higher rate of postoperative in-hospital and a longer hospital stay. Further results will be expected in the near future.

Disclosures The authors report no potential conflict of interest.

#215 RETROSPECTIVE RE-EVALUATION OF PLATINUM-FREE INTERVAL AND CHEMOTHERAPEUTIC EFFECT AGAINST SUBSEQUENT PLATINUM-CONTAINING CHEMOTHERAPY IN RECURRENT OVARIAN CANCER PATIENTS INITIALLY TREATED BY CHEMOTHERAPY WITH BEVACIZUMAB

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Introduction/Background It is concerned that the tumor dormancy effect of bevacizumab might prolong disease-free interval (DFI) regardless of platinum sensitivity, and lead to poorer outcome especially for patients recurrent in partially platinum-sensitive period defined as platinum free interval (PFI) of 6 to 12 months. We retrospectively investigated the relevance of PFI and response rate for recurrent ovarian cancer patients after chemotherapy with concurrent and maintenance bevacizumab.

Methodology Patients received platinum-based chemotherapy for platinum sensitive recurrent epithelial ovarian, fallopian tube and/or primary peritoneal cancer between November 1, 2013, and December 31, 2019, who initially had been confirmed complete response after platinum-based therapy with concurrent and maintenance bevacizumab. The primary endpoint was to examine response rate to subsequent chemotherapy after various period of PFI. The relevance between response rate and PFI divided into three groups of ≤6PFI<12, 12≤PFI<24 and PFI≥24 was assessed using Cochran-Armitage test. The secondary endpoint was progression-free survival (PFS) after chemotherapy for first recurrence, estimated separately for each three groups using the Kaplan-Meier method and differences between each group were evaluated with log-rank test. A P value <0.05 was considered statistically significant.

Results Total of 77 patients’ data were analyzed and the median PFI until first recurrence was 12 months (range: 6–43). The response rate of subsequent chemotherapy for patients with PFI of ≤6PFI<12, 12PFI<24 and PFI≥24 were 42%, 65% and 80%, which presented linear fashion increase (P<0.05, Cochran-Armitage test).

The results for partially platinum-sensitive patients were comparable to those of past reports.

Median PFS among three groups were 11 months (95%CI: 8.4–13.5), 13 months (95%CI: 5.4–20.5) and 8 months (95%CI: 6.7–9.2) (P=0.107, log-rank test), respectively.

Conclusion Although there was concern about prolongation of DFI unrelated to platinum sensitivity by adding bevacizumab for primary treatment, the relationship between PFI and response to subsequent platinum-based chemotherapy remained unchanged.

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#219 DETERMINANTS OF TREATMENT DECISION-MAKING REGARDING MAINTENANCE THERAPY IN ADVANCED EPITHELIAL OVARIAN CANCER: A EUROPEAN DELPHI STUDY TO FIND CONSENSUS

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Introduction/Background Maintenance treatment after chemotherapy/surgery has become a standard of care in patients with advanced epithelial ovarian cancer (EOC). Several targeted drugs have been approved, allowing for multiple therapeutic options, including bevacizumab and/or PARP inhibitors (PARPi). A Delphi study was conducted with European experts to understand the heterogeneity of clinical practice and identify key drivers for decision-making regarding maintenance treatment among different options.

Methodology A pragmatic literature review identified questions with uncertain answers regarding optimal assays and maintenance treatment strategies in patients with EOC. A panel of 16 experts were asked to answer ‘yes’ or ‘no’ to 25 questions (comprising a total 117 sub-items). For each question, a consensus was reached when >80% of participants agreed. After each round, questions with no consensus were reformulated; final round results were analysed.