Abstract EP305/#335 Figure 1 Study outline

thrombocytopenia (0.00% vs 10%) and with a similar incidence of anemia (11.76% vs 8%).

Conclusions Preliminary results suggested that for advanced epithelial ovarian cancer the short-course Nab-PC regimen as first-line chemotherapy provided equivalent efficacy to that of the PC regimen and there appeared to be a lower incidence of hematologic toxicities.

Results

The long-term prognosis of total parietal peritonectomy in primary debulking surgery for advanced ovarian cancer

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10.1136/ijgc-2022-igcs.397

Objectives The object of this study is to evaluate the long-term clinical efficacy of total parietal peritonectomy (TPP) in primary debulking surgery (PDS) for advanced ovarian cancer. We previously reported that TPP showed the favorable prognosis at 3 years after PDS. In this study, the prognosis at 5 years after PDS and first recurrent site were investigated.

Methods This retrospective single-center study analyzed 16 patients with FIGO stages IIIC-IVB epithelial ovarian cancer who underwent TPP in PDS and achieved macroscopically complete resection between April 2015 and June 2016.

Results The median age of 16 patients was 52.5 years old, 12 were in stage IIIIC and 4 were in stage IV. The histological types were high grade serous in 13 patients, and endometrioid grade3, clear cell and low grade serous in 1 patient each. All patients underwent chemotherapy (paclitaxel-carboplatin alone or with bevacizumab) after PDS. The 3-year relapse-free survival was 43.7% (95% CI: 19.8–65.6%) and overall survival was 68.8% (95% CI: 40.3–85.6%). Regarding the site of first recurrence, lymph node was observed in 6 patients, peritoneum in 5, and distant metastasis to parenchymal organs in 3 (includes duplicate patients).

Conclusions These results were favorable considering that these patients were treated before the introduction of PARP inhibitors. Examination of the site of first recurrence suggested that TPP reduced peritoneal recurrence. TPP in PDS may improve the prognosis of advanced ovarian cancer. On the other hand, complications may increase. Further studies are necessary on its safety and efficacy. We are going to start a phase 2 clinical trial soon.

Conclusions

Nab-p plus carboplatin as a NACT regimen was effective and tolerable for unresectable epithelial OC.

Abstract EP306/#201

Efficacy and Safety of Nanoparticle Albumin-Bound Paclitaxel Plus Carboplatin as Neoadjuvant Chemotherapy for Women with Unresectable Ovarian Cancer: A Single-Center, Open Phase Ib/II Clinical Trial

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10.1136/ijgc-2022-igcs.396

Objectives This study aimed to explore the efficacy and safety of nanoparticle albumin-bound paclitaxel (nab-p) combined with carboplatin as a neoadjuvant chemotherapy (NACT) regimen for patients with ovarian cancer (OC).

Methods This is a single-center, open phase Ib/II Clinical Trial (ChiCTR1900026893). We enrolled women with unresectable epithelial OC, FIGO stage III or IV. Patients received 3 cycles of NACT, then interval debulking surgery (IDS), followed by 3–6 cycles of adjuvant chemotherapy. Each 3-week cycle consisted of carboplatin AUC5 plus nab-p 260 mg/m² (Keali®). In the phase Ib part, the objective was to evaluate the safety and tolerability of the NACT. In the phase II part, the primary objective was R0 resection rate. Secondary objectives were progression-free survival, objective response rate (ORR) and safety.

Results Phase Ib results showed the NACT was safe and tolerable, so the study proceeded to phase II. A total of 22 patients were included in this analysis, 10 patients in the phase Ib and 12 patients in the phase II. The median age was 58.5 years and 13 (59.1%) patients had stage IIIIC. After NACT, the ORR was 86.4% (95% CI: 65.1%–97.1%). Among the 20 patients who underwent IDS, all patients achieved optimal debulking and 75% (95% CI: 50.9%–91.3%) achieved R0 resection. During NACT, the most common grade 3/4 adverse events were hematologic toxicities, including neutropenia (81.8%), leukopenia (54.5%), anemia (22.7%) and thrombocytopenia (22.7%). All adverse events returned to normal or acceptable levels after receiving appropriate treatment.

Conclusions

Nab-p plus carboplatin as a NACT regimen was effective and tolerable for unresectable epithelial OC.

Abstract EP307/#659

The Long-Term Prognosis of Total Parietal Peritonectomy in Primary Debulking Surgery for Advanced Ovarian Cancer

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Objectives The object of this study is to evaluate the long-term clinical efficacy of total parietal peritonectomy (TPP) in primary debulking surgery (PDS) for advanced ovarian cancer. We previously reported that TPP showed the favorable prognosis at 3 years after PDS. In this study, the prognosis at 5 years after PDS and first recurrent site were investigated.

Methods This retrospective single-center study analyzed 16 patients with FIGO stages IIIC-IVB epithelial ovarian cancer who underwent TPP in PDS and achieved macroscopically complete resection between April 2015 and June 2016.

Results The median age of 16 patients was 52.5 years old, 12 were in stage IIIIC and 4 were in stage IV. The histological types were high grade serous in 13 patients, and endometrioid grade3, clear cell and low grade serous in 1 patient each. All patients underwent chemotherapy (paclitaxel-carboplatin alone or with bevacizumab) after PDS. The 3-year relapse-free survival was 43.7% (95% CI: 19.8–65.6%) and overall survival was 68.8% (95% CI: 40.3–85.6%). Regarding the site of first recurrence, lymph node was observed in 6 patients, peritoneum in 5, and distant metastasis to parenchymal organs in 3 (includes duplicate patients).

Conclusions These results were favorable considering that these patients were treated before the introduction of PARP inhibitors. Examination of the site of first recurrence suggested that TPP reduced peritoneal recurrence. TPP in PDS may improve the prognosis of advanced ovarian cancer. On the other hand, complications may increase. Further studies are necessary on its safety and efficacy. We are going to start a phase 2 clinical trial soon.

Conclusions

Nab-p plus carboplatin as a NACT regimen was effective and tolerable for unresectable epithelial OC.

Abstract EP308/#195

Clinical Characteristics and Survival Analysis of Chinese Ovarian Cancer with BRCA1 C.5470_5477del Germline Mutation

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10.1136/ijgc-2022-igcs.398

Objectives BRCA1 c.5470_5477del mutation is the most common BRCA1/2 genes mutation in Chinese ovarian cancer patients. We aimed to describe the behavior among patients with c.5470_5477del mutation.

Methods We conducted next-generation sequencing (NGS) for BRCA1/2 genes in 760 Chinese ovarian cancer patients. Clinicopathological characteristics and outcomes were assessed.

Results BRCA1 c.5470_5477del germline mutation was detected in 2.76% (21/760) of patients, which was the most frequent BRCA1/2 mutation of these patients. This pathogenic mutation represented for 13.46% (21/156) of BRCA1