Introduction/Background Systemic therapy is the standard treatment for recurrent epithelial ovarian cancer (EOC). However, in some cases of oligometastatic recurrence, loco-regional treatment can be a useful therapeutic alternative. The aim of this study is to analyze loco-regional surgical and radiotherapy treatment in terms of efficacy and complications in patients affected by oligometastatic progression of EOC. The secondary objective is to evaluate the predictive factors of treatment response.

Methodology All the patients with relapsed EOC who underwent surgical or radiotherapy treatment for curative purposes at the Mauriziano Hospital in Turin and the Cardinal Massaia Hospital in Asti between January 2011 and December 2021 were retrospectively analyzed. They were evaluated overall and for each type of treatment, overall survival (OS), progression-free survival (PFS), local control (L-PFS). Predictors of response to treatments were also investigated.

Results A total of 52 patients were evaluated, 39 undergoing surgical treatment and 13 undergoing radiotherapy treatment. The two groups were comparable for the main clinical characteristics, except for the platinum free index and the number of previous chemotherapy and surgical treatments, indicative of the fact that in our current clinical practice, radiotherapy is proposed as a method of second choice for the management of oligometastatic disease.

Surgery was significantly superior to radiotherapy in terms of OS (41 vs. 19 p=0.026) and PFS (13 vs. 9 p=0.006) but not as regards L-PFS (18 vs. 14 p =0.717).

Residual disease after surgery and chemotherapy following locoregional treatment were not significant in terms of survival. the residual tumor after surgery was instead associated with a better L-PFS in the group of patients undergoing surgery.

Conclusion The results obtained show an advantage of surgical treatment compared to radiotherapy in terms of survival, however, the data of equality in terms of local disease control is especially interesting for those patients unfit for surgery.

Disclosures The authors declare that there is no conflict of interest regarding the publication of this article.

OLAPARIB DOSE REDUCTION IN PLATINUM-SENSITIVE OVARIAN CANCER RECURRENCE: REAL-WORLD DATA

1Serena Maria Boccia*, 1Camilla Culcasi, 1Carolina Maria Sassu, 1Fiorenza Guida, 1Adriana Ionelia Apostol, 1Laura Vertechy, 1Gabriele Fernandina, 1Anna Fogotti, 1Giovanni Scambia, 1,2Claudia Marchetti, 1Dipartimento Scienze della Salute della Donna, del Bambino e di Sanità Pubblica, Fondazione Polclinico Universitario Agostino Gemelli, IRCCS, Rome, Italy; Rome, Italy; 2Dipartimento Scienze della Vita e Sanità Pubblica, Università Cattolica del Sacro Cuore, Rome, Italy; Rome, Italy

10.1136/ijgc-2023-ESGO.668

Introduction/Background The efficacy of PARP inhibitors as maintenance therapy in platinum-sensitive recurrent ovarian cancer (ROC) has been well established, but the impact of dose modification on survival outcomes needs to be clarified.

An analysis of the SOLO2 trial demonstrated that dose reduction does not impact survival outcomes, but real-world data is missing.

We explored the effect of Olaparib dose reduction on progression-free survival (PFS) in the recurrence setting.

Methodology This retrospective study included BRCA 1/2 mutated ROC patients treated with Olaparib between 2019 and 2022 after complete or partial response to platinum-based chemotherapy. All patients started with the recommended dose of 600 mg daily. Patients were divided into 3 groups based on the number of dose reductions: no reduction (group 1); 1 dose reduction level (group 2); 2 dose reduction levels (group 3). PFS was estimated for patients who had not recurred within the first 12 weeks.

Results Of 81 patients identified, 32 (39.5%) had at least one dose reduction, and 44 (54.3%) had no dose modification. Patients who started maintenance treatment within 40 days from the last cycle of chemotherapy have a slightly lower risk of dose reduction (15/42, 35.7%) compared with those starting after 40 days (22/39, 56.4%) (p =0.062). There was no significant difference in PFS for patients who required at least one dose reduction compared to those not reducing at all (29 vs 30 months; log-rank p = 0.74). Similar results we found by analyzing median PFS according to dose reduction among the 3 groups (29 vs 30 vs 20 months in groups 1, 2 and 3, respectively, p = 0.89).

Conclusion Our analysis confirmed that almost half of the patients require Olaparib dose reduction without impacting survival expectations. These results can help physicians with patient counseling and management of adverse events, even in the first-line setting.

Disclosures None