANALYSIS

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Objectives Patterns of recurrence on PARP inhibitor maintenance therapy are unclear and may affect treatment choices for subsequent therapy, including secondary cytoreductive surgery (SCS). This post hoc subgroup analysis included 314 patients treated with niraparib maintenance monotherapy following first-line chemotherapy and who had no lesions identified by CT/MRI (or by investigator assessment) at baseline. Number and site(s) of initial recurrent lesions at the time of investigator-assessed RECIST-defined progressive disease (PD) were evaluated.

Methods As of the primary data cut, May 17, 2019, with a median follow-up of 13.8 months (range <1–28), 141/314 (45%) patients developed investigator-assessed PD, with an average 1.9 (standard deviation 0.9) lesions at PD. At the time of recurrence, 62 patients (44%) had 1 lesion, 46 (33%) had 2 lesions, 24 (17%) had 3 lesions, and 9 (6%) had 4–5 lesions. The five most common sites with ≥1 lesions at PD were the peritoneum (n=45), lymph nodes (n=36), liver (n=34), other (n=26), and pelvis (n=20).

Conclusions For patients who received niraparib maintenance monotherapy after first-line chemotherapy and had no lesions at baseline, ≤50% had recurrent disease after a median 13.8 months of follow-up and >75% of patients with recurrence progressed in 1–2 sites. Prospective evaluation is required to determine whether patients with oligoprogressive disease have improved outcomes with local therapies, like SCS, in addition to systemic therapy.

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