Introduction/Background Endometrial cancer (EC) is the most common gynecological cancer in Europe with approximately 20% of patients being diagnosed in advanced stage (FIGO III-IV). Until now, only few studies exist for cytoreductive surgery (CRS) in advanced stage reporting of complete cytoreduction in 18–75% cases. Evidence for EC from large multicenter analyses data is missing and the indication for CRS is widely based on individual and/or institutional decision algorithms.

Methodology STREAM-I/AGO-OP.

11/ENGOT-en22 is a retrospective, non-interventional, multicenter study aiming to identify preoperative clinical and molecular selection criteria for CRS. Patients who underwent CRS for advanced or recurrent EC at participating centers between 01/2011 and 12/2020 will be included. Available tumor material from CRS will be collected for evaluation of molecular classification and translational research. A multiple logistic regression identifying predictive factors for complete resection at CRS will be established using a stepwise covariate logistic regression identifying predictive factors for complete molecular classification and translational research. A multiple center trial validating the predictive score established within the present study. Following confirmation, STREAM-III is planned to be a randomized, multicenter phase III trial evaluating CRS in EC.

Conclusion STREAM-I represents the first step towards Level I evidence for CRS in EC by identifying patients who most likely benefit from a radical surgical approach. STREAM-I will provide information to develop consecutive trials prospectively evaluating the impact of CRS in EC (STREAM-II/-III).

Disclosures No direct conflict of interest for this surgical trial exists. Further relation to companies have been disclosed and uploaded.
monotherapy. Women with platinum-resistant ovarian, primary peritoneal, or fallopian tube cancer who have received 1–3 lines of prior systemic anticancer therapy, including prior bevacizumab, and at least 1 line of platinum-based therapy are being enrolled. Patients with primary platinum-refractory disease are excluded from the trial. Approximately 360 patients are being randomised 1:1 to relaclorant (150 mg the day before, of, and after nab-paclitaxel infusion) + nab-paclitaxel (80 mg/m²) or nab-paclitaxel monotherapy (100 mg/m²). Nab-paclitaxel is administered on days 1, 8, and 15 of each 28-day cycle. Stratification factors are prior lines of therapy (1 vs >1) and region of world (North America vs. Europe vs. rest of world).

Results The primary endpoint is PFS assessed by blinded independent central review. Key secondary endpoints include OS, progression-free survival (PFS) by investigator assessment, objective response rate, best objective response, doxorubicin-relapsed or refractory ovarian cancer, doxorubicin-refractory ovarian cancer, doxorubicin-refractory fallopian tube cancer, doxorubicin-refractory primary peritoneal cancer, doxorubicin-refractory primary fallopian tube cancer, and doxorubicin-refractory primary peritoneal cancer. Key secondary endpoints include OS, time to disease progression, and overall survival. The overall response rate (ORR) is also being assessed. The safety profile of the study drug is being monitored, and pharmacokinetic and pharmacodynamic data are being collected. The study is being conducted at multiple sites worldwide, and data collection and analysis are ongoing.

Conclusion N/A

Disclosures DL reports receipt of grants/research supports from Clovis Oncology, GSK, MSD, PharmaMa, AstraZeneca, genmab, Immunogen, Incyte, Roche, Seagen, and Novartis; receipt of honoraria or consultation fees from Clovis Oncology, GSK, MSD, PharmaMa, AstraZeneca, genmab, Immunogen, Seagen, Novartis, Oncovinvent, Corcept, and Sutro; participation in a company sponsored speaker’s bureau for Seagen, Immunogen, Genmab,AstraZeneca, Clovis Oncology, GSK, MSD and PharmaMar; and travel expenses from AstraZeneca, Clovis Oncology, GSK. AB reports receipt of honoraria or consultation fees from AstraZeneca. LG reports receipt of honoraria or consultation fees from AstraZeneca, GSK, MSD, and Esai. LM reports receipt of funding for investigator-initiated trial from BeiGene. BJM reports honoraria for serving as a consultant to Acrivon, Adaptimmune, Agenus, Akeso Bio, Amgen, Aravive, Bayer, Elevar, EMD Merck, Genmab/Seagen, GOG Foundation, Gradalis, Heng Rui, Immunogen, Karyopharm, Iovance, Laekna Health Care, Mersana, Myriad, Novartis, Novocure, OncoC4, Panavance, Pieres, Pfizer, Puma, Regeneron, Sorrento, US Oncology Research, VBL, Verastem, and Zentalis; and reports honoraria for speaker/consultant roles for AstraZeneca, Clovis, Esai, Merck, Roche/Genentech, and Tesaro/GSK. SN reports receipt of grants/research from AstraZeneca and GSK; receipt of honoraria or consultation fees from Agenus, AstraZeneca, Clovis Oncology, GSK, and MSD; participation in a company sponsored speaker’s bureau for AstraZeneca and GSK; and spouse/partner shared with AstraZeneca and GSK. AN-R reports receipt of honoraria or consultation fees from AZ, Roche, Daiichi, Eisai, MSD, Pfizer and Libbs; and participation in a company sponsored speaker’s bureau for AZ, Roche, Daiichi, Eisai, MSD, Pfizer, Libbs, and Gilead. AO reports receipt of honoraria or consultation fees from Agenus, AstraZeneca, Clovis Oncology, Corcept Therapeutics, Deciphera Pharmaceuticals, Eisai, and F. Hoffmann-La Roche; and travel and accommodation from Astra Zeneca, PharmMar, and Roche. DO’M reports institution received funds for research from Abbvie, Advaxis, Agenus Inc, Alkermes, Aravive, Inc, Arcus Biosciences, AstraZeneca, BeiGene USA Inc., Boston Biomedical, Bristol Meyers Scribb, Clovis Oncology, Deciphera Pharma, Eisai, EMD Serano, Inc., Exelixis, Genentech, Inc., Genmab, GlaxoSmithKline, GOG Foundation, Hoffmann-La Roche Inc,Immunogen Inc, Incyte Corporation, IOVANCE Biotherapeutics, Karyopharm, Leap Therapeutics, Inc., Ludwig Institute for Ca, Merck & Co, Merck Sharpe & Dohme Corp, Mersana Therapeutics, Inc, NCI, Novartis, NovoCure, NRG Oncology, OncoC4, Inc., OncoQuest Inc., Pfizer Inc., Precision Therapeutics, Inc., Prelude Therapeutics, Regeneron Pharmaceuticals, Inc., RTOG, RubiUS Therapeutics, Seattle Genetics (SeaGen), Sutro BioPharma, SWOG, TESARO, and Verastem, Inc.; and reports receipt of personal fees for consultation and/or advisory boards from Abbvie, Adaptimmune, Agenus, Inc., Arquer biosciences, Inc., AstraZeneca, Atossa Therapeutics, Boston Biomedical, Cardiff Oncology, Celcuitry, Clovis Oncology, Corcept Therapeutics, Duality Bio, Eisai, Elevar, Exelixis, Genentech Inc., Genlux, GlaxoSmithKline, GOG Foundation, Hoffmann-La Roche Inc, ImmuNoGen Inc, Immvax, InterVenn, INXMED, IOVANCE Biotherapeutics, Janssen, Jazz Pharmaceuticals, Laekna, Leap Therapeutics, Luksana Biotechnology, Merck & Co, Merck Sharpe & Dohme Corp., Mesana Therapeutics, Inc, Myriad, Novartis, NovoCure, OncoC4, Inc., Onconova, Regeneron Pharmaceuticals, Inc., REPLImmune, R Pharm, Roche Diagnostics, Seattle Genetics (SeaGen), Sorrento, Sutro Biopharma, Tarveda Therapeutics, Toray, Trillium, Umoja, Verstem, Inc., VBL Therapeutics, Vincerx Pharma, Xencor, and Zentalis. LD reports Corcept stock/stock options. ABO reports receipt of grants/research support from Corcept and AstraZeneca; and receipt of honoraria or consultation fees from AZ, GSK, Merck, and Genentech. EB, AC-G, AD, MEG, J-WK, JK, MEMcC, MO, ICT and X have no potential conflicts of interest to report.

#222 FRAIL-B – A PROSPECTIVE INTERDISCIPLINARY TRAIL TO EVALUATE A STANDARDIZED TWO-STEP FRAILTY ASSESSMENT BEFORE GYNAEO-ONCOLOGICAL OPERATIONS

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Introduction/Background Frailty is an underdiagnosed multidimensional age-related syndrome. Preoperative frailty assessment is recommended in the guidelines for cancer patients. This study aims to investigate the impact of a standardized, two-step, multidisciplinary evaluation of frailty on complications and prognosis in women with gynecological malignancies, surgically treated.

Methodology In this prospective clinical trial, women with all gynecological malignancies regardless of the previous treatments or the histological type who underwent surgery at the University Medical Centre Mainz from 02/2023 will be consecutively included. All participants undergo the two-step frailty assessment with selected screening tools (Screening I + II) and peripheral blood results and a comprehensive geriatric assessment (CGA).

The main outcome measures will be the relationship between perioperative laboratory results, intraoperative surgical parameters and the incidence of immediate postoperative inhospital complications and the oncological prognosis with the preoperatively evaluated frailty-status.

Results This is an ongoing trial. So far, 133 patients were recruited for the study: 45 ovarian cancer (33.6%), 40 endometrial cancer (29.9%), cervical cancer 7 (5.2%), 31 vulvar and vaginal cancer (23.3%), as well as 10 others (7.5%).