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

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 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 1.4–7.4), 13 (10.3–16.6) and 23 (95% CI 18.1–26.2) months, respectively.

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 subgroup of OC with few published data.
Hypertermic intraperitoneal chemotherapy in platinum-sensitive relapsed epithelial ovarian cancer: The CHIPOR randomised phase III trial

Introduction/Background Standard treatment for patients with first platinum-sensitive relapse of epithelial ovarian cancer (EOC) is based on surgery and second-line systemic chemotherapy. Hyperthermic intra-peritoneal chemotherapy (HIPEC) is still considered an experimental treatment.

Methodology The CHIPOR international multicentre randomised phase III trial (NCT01376752), conducted in 31 institutions, enrolled patients with a first peritoneal sensitive relapse (platinum-free interval of ≥6 months) of EOC. Patients were treated with 6 cycles of platinum-based chemotherapy, followed by complete debulking cytoreductive surgery. Patients were enrolled after completing chemotherapy and intraoperatively randomly assigned to receive HIPEC (cisplatin 75 mg/m² at 41°C for 60 min) or not. Randomisation was performed intra-operatively after complete (CC0-CC1) cytoreductive surgery. Stratification factors were centre, surgical outcome (no residual disease vs residual <0.25 cm), chemotherapy-free interval at relapse (6–12 vs 12–18 vs >18 months), and planned PARP inhibitor use (yes vs no). The primary endpoint was overall survival (OS). The target sample size was 404 evaluable patients, providing 80% power at 5% alpha after 268 deaths. Secondary endpoints included progression-free survival (PFS), quality of life and pain, safety, and postoperative (≤60 days after surgery) morbidity and mortality.

Results Between May 11, 2011, and May 14, 2021, 415 patients were randomised. Baseline characteristics were well balanced between treatment arms. At the data cutoff (8 January, 2023, median follow-up 6.2 years), 272 patients (65%) had died. Efficacy results (OS, PFS, time to subsequent therapy, post-operative mortality, morbidity, QoL) will be presented.

Conclusion HIPEC significantly improves OS and peritoneal PFS of women with first platinum-sensitive relapse of EOC treated with second-line platinum-based CT followed by secondary complete cytoreductive surgery. Ongoing analyses, including patient reported outcome, BRCA status, bevacizumab exposure, and subsequent therapy, will be presented.

Disclosures LILLY - GLAXOSMITHKLINE

#1015 MIRVETUXIMAB SORAVTANSINE DEMONSTRATES LONGER OVERALL SURVIVAL AND PROGRESSION-FREE SURVIVAL BY PRIOR LINES OF THERAPY VS CHEMOTHERAPY IN PLATINUM-RESISTANT OVARIAN CANCER AND HIGH FOLATE RECEPTOR ALPHA EXPRESSION IN THE MIRASOL TRIAL

Introduction/Background Mirvetuximab soravtansine (MIRV), an antibody-drug conjugate targeting folate receptor alpha (FRα), demonstrated an improvement in progression-free survival (PFS) and overall survival (OS) in patients (pts) with platinum-resistant ovarian cancer (PROC) compared to investigator choice chemotherapy (IC) (Moore K et al. ASCO 2023; 10.1136/ijgc-2023-ESGO.42). Here we present PFS and OS by prior lines of therapy (PLOT) in the intent-to-treat population.

Methodology 453 PROC pts with high FRα expression (Roche FOLR1 Assay), 1–3 PLOT were randomized 1:1 to MIRV or...