for combo (60% KRAS mt, 29% KRAS wt) and 10% for mono (13% KRAS mt, 6% KRAS wt). Three of 4 patients previously treated with MEK inhibitor showed confirmed partial response on combo arm. Median time to response: 7.3 months (mono) and 5.5 months (combo). Most treatment-related adverse events (AEs) for combo (n=81) were grade 1–2, with a low proportion of dose reductions (17%) and discontinuations due to AEs (12.3%) in the combo arm.

**Conclusion** Interim data support avutometinib + defactinib as an active go-forward regimen in heavily-pretreated recurrent LGSOC, regardless of KRAS status. No new safety signals were observed; most AEs were mild to moderate.

### Abstract #528 Efficacy of Subsequent Chemotherapy Followed by PARPi Inhibitor Maintenance in Patients with Advanced Ovarian Cancer in the Phase III PAOLA-1/ENGOT-OV25 Trial

1Christian Marth*, 2Marie-Ange Mouret-Reynier, 3Domenica Lorusso, 4Claire Cropet, 5Philipp Harter, 6Eva Guerra, 7Takashi Matsumoto, 8Ignace Vergote, 9Nicole Colombo, 10Johanna Mäenpää, 11Coriolan Lebreton, 12Nikolaus De Gregorio, 13Anna Maria Mosconi, 14Maria Jesus Rubio, 15Huguès Bourgeois, 16Peter A Fasching, 17Anne-Claire Hardy-Bessard, 18Dominik Denschlag, 19Eric Pujade-Lauraine, 20Isabelle Ray-Coquard.

**Department of Obstetrics and Gynecology, University Medical Institute Innsbruck, and AGB-Austria, Innsbruck, Austria**; **Centre Jean Perrin, and GINECO, Clermont-Ferrand, France**; **Istituto Tumori Milano + Fondazione PoliChirurgico Universitario A. Gemelli IRCCS and Catholic University of Sacred Heart, and MITO, Rome, Italy**; **Centre Léon Bérard, and GINECO, Lyon, France**; **Klinikum Essen-Mitte, and AGO, Essen, Germany**; **Hospital Universitario Ramón y Cajal, and GEICO, Madrid, Spain**; **Ehime University Hospital, and GOTIC, Toon, Japan**; **University Hospital Leuven, Leuven Cancer Institute, and BOGGO, Leuven, Belgium**; **University of Milán-Bicocca and European Institute of Oncology IRCCS, and MANGO, Milan, Italy**; **Tampere University Hospital, and NSGO, Tampere, Finland**; **Institut Bergonie, and GINECO, Bordeaux, France**; **Universitätsklinikum Ulm, Klinik für Frauenheilkunde und Geburtshilfe, and AGO, Ulm, Germany**; **SK-Klinikum Heilbronn GmbH, Frauenklinik, and AGO, Heilbronn, Germany**; **S.c. di Oncologia Medica Osp. S. Maria della Misericordia – AO di Perugia, and MITO, Perugia, Italy**; **Hospital Reina Sofia, and GEICO, Cordoba, Spain**; **Centre Jean Bernard – Clinique Victor Hugo, and GINECO, Le Mans, France**; **Universitätsfrauenklinik Erlangen, and AGO, Erlangen, Germany**; **Centre CARIO – HPCA, and GINECO, Plénil Sur Mer, France**; **Hochtaunuskliniken, and AGO, Bad Hamburg, Germany**; **ARCAGY Research, and GINECO, Paris, France**

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**Introduction/Background** In PAOLA-1/ENGOT-ov25 (NCT02477644), maintenance PARPi inhibitor (PARPi) olaparib + bevacizumab improved progression-free survival (PFS) in patients with homologous recombination-deficient (HRD+) advanced ovarian cancer (Ray-Coquard. NEJM 2019;381:2416–28). Post-hoc analysis showed the efficacy of subsequent chemotherapy at relapse was reduced in patients who progressed during versus after olaparib treatment (Harter. Presented at ASCO 2023).

In the OReO/ENGOT-ov38 trial (NCT03106987), olaparib rechallenge conferred a modest but statistically significant PFS benefit in patients with platinum-sensitive ovarian cancer (Pujade-Lauraine. Ann Oncol 2021;32:S1308–9), the majority of whom had received initial PARPi therapy in the relapsed setting and, therefore, were most likely to have progressed under PARPi maintenance. We explored PARPi rechallenge in patients who received platinum-based combination therapy (PBC) followed by PARPi (PBC>PARPi) as first subsequent therapy (FST) after progression on first-line treatment in PAOLA-1.

**Methodology** To explore the efficacy of PBC>PARPi, median time from FST to second subsequent therapy (SST) was analysed post-hoc by timing of progression (during/after olaparib) and tumour HRD status.

**Results** 544 patients progressed and received subsequent chemotherapy. Time from FST to SST was longer in patients receiving PBC>PARPi (n=159) as FST than in patients receiving SST without PARPi maintenance (n=293) and was shortest in patients who progressed during olaparib (table 1).

**Conclusion** In this post-hoc exploratory analysis of PAOLA-1, subsequent PBC>PARPi rechallenge led to better outcomes than PBC alone in patients who received olaparib+bevacizumab. Efficacy appeared to depend on whether progression occurred during or after olaparib treatment. Results build on observations from OReO that PARPi rechallenge could be considered for patients responding to PBC, but are limited by small patient numbers and loss of randomisation, and need to be confirmed in a larger randomised study.

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Methodology A survey was prepared using the ‘SurveyMonkey’ application and distributed across gynecological oncology groups using social media platforms from 2nd October to 8th November 2022. There were 21 survey questions; 6 on demography and 15 on diagnosis and management. Descriptive statistics including frequencies and percentages were used to report data and analyses were performed using SPSS version 25.

Results There were a total of 203 responses from 50 countries across 6 continents. The majority responding to the survey were gynecological oncologists (73.10%). Only 29.56% of institutions used immunohistochemistry along with tissue morphology for diagnosis. 55.78% of practitioners offered platinum-based Neoadjuvant Chemotherapy for newly diagnosed apparent Stage III C disease seemingly inoperable. 44.83% of practitioners offered adjuvant Chemotherapy (± Bevacizumab) followed by hormonal maintenance (HM) for advanced stage after optimal cytoreduction. Letrozole was the preferred drug (63.37%). In recurrent settings not feasible for secondary cytoreduction, there was a lack of consensus on further management. Regarding targeted therapy, 83% of practitioners had never used MEK inhibitors in practice. In patients desirous for fertility preservation in sub-optimally staged apparent Stage IA LGSOC, most clinicians (71%) offered completion staging with preservation of the uterus and other ovary followed by observation if histologically confirmed Stage IA. Regarding adjuvant treatment for optimally staged IC disease, there were varied opinions ranging from observation, chemotherapy alone, chemotherapy followed by HM or HM alone. The use of HIPEC in any setting was not favored by the majority (81.26%). A majority (45.32%) of practitioners didn’t offer routine genetic testing in all cases.

Conclusion There are global similarities and disparities regarding the management of LGSOC. These factors may be considered while formulating international guidelines.

Methodology All women diagnosed with EOC, stage IIC-IV and registered in the Swedish Quality Register for Gynecologic Cancer between 2008-2018 with PDS performed followed by chemotherapy were included. Patient and tumor characteristics including no (R0) or residual disease (RD), were retrieved. The TTC was categorized into five groups. The 2- and 5-year RS (95%CI) were calculated and uni- and multivariable Poisson regression of excess mortality rate ratios (EMRRs) analyzed with covariates; TTC, age, FIGO stage, serous and non-serous histology and residual disease.

Results In total, 1710 women were included. The mean age was 64.3 years. R0 was achieved in 47.7%; 39.0% of 292 women with TTC <21 days, 46.9% of 360 with 22-28 days, 48.5% of 392 (29-35 days), 52.1% of 303 with 36-42 days and 51.0% of 363 women with TTC >42 days, respectively. In the total cohort, age <70 years, stage IIIC, serous histology and R0 were found significant prognostic factors for 5-year RS but not TTC. Two-year RS for FIGO stage IV and R0 was 92.9% (82.8-1.00) for TTC <21 days compared with 66.3% (50.8-81.8) for TTC >42 days. The corresponding figures for stage IIIC and R0 were 91.0% (84.7-97.4) and 82.4% (75.8-89.0), respectively. Five-year RS for FIGO stage IV and R0 was 67.2% (48.0-86.3) for TTC <21 days and 42.6% (25.2-59.9) for TTC >42 days. The corresponding 5-year RS for stage IIIC and R0 were 56.4% (45.2-67.6) and 51.6% (42.8-60.5), respectively.

Conclusion Our data indicate that TTC after PDS may be associated with short-term survival among stage IV disease without residual disease. Updated results with EMRR data for subgroups will be presented.

Disclosures The authors declare no conflicts of interest.

#652 HAS TIME TO CHEMOTHERAPY FROM PRIMARY DEBULking SURGERY IN ADVANCED OVARIAN CANCER AN IMPACT ON SURVIVAl? – A POPULATION-BASED NATIONWIDE SWEGCG STUDY

12Perrina Dahm-KäHler*, 13Angelique Flöter Rädestad, 14Erik Holmberg, 15Christine Borgfjeld, 16Maria Björngård, 17Camilla Sköld, 18Kristina Hellman, 19Preben Kjaerhede, 20Karin Ståhlberg, 21Elisabeth Avall-Lundqvist, 22Dept Obst and Gynecology, Sahlgrenska University Hospital, Gothenburg, Sweden; 23Inst Clinical Sciences, Sahlgrenska Academy at University of Gothenburg, Gothenburg, Sweden; 24Dept of Women’s and Children’s Health, Division of Obstetrics and Gynecology, Karolinska Institute, Stockholm, Sweden; 25Regional Cancer Center Western Sweden, Gothenburg, Sweden; 26Dept of Obstetrics and Gynecology, Skåne University Hospital, and Department of Clinical Sciences, Lund University, Lund, Sweden; 27Dept of Hematology, Oncology, and Radiation Physics, Skåne University Hospital, Lund University, Lund, Sweden; 28Dept of Oncology, Uppsala University Hospital, Uppsala, Sweden; 29Dept of Gynecologic Cancer, Theme Cancer, Karolinska University Hospital, Stockholm, Sweden; 30Dept of Obstetrics and Gynecology, and Department of Biomedical and Clinical Sciences, Linköping University, Linköping, Sweden; 31Dept of Women’s and Children’s Health, Uppsala University, Uppsala, Sweden; 32Dept of Oncology, and Department of Biomedical and Clinical Sciences, Linköping University, Linköping, Sweden

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Introduction/Background To investigate time to chemotherapy (TTC) from primary debulking surgery (PDS) and relative survival (RS) in advanced epithelial ovarian cancer (EOC) in a nationwide population-based cohort.

#682 ROLE OF LYMPHADENECTOMY (LND) IN ADVANCED OVARIAN CANCER (OC) – A SUBGROUP ANALYSIS OF THE PATIENTS EXCLUDED FROM THE ORIGINAL LION TRIAL (THE CHARITÉ COHORT)

1Robert Armbrecht*, 2Christina Fotopoulou, 3Radoslaw Chekerev, 4ZaLi Mustafa Mualliem, 5Iomna Braicu, 6Klaus Pitzner, 7Philipp Hatters, 8Javid Sehoul, 9Dept. of Gynecology with Center for Oncological Surgery, Charité University Hospital Berlin, Berlin, Germany; 10Imperial College London, London, UK; 11Klinikum Essen Mitte, Essen, Germany

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Introduction/Background The results of the prospective randomized phase-III LION-trial failed to demonstrate a therapeutic benefit from LND in tumor-free operated advanced OC patients with macroscopically normal appearing LN. Patients were randomized intraoperatively with exclusion of those thought by the surgeon not to be fully operable or with suspicious/bulky LN by inspection or palpation. We wished to address the surgical and survival outcomes of this excluded group in a single center.

Methodology This is a monocentric analysis in a tertiary ESGO-accredited center of excellence for OC. A total of 202 patients were screened for the original study; 120 were excluded, and 82 included in the final LION analysis. Excluded cases were retrospectively analyzed according to the same endpoints (PFS and OS) of the LION-trial with a subsequent comparison analysis.

Results Overall, 195 patients were included in the present analysis. Rate of CR was with 45% significantly lower in the intraoperatively excluded patients vs the tumor-free operated patients of the original LION analysis. This has a significantly