and duration of response (DOR) with addition of RELA. We present a post-hoc subgroup analysis in patients with/without prior bevacizumab.

Methods 178 women with recurrent, platinum-resistant/refractory ovarian, primary peritoneal, or fallopian tube cancer or ovarian carcinosarcoma with ≤4 prior lines of chemotherapy (105 with; 73 without prior bevacizumab) were enrolled in a phase 2, open-label, randomized study (NCT03776812). Data for patients receiving either NP (80 mg/m²) + intermittent RELA (150 mg QD the day before, of, and after NP) (n=60) or NP alone (100 mg/m²) (n=60) are reported.

Results Baseline characteristics in the 2 groups were generally balanced. While patients without prior bevacizumab were balanced between North America and Europe, 70% of patients who received prior bevacizumab were in Europe. PFS, OS, ORR, and DOR are shown in table 1. Conclusions In this subgroup analysis, patients who had received prior bevacizumab had better PFS, ORS, and DOR with intermittent RELA+NP vs NP alone, while ORR was similar across all groups. Numerical improvement in PFS was seen in patients without prior bevacizumab. Prior bevacizumab will be a stratification factor in the phase 3 trial of RELA +NP (ROSELLA, NCT03527408) that is planned to start in mid-2022.

Objectives We investigated patient characteristics and treatment patterns among patients with stage III/IV ovarian cancer (OC) who received first-line (1L) platinum-based chemotherapy (PBC) in The US Oncology Network. Methods This retrospective study leveraged structured data from the iKnowMed electronic health record. Patients with initial diagnosis of stage III/IV OC who initiated PBC in 1L setting between January 1, 2016, and December 31, 2020, were followed until September 30, 2021. Results The study included 1428 patients; 1087 (76%) received active surveillance (AS), 341 (24%) received maintenance after 1L PBC. Median age was 65 y in AS vs. 63 y in the maintenance group. In AS, 23% were stage IV vs. 28% in the maintenance group. Overall, 10% received bevacizumab monotherapy, 13% poly(ADP-ribose) polymerase inhibitor (PARPi) monotherapy, and 1% PARPi+bevacizumab. Among 206 patients who received bevacizumab in 1L PBC treatment, 70% received maintenance; 48% received bevacizumab monotherapy, 17% PARPi monotherapy, and 6% PARPi+bevacizumab. Among 1222 patients who did not receive bevacizumab in 1L PBC treatment, 16% received maintenance; 4% received bevacizumab monotherapy, 12% PARPi monotherapy. From 2016 to 2021, 1L maintenance use increased from 2% to 52%. Specifically, bevacizumab monotherapy increased from 2% to 12%, PARPi monotherapy from 0% to 31%, and PARPi+bevacizumab from 0% to 9%.

Conclusions Despite increased use of OC maintenance therapy within The US Oncology Network, 48% of patients received AS in 2021. Further research is warranted to understand barriers of adopting 1L maintenance use in the community oncology setting considering its availability regardless of biomarker status.