

Abstract #1120 Table 1

	Arm 1	Arm 2	Arm 3
	PC + bev	PC + bev + durva	PC + bev + durva + ola
<b>HRD+* PFS events, n/N (%)</b>	86/143 (60)	69/148 (47)	49/140 (35)
Median PFS, months	23.0	24.4	37.3
HR (95% CI) <sup>†</sup>		0.83 (0.60–1.14)	0.49 (0.34–0.69); <i>P</i> <0.0001
18-month PFS, %	69	76	84
<b>ITT PFS events, n/N (%)</b>	259/378 (69)	226/374 (60)	193/378 (51)
Median PFS, months	19.3	20.6	24.2
HR (95% CI) <sup>†</sup>		0.87 (0.73–1.04); <i>P</i> =0.1312	0.63 (0.52–0.76); <i>P</i> <0.0001
18-month PFS, %	55	56	71

Prespecified interim analysis data cutoff: 5 December 2022. PFS assessed by investigator (modified RECIST v1.1).

\*GIS ≥42, Myriad MyChoice CDx; <sup>†</sup>Vs Arm 1.

bev, bevacizumab; CI, confidence interval; durva, durvalumab; GIS, genomic instability score; HR, hazard ratio; ola, olaparib; PC, paclitaxel/carboplatin; RECIST, Response Evaluation Criteria in Solid Tumours.

**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 (ITT population) (table 1). During the study, any serious AEs were reported in 34%, 43% and 39% of patients in Arms 1, 2 and 3, respectively.

**Conclusion** Paclitaxel/carboplatin + bevacizumab + durvalumab followed by maintenance 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 SUBTYPING 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 results are not yet available.

#835

### SEXUAL SATISFACTION AFTER SURGERY FOR ENDOMETRIAL CANCER: A COMPARISON OF THE EFFECTS OF LYMPHADENECTOMY ON REHABILITATION AND QUALITY OF LIFE. A RETROSPECTIVE ANALYSIS AT JENA UNIVERSITY HOSPITAL (2010–2022)

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**Introduction/Background** Improved detection and treatment of gynecological tumors allowed for shifting the focus to the quality of life of affected patients, including their sexual health. The aim of this study was to investigate the impact of systematic lymphadenectomy on the sexual function of patients with endometrial cancer.

**Methodology** Between January 2010 and January 2022, n = 488 women with endometrial cancer underwent surgical treatment at Jena University Women's Clinic. Of these, n = 341 were invited to participate in the survey, and n = 299 women have provided feedback so far.

**Results** Out of the 299 respondents, n = 79 women completed the Female Sexual Function Index (FSFI). Among them, n = 30 women reported being sexually active. Mean age was 62.4 +/- 8.6 years and was not significantly different (p = 0.065, t-test) between women with (65.3 +/- 7.2 years) vs. without (59.5 +/- 9.1 years) systematic lymphadenectomy. The median overall FSFI score was 22.9 +/- 7.9. Women who underwent systematic lymphadenectomy had comparable (p = 0.833, t-test) mean overall FSFI score (21.7 +/- 7.2; n = 15) compared to those without systematic lymphadenectomy (22.3 +/- 8.9; n = 15).

**Conclusion** The study suggests that systematic lymphadenectomy in women with endometrial cancer does not have an impact on sexual function. Prospective studies with a larger number of patients are required to confirm these results.

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

## 15. Trial in progress

#881

### THE NUVOVA 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