Methodology In the randomised Phase III DUO-O trial (NCT03737643), patients had newly diagnosed high-grade epithelial non-tumour (t) BRCAm AOC; primary, or planned interval, debulking surgery; and one cycle of paclitaxel/carboplatin +/- bevacizumab. At Cycle 2, patients were randomised 1:1:1 to Arm 1: paclitaxel/carboplatin + bevacizumab + placebo (up to six cycles) then maintenance bevacizumab (total 15 months) + placebos (total 24 months); Arm 2: paclitaxel/carboplatin + bevacizumab + durvalumab then maintenance bevacizumab + durvalumab + placebo; or Arm 3: paclitaxel/carboplatin + bevacizumab + durvalumab then maintenance bevacizumab + durvalumab + olaparib. Progression free survival (PFS) in Arm 3 versus Arm 1 (primary endpoint) was tested in the non-tBRCAm HRD+ then the intent-to-treat (ITT) populations.

Results At a prespecified interim analysis, Arm 3 demonstrated a statistically significant PFS improvement versus Arm 1: HR 0.49 (95% CI 0.34–0.69; P<0.0001) and HR 0.63 (95% CI 0.52–0.76; P<0.0001) in the HRD+ and ITT populations, respectively; a PFS effect was observed in the HRD– subgroup (HR 0.68 [95% CI 0.54–0.86]). A numerical, but not statistically significant, PFS improvement was shown for Arm 2 versus Arm 1 (primary endpoint) was tested in the non-tBRCAm HRD+ then the intent-to-treat (ITT) populations.

Conclusion Paclitaxel/carboplatin + bevacizumab + durvalumab + olaparib in patients with newly diagnosed non-tBRCAm AOC demonstrated a statistically significant and clinically meaningful improvement in PFS versus paclitaxel/carboplatin + bevacizumab followed by maintenance bevacizumab. Safety was generally consistent with the known profiles of each agent.

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08. Pathology

#900 COMPARATIVE EVALUATION OF OVARIAN CARCINOMA SUBTYPOING IN PRIMARY VERSUS INTERVAL DEBULking SURGERY SPECIMEN WHOLE SLIDE IMAGES USING ARTIFICIAL INTELLIGENCE

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Introduction/Background Artificial intelligence (AI) approaches applied to digital pathology have shown promise in supporting morphological differentiation of ovarian carcinoma subtypes from resection specimen whole slide images (WSIs). However, no existing studies have compared the use of WSIs from primary versus interval debulking surgery (IDS), a clinically relevant parameter given that subtyping is not routinely performed for post-neoadjuvant chemotherapy cases, although their inclusion would help meet the demand for data-intensive modern AI approaches. This study applies an AI-based analysis to determine the appropriateness of including both of these specimen types.

Methodology We used a standard supervised classification technique (attention-based multiple instance learning) to classify the five commonest ovarian carcinoma subtypes. This was applied to compare performance on an independent test set of primary resections (100 WSIs, 30 patients), following training with a dataset comprising primary resections alone and a second dataset with the addition of IDS resections (1415 WSIs; 963 primary resections, 452 IDS from 338 patients; 201 primary resections, 137 IDS). Training and test data were from 368 patients with ovarian malignancies managed at Leeds Teaching Hospitals NHS Trust.
Results The held-out test set of primary resection specimen WSIs showed a better classification performance by training with additional IDS specimens compared to primary resections alone. Accuracy was improved from 63.00% to 74.98% by using the combined training dataset, with an area under the curve increasing from 0.8370 to 0.9311.

Conclusion The addition of post-neoadjuvant therapy IDS specimens to training datasets for classifying ovarian carcinoma subtypes is both appropriate and unlikely to reduce the accuracy of model performance, whilst increasing the amount of image training data available. The present model was trained with a single set of hyperparameters, and the extent of the benefit seen by including IDS specimens may vary in different scenarios, which will be the focus of our future work.

Disclosures The authors declare no conflict of interest.

10. Quality of life after treatment

#230 COMPARISON OF SEXUAL FUNCTION PARAMETERS OF PATIENTS RECEIVING EXTERNAL RADIOThERAPY IN CERVICAL AND ENDOMETRIAL CANCER WITH PATIENTS TREATED WITH BRACHYTHERAPY AFTER EXTERNAL RADIOThERAPY

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Introduction/Background Endometrial and cervical cancer are the most common types of gynecologic cancers. Treatment is planned according to the stages and advanced stages may require radiotherapy and/or chemotherapy. The most frequently preferred radiotherapy options are external radiotherapy and brachytherapy, which can affect sexual function and the quality of life after treatment. Therefore, patients with a high risk of sexual dysfunction should be referred to a specialist sex therapist during the post-treatment process. This study aims to demonstrate the effect of brachytherapy on the sexual function of patients with endometrial and cervical cancer.

Methodology 66 patients diagnosed with endometrial and cervical cancer were chosen from Bezmialem University database. Their sociodemographic characteristics, cancer stages, and treatments were evaluated retrospectively. Patients who received ERT were divided into two groups: those who also received brachytherapy and those who did not. Then, they were asked questions from the Female Sexual Function Index (FSFI), and the sexual function between the two groups was evaluated. In addition, patients' sexual functions were compared according to the time elapsed after treatment and cancer type.

Results The results are not yet available.

Conclusion The results are not yet available.

Disclosures The authors have no potential conflict of interest to report.

15. Trial in progress

#881 THE NUVOILA TRIAL: NEOADJUVANT CHEMOTHERAPY IN UNRESECTABLE OVARIAN CANCER WITH OLAPARIB AND WEEKLY CARBOPLATIN PLUS PACLITAXEL. A PHASE II OPEN-LABEL MULTI-CENTRE STUDY

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Introduction/Background Neoadjuvant chemotherapy (NACT) and subsequent interval debulking surgery (IDS) represent an...