Abstract 0003/#557

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<th>Table 1</th>
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<td><strong>BIC</strong></td>
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<td>Rucaparib (n=198)</td>
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<td>FP52 events, n (%)</td>
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<td>Median-ITT, months (95% CI)</td>
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<td>OS events, n (%)</td>
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For Predicting Platinum Resistance

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.

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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 Imagi 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 ProMisE2 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). 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.

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Selection Criteria for Omitting Interval Debulking Surgery After Neoadjuvant Chemotherapy for Advanced High-Grade Serous Carcinoma of the Ovary: KGOG OVSVSURG-2016/SCORE

Objectives

This study investigates the selection criteria for omitting interval debulking surgery (IDS) after neoadjuvant chemotherapy (NACT) due to a higher response to 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 (HGSOC) who received NACT after serial measurement of serum levels of CA-125 regardless of IDS. We calculated the CA-125 ELIMination of Rate Constant K (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.