group, whereas 131 proteins were in the poor response group. Proteins significantly upregulated in the good response group included ribosomal- and infection-related proteins. Proteins significantly upregulated in the poor response group included extracellular matrix receptor- and coagulation-related proteins. To identify a protein signature that stratifies good and poor responders to PARP inhibitors, we performed four feature selection algorithms with leave-one-out cross-validation to improve the accuracy. High expression of Proteins A and B were associated with worse and better progression-free survival, respectively.

**Conclusions** We successfully identified protein signatures associated with response to PARP inhibitors. This study was the most extensive proteomic analysis to predict PARP inhibitor response in ovarian cancer.

**Conclusions** Our study results demonstrate the survival benefits of BEV and secondary CRS in patients with platinum-sensitive relapsed OCCC.

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**Abstracts**

**EP237/#590 ROLE OF SECONDARY CYTOREDUCTIVE SURGERY AND BEVACIZUMAB IN PLATINUM-SENSITIVE RECURRENT OVARIAN CLEAR CELL CARCINOMA**

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**Objectives** Ovarian clear cell carcinoma (OCCC) is associated with a higher recurrence rate and tends to develop chemoresistance. Currently, optimal management of recurrent OCCC has not yet been established. Thus, we aimed to investigate survival according to the treatment methods in platinum-sensitive relapsed OCCC.

**Methods** From five institutions, we identified OCCC patients with platinum-sensitive recurrence who received secondary treatment between 2007 and 2021. Patient characteristics and survival outcomes were compared according to the use of bevacizumab (BEV) during second-line chemotherapy and secondary cytoreductive surgery (CRS).

**Results** In total, 138 patients were included. The BEV group (n=36) showed improved progression-free survival (PFS; median, 15.4 vs. 7.5 months; P=0.042) and overall survival (OS; P=0.043) compared to the non-BEV group (n=102). In multivariate analyses, BEV was identified as an independent prognostic factor for PFS (aHR, 0.571; 95% CI, 0.354–0.921; P=0.022) and OS (aHR, 0.435; 95%CI, 0.195–0.970; P=0.042). The secondary CRS group (n=42) had multi-site metastasis (P<0.001) at recurrence less frequently than the no surgery group (n=96). The secondary CRS group showed significantly better PFS (median, 33.7 vs. 7.2 months; P<0.001) and OS (P<0.001). Secondary CRS was associated with a significantly improved PFS (aHR, 0.297; 95% CI, 0.183–0.481; P<0.001) and OS (aHR, 0.276; 95% CI, 0.133–0.576; P=0.001). The BEV and non-BEV groups showed similar PFS and OS among the patients who underwent secondary CRS. The BEV group showed improved PFS and OS among patients who did not undergo surgery.

**Conclusion** Our study results demonstrate the survival benefits of BEV and secondary CRS in patients with platinum-sensitive relapsed OCCC.