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#869

#### NIRAPARIB MAINTENANCE THERAPY IN PATIENTS AGED 75 YEARS AND OLDER WITH PLATINUM-SENSITIVE RECURRENT OVARIAN CANCER: A SUBGROUP ASSESSMENT OF THE GEICO-88R STUDY

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**Introduction/Background** An initial publication of the GEICO-88R study (NCT04546373) evaluated niraparib as maintenance therapy in patients (pts) with platinum-sensitive recurrent high-grade ovarian cancer (OC), within an expanded access programme developed in Spain. A subgroup assessment of pts  $\geq 75$  years of age has now been performed.

**Methodology** GEICO conducted a retrospective study in which 40 Spanish hospitals registered OC patients, 75 years or older, who received maintenance niraparib at fixed (FSD, 300 mg/day) or individualised starting dose (ISD) according to weight and platelet count. Toxicity, dose management, patient characteristics, and effectiveness were assessed using source data from medical records.

**Results** Forty-two pts were enrolled with the characteristics shown in table 1. Of the 37 patients who underwent surgery at diagnosis, 48.6% and 51.4% had a primary and interval debulking surgery respectively, achieving R0 in 67.6%. At recurrence 4 pts (9.5%) underwent surgery (R0 in 3). Niraparib was started at FSD in 11 pts and at ISD in 31 (all at 200 mg/day). Median treatment duration was 4.8 months (median dose 200 mg). 52.3% of pts required  $\geq 1$  interruptions, and the same percentage  $\geq 1$  reductions. Three pts were still on treatment at the time of analysis and 39 had discontinued (87.2% progression, 5.1% toxicity, 5.1% physician/pts decision). The most common all-grade treatment-related adverse events were: thrombocytopenia (40.5%), asthenia (38.1%), anaemia (23.8%), nausea (21.4%), and hypertension (14.3%). For 39 evaluable pts, the median progression free survival (mPFS), PFS2 and overall survival were 4.4 (95% CI 3.1–7.2), 13 (10.3–16.6) and 23 (95% CI 18.1–26.2) months, respectively.

Abstract #869 Table 1 Patient characteristics

Demographics and diagnosis	
Median age (years)	78 (75-88)
Initial FIGO stage (pts)	I-II (8) III (21) IV (13)
gBRCAwt	Yes (81%) Unknown (19%)
Previous treatments	
Systemic lines	3 (median) $\leq 2$ (47.6%) $> 2$ (52.4%)
Bevacizumab	Yes (26.2%) No (73.8%)
Baseline	
ECOG	0 (23.8%) 1 (73.8%)
Median weight (kg)	63 (49-92)
Platelet count	$< 150,000$ (26.2%) $\geq 150,000$ (73.8%)
Measurable disease	Yes (69%) No (31%)
Relevant comorbidities	Any (81%) of which: Hypertension (82.4%) Diabetes (20.6%) Dyslipidemia (20.5%) Cardiovascular disease (11.7%) Obesity (8.8%)

**Conclusion** In the GEICO-88R study, OC pts with 75 years or older present the expected age-related comorbidities and are treated similarly to the general OC population. Maintenance niraparib is well tolerated in this age group. This subanalysis provides valuable information on a subpopulation of OC with few published data.

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#### MALIGNANT OVARIAN GERM CELL TUMOURS: AN INTERNATIONAL MULTICENTRE STUDY TO IDENTIFY NEW PROGNOSTIC RISK FACTORS

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**Introduction/Background** Malignant ovarian germ cell tumours (MOGCTs) are rare and aggressive malignancies mainly affecting young women. Unlike testicular GCTs, prognostic factors are poorly understood, but small series have most consistently suggested that advanced stage best predicts worse outcomes.