hospice. In a 3-year scenario, clinical trial survival outcomes were 1-yr=50%, 4-5-yr=40%; 6-yr=10%. SC was initially set to a 3-year fixed survival (FS). In a 6-mos scenario, clinical trial survival outcomes were 2-mos=50%, 9-mos=40%, 14+mos=10%. Hospice was initially set to 6-month FS. If patients initially chose clinical trial, FS was systematically increased. If patients initially chose SC or hospice, FS was systematically decreased. Sequential testing was used to identify when patients were indifferent between FS of SC or hospice, and clinical trials.

**Results**

30 patients completed interviews (table 1). In the 3-year scenario patients had strong preferences for clinical trials with DS. 23 patients (77%) initially chose clinical trial; 7 patients chose SC. Mean survival=36-mos, and patients' indifference point between SC and clinical trial=44.4-mos, demonstrating patients preferred clinical trial unless SC survival=8.4-mos longer than 36-mos survival (23.3% increase). In the 6-mos scenario, patients had moderate preferences for clinical trials with DS. 17 patients (57%) initially chose the clinical trial; 13 chose hospice. Mean survival=6-mos, and patients' indifference point between hospice and clinical trials= 6.67-mos, demonstrating patients preferred clinical trial unless hospice survival increased by 20-days (11.1%).

**Conclusions**

Patients preferred a chance at DS over FS. Length of FS influences strength of preferences for clinical trial options.

**DO PATIENTS PREFER MAINTENANCE THERAPY OR SURVEILLANCE? WEIGHING GAIN IN PROGRESSION-FREE SURVIVAL AND RISKS OF ADVERSE EVENTS VIA TIME TRADE-OFF AND STANDARD GAMBLE ASSESSMENTS**

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**Objectives**

Maintenance therapy (MT) offers improved PFS for women with ovarian cancer (OC). Patients face a trade-off between potential gain in PFS and risk of adverse events (AEs). We assessed preferences for MT using direct elicitation methods.

**Methods**

OC patients were interviewed using time trade-off (TTO) and standard gamble (SG) instruments. For the TTO, patients chose between MT (w/side-effects) vs surveillance in 4 hypothetical scenarios incorporating MT and potential AEs, and control arms in SOLO1, SOLO2, GOG-0213 and GOG-0218. For each TTO scenario, PFS for MT was varied until patients considered MT PFS equivalent to surveillance PFS. For the SG, patients evaluated 3 hypothetical health states consisting of MT+risk of developing a severe AE (secondary leukemia; ruptured bowel; or adrenal insufficiency) vs surveillance. Risk of each AE was varied until patients were indifferent between MT and surveillance.

**Results**

80 patients participated. Tables 1 and 2 show demographics and TTO results. In SOLO1 and SOLO2-based scenarios, more patients were willing to choose MT over surveillance, citing need to ‘do something for extra time’ without disease. In GOG-0218 and GOG-0213-based scenarios, more patients preferred surveillance over MT, citing insufficient gain in PFS given AEs and treatment modality. SG results showed patients chose surveillance if median risks of secondary leukemia, ruptured bowel, or adrenal insufficiency exceeded 25%, 20%, or 40%, respectively.
Conclusions Patients weighed gain in PFS against side-effects and treatment modality when choosing MT vs surveillance in primary and recurrent disease settings. Patients preferred MT with 20%-40% chance of developing serious AEs before opting for surveillance.

**EP294/#883** ELIMUSERTIB, AN ORAL ATAXIA TELANGIECTASIA AND RAD3-RELATED INHIBITOR, IN ADVANCED GYNECOLOGIC CANCERS WITH DNA DAMAGE RESPONSE DEFECTS

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**Objectives** Elimusertib is a potent, orally available, selective inhibitor of ataxia telangiectasia and Rad3-related kinase, a critical component of DNA damage response (DDR) machinery. We report elimusertib’s safety and efficacy in patients with gynecologic cancers and DDR deficiencies enrolled in Phase I (NCT03188965).

**Methods** Advanced gynecologic cancer patients resistant or refractory to standard treatment received elimusertib 40 mg twice daily on a 3 days on/4 days off schedule.

**Results** 45 patients received ≥1 dose of elimusertib: 36 with ovarian, 7 with endometrial, and 2 with cervical cancer. 64% of patients had previously received ≥2 therapy lines, BRCA1, BRCA2, and ATM mutations were present in 60%, 20%, and 31% of patients, respectively. 58% of ovarian cancer patients were resistant to last platinum-based therapy and 69% had received PARP inhibitor (PARPi) treatment. Grade 3/4 drug-related treatment-emergent adverse events (TEAEs), mainly hematologic toxicities, were observed in 69%/20% of patients. Dose reduction/discontinuation due to drug-related TEAEs was reported in 40%/11% of patients. Overall response rate was 2% (1/44 evaluable); 77% of patients had a best response of stable disease. One ovarian cancer patient had a PR lasting 308 days (BRCA1). In ovarian cancer patients, the clinical benefit rate at 120 days was 40%, including patients with previous PARPi treatment; 19% of patients had ≥50% reduction in CA-125 levels.

**Conclusions** Elimusertib demonstrated clinical benefit in heavily pretreated gynecologic cancers with DDR defects, including platinum-resistant ovarian cancer with previous PARPi treatment. A Phase I study of elimusertib plus niraparib is ongoing (NCT04267939).

**EP295/#872** POST OPERATIVE COMPLICATIONS FOLLOWING OVARIAN CANCER SURGERY: RISK FACTORS AND ITS IMPACT ON CANCER SPECIFIC SURVIVAL

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**Objectives** 1. To audit complications following ovarian cancer surgery (Clavien-Dindo classification) and their impact on oncologic outcome 2. To determine risk factors associated with postoperative complications.

**Methods** Electronic medical records of women who underwent surgery for epithelial ovarian cancer between January 2016 – December 2018 were audited. Design : Retrospective nested case control study. Cases: Patients with post-operative complications. Control: Those without complications. Setting: Department of gynecologic oncology. Statistical analysis: SPSS v20 was used to analyse data. Chi square/Fisher test, ANOVA and multivariate regression were used to assess risk factors of complications.

**Results** Over 36 months, 370 women underwent surgery .Fifty percent (188/370) underwent primary cytoreduction and 74% had advanced disease (273/370). Optimal cytoreduction was achieved in 84% (273/370). The post-operative complication rate was 35% (129/370) over a median period of 5 days (0 to 53) : 24 % (89/370) and 10% (37/370) had grade 1–2 complications and grade 3–4 complications respectively . The 30 day mortality was 0.8 % (3/370). Advanced disease (p=0.027) , high complexity of surgery (p=0.015), and intraoperative blood loss (p=0.001) were independently associated with increased rate of complications. The median time to recur was 17 months (12.6 to 21.3 months). Kaplan-Meir curve for survival showed a median recurrence free period of 20, 13 and 11 months respectively in the complication free, grade 1–2 and grade 3–4 complication group respectively, with a log rank value of 0.214.

**Conclusions** Ovarian cancer surgery is associated with an acceptable complication rate and patients should be selected with discretion .

**EP296/#298** CHARACTERISTICS AND OUTCOMES OF SECONDARY OVARIAN CANCER AFTER EXTERNAL BEAM RADIOTHERAPY FOR FEMALE PELVIC MALIGNANCY

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**Objectives** This study examined characteristics and survival of patients who developed secondary ovarian cancer after external beam radiotherapy (EBRT) that was prescribed for other female pelvic malignancies.

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