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 $\geq$ 77 kg and platelet count $\geq$ 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 200 mg compared with Not Reached for 100 mg (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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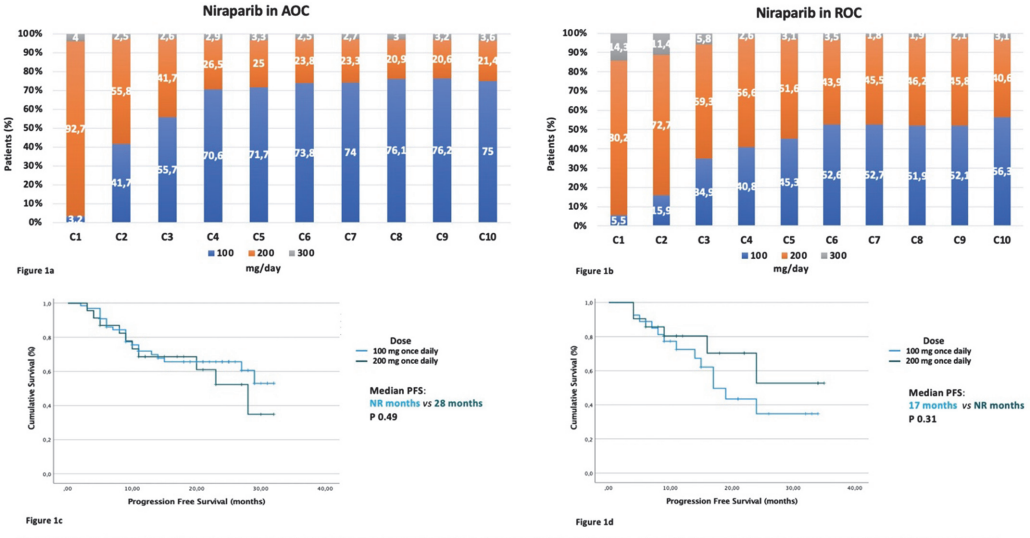
Introduction/Background Endometriosis-associated ovarian cancers (ENOCs), endometrioid and clear cell, show higher survival rates, younger age and earlier stage at diagnosis



Niraparib dose reduction during the cycles (***Figure 1a**: Dose reduction in primary advanced ovarian cancer (AOC) maintenance. **Figure 1b**: Dose reduction in recurrent ovarian cancer (ROC) maintenance)*
Progression free survival (***Figure 1c**: PFS in primary ovarian cancer 200 mg/day vs 100 mg/day. **Figure 1d**: PFS in recurrent ovarian cancer 200 mg/day vs 100 mg/day)*

Abstract #709 Figure 1