Results: Median follow-up was 77.0 months as of the efficacy data cutoff. In the ITT population, death events had occurred in 410/564 (72.7%) patients. PF52 and OS are presented in the table 1. Among placebo-arm patients, 45% received a PARP inhibitor as a subsequent treatment. Safety was consistent with prior reports; MDS/AML was reported in 14 (3.8%) rucaparib-arm and 6 (3.2%) placebo-arm patients (P=0.72) (reported post-study drug treatment in 8 cases in the rucaparib-arm and 6 in the placebo arm). Conclusions: These data support the use of rucaparib as a maintenance treatment for recurrent ovarian carcinoma; although no OS benefit was seen, the PFS benefit for rucaparib was maintained through the subsequent line of therapy.

**Abstract 0004/752**

**SELECTION CRITERIA FOR OMITTING INTERVAL DEBULキング SURGERY AFTER NEOADJUVANT CHEMOTHERAPY FOR ADVANCED HIGH-GRADE SEROUS CARCINOMA OF THE OVARY: KGOG OVSURG-2016/SCORE STUDY**

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**Objectives**

This study investigates the selection criteria for omitting interval debulking surgery (IDS) after neoadjuvant chemotherapy for advanced ovarian cancer.

**Methods**

We searched the ovarian, fallopian, or primary peritoneal cancer database registered between January 2000 and May 2021. We included patients with clinical stage III to IV high-grade serous carcinoma of the ovary (HGSC) who received NACT after serial measurement of serum levels of CA-125 regardless of IDS. We calculated the CA-125 ELIMi (KELIM) value during two cycles of NACT. Then, we calculated the cut-off values of KELIM for predicting platinum resistance and then evaluated the effect of IDS on progression-free survival (PFS) and overall survival (OS) based on the values.

**Results**

Among 279 patients, 194 (76%) were treated with NACT/IDS, and 61 (24%) were treated with chemotherapy alone. Although NACT/IDS showed better PFS and OS than chemotherapy alone in patients with lower KELIM (<0.95), no difference in survival was shown in higher KELIM (≥0.95). In multivariate analysis, IDS was associated with better OS in Low KELIM patients (hazard ratio [HR], 0.517, p=0.016), while IDS was not associated with better survival in High KELIM patients (HR, 0.739, p=0.390). Also, radiologic complete response (CR) and partial response (PR) were associated with better survival regardless of KELIM score.

**Conclusions**

In conclusion, for stage III/IV HGSC patients presenting higher KELIM (≥0.95), IDS may be omitted when the radiologic CR or PR is accomplished during NACT.

**Abstract 0005/638**

**PROMISE-2: A ONE STEP DNA-BASED ENDOMETRIAL CANCER MOLECULAR CLASSIFIER**

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**Objectives**

Despite recommendations for the integration of molecular classification in endometrial cancers (EC) into pathology reporting and clinical management, uptake is inconsistent. To assign ProMisE subtype, all molecular components must be available (POLE mutation status, MMR and p53 immunohistochemistry (IHC)) and often components are performed at different stages of care and/or at different centers resulting in diagnostic delays. We assess the performance of a one step DNA-based molecular classifier (ProMisE-2) compared to ProMisE.

**Methods**

DNA was extracted from ECs that had previously undergone molecular classification using ProMisE (POLE sequencing, IHC for p53 and MMR). ProMisE2 was derived using the Imagia Canexia Health Find It next-generation sequencing assay to assess mutations in POLE, TP53 and presence of microsatellite instability (MSI). Molecular subtypes assigned by ProMisE and ProMisE-2 were assessed for concordance metrics and the ability to recapitulate Kaplan-Meier survival curves.

**Results**

ProMisE-2 was assessed in 91 ECs with 2 cases failing sequencing coverage thresholds. 85/89 of cases were concordant with a kappa statistic 0.93 and an overall accuracy of 0.95.

**Abstract 0005/638 Figure 1**

Kaplan-Meier survival analyses demonstrating molecular subtype is associated with outcomes across progression free survival, disease specific survival, and overall survival in both ProMisE and ProMisE-2.