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% 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 no (R0) or residual disease (RD). Reduced results with EMRR data for TTC > 42 days. The corresponding 5-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

#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)

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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 had a significantly
negative impact on OS and PFS. Only 60% of the screening failed patients had histologically positive LN in final pathology. There was no significant difference in PFS or OS between the tumor-free operated screening failed patients versus those randomized, regardless of their histological LN-status and whether an LND was performed.

Conclusion Our findings confirm the lack of therapeutic LND in advanced OC even in patients with suspicious LN. Non-tumor-free operated patients had worse outcome. We demonstrated that intraoperative LN evaluation by the surgeon is subjective and inaccurate.

#709 THE EFFECTS OF NIRAPARIB DOSE REDUCTION ON LONG-TERM OUTCOMES IN OVARIAN CANCER PATIENTS: A LARGE RETROSPECTIVE, OBSERVATIONAL STUDY

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Introduction/Background Niraparib is a Poly (ADP-ribose) polymerase inhibitor (PARP-I) approved for the maintenance in primary advanced ovarian cancer (AOC) and recurrent platinum-sensitive ovarian cancer (ROC). More than half of patients are supposed to reduce dose during treatment, but it is unknown if side effects occur more commonly in AOC or ROC; also, the impact of Niraparib dose reduction on survival has rarely been investigated.

Methodology This study includes women with primary (AOC group) or recurrent (ROC group) high-grade serous ovarian cancer in maintenance with Niraparib between 2019–2022. Niraparib dosing was based on described individualized starting dose of 200mg/day or 300mg/day for those with a weight ≥77 kg and platelet count ≥150,000/μL. The primary outcome was the impact of Niraparib dose reductions on progression-free survival (PFS), in AOC and ROC separately. The secondary outcome was the comparison of reduction rates between the two groups.

Results 215 Niraparib-treated patients, 124 (57.7%) with AOC and 91 (42.3%) with ROC, were included. The majority of patients started Niraparib at 200mg/day (87.4%), in the both groups; most of reductions occurred within the first 4 cycles (figure 1A,B); dose reductions from 200 to 100mg/day occurred more frequently in AOC compared with ROC (35.9% vs 7.5%, p=0.001).

PFS was estimated in case of treatment longer than 12 weeks, to avoid biases; therefore, analysis focused on patients treated with 200mg or 100mg. In AOC, median PFS was 28 months for 200mg compared with Not Reached for 100mg (p=0.49; figure 1C). Similarly, among ROC, median PFS was not significantly affected by the dose (100mg 17 months vs 200mg Not Reached, p=0.31) (figure 1D).

Conclusion Niraparib dose reduction occurs in almost half of patients within 30 days, regardless of disease setting, albeit it’s significantly more common in first-line setting. Survival outcomes seem not to be impaired by dose reduction.

Disclosures none

#727 APPLICATION OF ENDOMETRIAL CANCER MOLECULAR CLASSIFICATION TO ENDOMETRIOSIS-RELATED OVARIAN CANCER: A SINGLE CENTER PRELIMINARY DATA

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Introduction/Background Endometriosis-associated ovarian cancers (ENOCs), endometrioid and clear cell, show higher survival rates, younger age and earlier stage at diagnosis.

Abstract #709 Figure 1