was 30% (135/450). The most prevalent gene alteration was ATRX (20%, 84/419) followed by BRCA2 (5%, 20/416), RAD51B (4%, 10/271), ATM (2.2%, 10/446) and ARID1A (1.9%, 8/419). The highest incidence of HR-DDR gene alterations was observed in leiomysarcoma (36.5%) followed by adenosarcoma (29.8%), and HG-ESS (26.3%) while HR-DDR gene alterations were less common in ESS NOS (17.7%) and LG-ESS (13.3%). In the present cohort, incidence of TP53 mutations was 49% (213/432), while other common pathogenic gene alterations included the RB1 (29%, 128/449), PTEN (13%, 58/449) and MED12 (11%, 42/375) genes.

**Conclusions** Approximately 1 in 3 patients with uterine sarcoma, harbor a pathogenic alteration in HR-DDR genes. These results provide further rationale for the design of molecularly driven clinical trials exploring agents targeting DNA damage repair.

**Plenary 05: Oral abstract presentations & closing ceremony**

**0010/#851 IMPACT OF COMORBIDITIES, POSTOPERATIVE COMPLICATIONS AND CENTER VOLUME ON OVERALL SURVIVAL IN A REAL-LIFE COHORT OF 29,879 OVARIAN CANCER PATIENTS**

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**Objectives** The primary objective of this study was to analyze the impact of comorbidities, postoperative complications and center volume on overall survival in a real-life cohort of ovarian cancer patients in France.

**Methods** All French women aged 18 years or over, with ovarian cancer newly diagnosed between January 2013 and December 2019, registered in the general health insurance coverage plan were included in the cohort. Ovarian cancer treatments, comorbidities, postoperative complications and death were extracted from hospital discharge reports. The characteristics of the centers were also collected.

**Results** We included 29,879 patients with ovarian cancer in the cohort. The median age was 66 (57–74) years, and 24,783 (82.9%) presented an advanced stage at diagnosis (FIGO IIB-IVB). A total of 24,783 (82.9%) presented an advanced stage at diagnosis.

**Conclusions** Real-life data give the opportunity to study the key health indicators in ovarian cancer. A personalized care pathway should be a priority for patients with comorbidities and at risk of postoperative complications.

**0011/#496 MIRVETUXIMAB SORAVTANSINE AND BEVACIZUMAB IN FOLATE RECEPTOR α-POSITIVE OVARIAN CANCER: EFFICACY IN PATIENTS WITH AND WITHOUT PRIOR BEVACIZUMAB**

1David O’Malley*, 2 Ana Oarkin, 3 Ursula Matulonis, 4 Gina Mantia-Smaldone, 5 Peter Lim, 6 Cesar M Castro, 7 Diane Provencher, 8 Sanaz Memarzadeh, 9 Michael Method, 10 Jiuzhou Wang, 11 Brooke Esteves, 12 Kathleen Moore, 13 Lucy Gilbert, 14 James Cancer Center/ The Ohio State University, Clinical Research Gynecologic Oncology, Columbus, USA; 15 Vall d’ Hebron University Hospital, Medical Oncology, Barcelona, Spain; 16 Dana-Farber Cancer Institute, Department of Medicine, Boston, USA; 17 Fox Chase Cancer Center, Gynecologic Oncology, Philadelphia, USA; 18 Center of Hope-Reno, Gynecologic Oncology, Reno, USA; 19 Massachusetts General Hospital, Gynecologic Oncology, Boston, USA; 20 CHUM, Université de Montréal, Oncological Gynaecology Service, Montréal, Canada; 21 UCLA Health, Gynecologic Oncology, Los Angeles, USA; 22 ImmunoGen, Inc., Clinical Development, Waltham, USA; 23 ImmunoGen, Inc., Biostatistics, Waltham, USA; 24 Stephenson Cancer Center/University of Oklahoma, Gynecologic Oncology, Oklahoma City, USA; 25 McGill University, Division of Gynecologic Oncology, Montréal, Canada

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**Objectives** Mirvetuximab soravtansine (MIRV) is a first-in-class ADC comprising a folate receptor-α (FRα)-binding antibody, cleavable linker, and maytansinoid DM4 payload. As part of the phase 1b/2 trial (NCT02606305), efficacy, safety, and tolerability of MIRV and bevacizumab (BEV) were evaluated in patients with recurrent FRα-positive ovarian cancer (OC) measured by immunohistochemistry (PS2 + ≥25%).

**Methods** Patients received MIRV (6 mg/kg, adjusted ideal body weight) and BEV (15 mg/kg) intravenously on Day 1 of a 3-week cycle. Primary endpoint was confirmed ORR assessed by RECIST v1.1. Safety and tolerability of MIRV + BEV were secondary endpoints.

**Results** Patients enrolled (N=126; median age 62 years) were heavily pretreated (46%, ≥3 prior therapies) and 75% were platinum resistant. Prior taxane, BEV, or PARPi treatment occurred in 98%, 52%, and 27%, respectively. Low, medium, and high FRα expression in patient tumors was 10%, 40%, and 49%, respectively. MIRV demonstrated anti-tumor activity in the entire cohort (ORR 44%, mDOR 11.8 months, mPFS 8.2 months), with ORR of 58% in BEV-naïve and 32% in prior BEV (table 1). Grade 3+ treatment emergent adverse events (TEAEs) were low; common TEAEs (Grade 3+) included diarrhea (2%, 67%), nausea (2%, 59%),