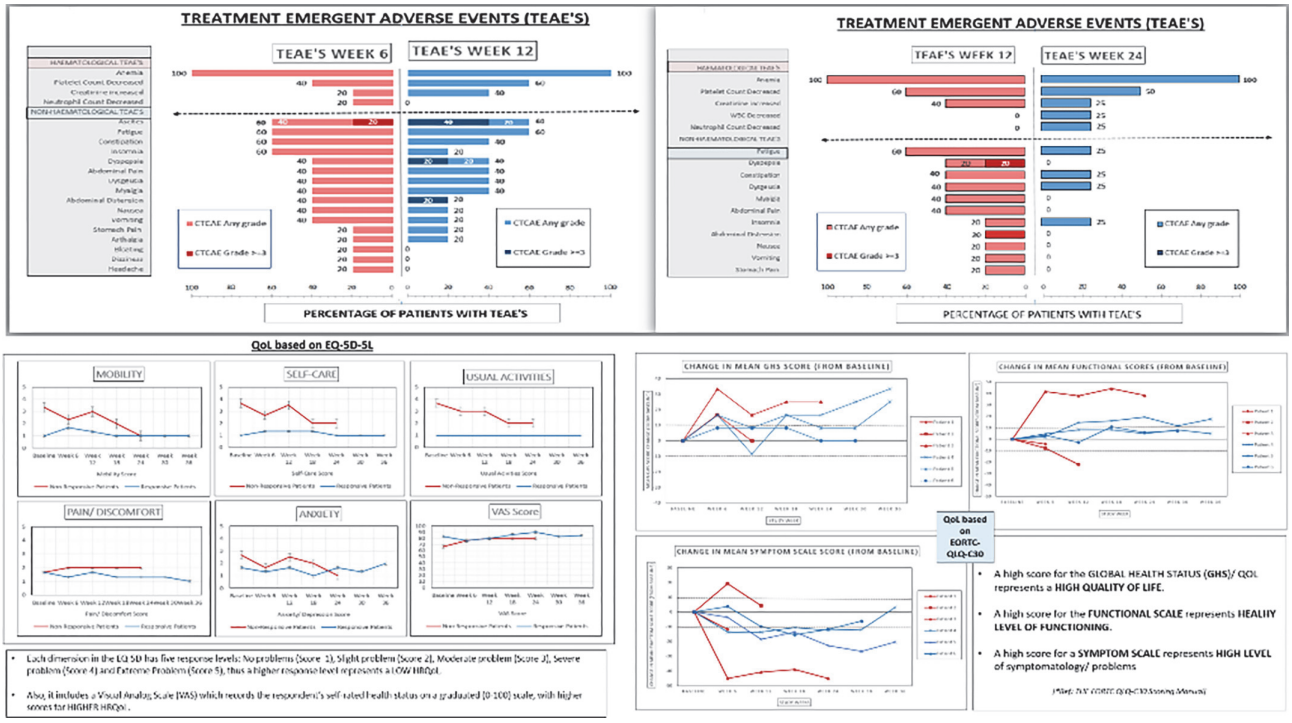

Abstract EP290/#820 Figure 2

Methods Institutional ethical approval was obtained. Patient-public-involvement workshops were held for assessing consumer preference/acceptance and willingness-to-pay. Platinum-sensitive (>3 months PFI) recurrent HGSC ovarian cancer patients were invited to participate, if deemed eligible for PARPi treatment. Bi-weekly rucaparib-generic (1200 mg, 2 days/week, 72hours apart) was administered orally for 12 weeks. Tolerability/toxicity/QOL and response-rate was assessed, followed by physician's-choice of treatment/patients'-preference for continuation of intermittent regimen. PBMC was extracted and stored at 0/24/72/168 hours after the 1st rucaparib dose for future PK/PD studies. Barrier identification for implementing a dose de-escalation study was conducted using EASE model.

Results Of the 8 patients enrolled till April 2023, 3 women with large volume disease/ascites progressed at 12 weeks. 4 women continued till 24 weeks: 3 of them expressing willingness for continuing at 58, 52 and 48 weeks respectively due to favourable tolerability/QOL/response. No grade-3 haematological toxicity was recorded. Further 3 women on daily PARPi maintenance therapy, requiring dose de-escalation due to toxicity/affordability, opted for this regimen (outside study) and remain disease/toxicity free at >6 months.

Conclusion/Implications Provider/referral bias mitigation and advocacy, incorporation of patients' preference and involving policymakers are important in designing future novel efficacy studies for dose de-escalation in LMICs.

EP291/#959 DYING UNDIAGNOSED: CHALLENGES OF MANAGEMENT OF PELVIC MASSES IN A RESOURCE-POOR SETTING IN NORTHWESTERN NIGERIA

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Introduction Ovarian cancer is the second most prevalent but most lethal gynaecologic malignancy in our institution. The study aimed at determining the rate of non-diagnosis in patients with pelvic masses suspicious for ovarian malignancy while reviewing the management challenges

Methods A three-year review of patient records was carried out. Cases with high indices of suspicion for ovarian cancer were identified by criteria including pelvic masses with malignant radiographic features, ascites, pleural effusion, cachexia, anemia, or metastatic disease. This multidisciplinary study was done in collaboration with consultants from radiology, radiation oncology, pathology, and gynaecologic oncology

Results One hundred and twenty-two cases highly suspicious for ovarian malignancy were identified with a mean age of 40.6 years. Of these, 28 (23%) had surgery and 77% did not

have any form of histological diagnosis. Of those that had surgery, 13 (46.4%) had upfront surgery and 15 (53.6%) neoadjuvant chemotherapy followed by interval debulking surgery. Only two cases had documented complete (R_0) debulking. Among those that had upfront surgery, one case was an ovarian fibroid and one was a fibrosarcoma while two cases (15.4%) were borderline tumours. Chemotherapy was commenced based on malignant cells on ascitic or pleural fluid cytology in three cases. Epithelial carcinomas accounted for 48% of cancers Challenges include late presentation, insufficient funding, unavailable interventional radiology, immunohistochemistry, genetic testing, and maintenance therapies, high cost of chemotherapy, inadequate skill, unaffordable/erratic imaging et cetera

Conclusion/Implications Based upon our data, most patients with tumours highly suspicious for ovarian cancers probably die undiagnosed. Management of ovarian cancer remains a challenge despite advances in surgical and chemotherapeutic options

EP292/#701 REVISITING THE ROLE OF INTERVAL CYTOREDUCTIVE SURGERY (ICS) FOLLOWING NEOADJUVANT CHEMOTHERAPY (NACT) FOR PATIENTS WITH ADVANCED STAGE EPITHELIAL OVARIAN CANCER; A MULTICENTER DATABASE ANALYSIS

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Introduction Investigate the role ICS for ovarian cancer patients receiving NACT.

Methods Patients diagnosed between 2010–2015 with stage III-IV ovarian carcinoma who received NACT and ICS with known status of residual disease were identified in the National Cancer Database. Median overall survival was compared with the log-rank test while Cox models were constructed to control for confounders (aHR).

Results A total of 5055 patients were identified; after controlling for confounders those with gross residual disease (n=2366) had worse OS compared to patients with complete gross resection, CGR (n=2689) (aHR 1.36, 95% CI: 1.26, 1.47). Patients with gross disease $\geq$ 1 cm (n=1050) had comparable OS to those with < 1 cm (n=1316) (33.84 vs 33.08 months, p=0.27; aHR 1.06, 95% CI: 0.95, 1.18). Patients who underwent high-complexity ICS and achieved CGR (n=570) did not have better OS compared to those who had low-complexity ICS and gross residual disease (n=724) (38.28 vs 35.84 months, p=0.11; aHR: 1.08, 95% CI: 0.93, 1.26). However, they had higher rates of prolonged hospital stay (11.8% vs 4.1%, p<0.001), and unplanned re-admission (3.5% vs 1.8%, p=0.056). CGR was associated with borderline survival benefit for high-risk patients (defined as those aged >=80 years or those aged 75–79 years with at least other risk factor (stage IV disease, comorbidity index score 2+, or complex surgery)) (33.25 vs 30.46 months, p=0.035; aHR: 1.22, 95% CI: 1.02, 1.47).

Conclusion/Implications While CGR following ICS is associated with improved OS, elderly patients, those with comorbidities or those requiring extensive surgical procedures appear to benefit the least.

EP293/#283 POST-OPERATIVE COGNITIVE DECLINE IN PATIENTS UNDERGOING MAJOR GYNECOLOGIC ONCOLOGY SURGERY: A PRELIMINARY PROSPECTIVE STUDY

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Introduction Postoperative cognitive decline (POCD) can occur in up to 60% of patients in the first month after surgery. POCD has been linked to poorer quality of life and increased mortality. It has not yet been thoroughly explored in Gynecologic Oncology. Studying its incidence may inform future efforts to mitigate functional decline after surgery.

Methods This observational cohort study involved twenty-four patients aged $\geq$ fifty-five undergoing surgery for a gynecologic malignancy from February to July 2022. Semi-structured interviews and the Mini Mental State Exam were administered before and one- and three-months after surgery. Assessments were delivered virtually and in-person owing to the COVID-19 pandemic. Using previous literature, POCD was defined as $\geq$ two-point decline from baseline.

Results Eighteen participants completed the one-month follow-up, and fifteen completed the three-month follow-up. Average age was 64, three patients underwent surgery for endometrial cancer, and thirteen for ovarian cancer. Two patients received chemotherapy before surgery; six received it after. No patients experienced postoperative delirium. Mean baseline MMSE virtual and in-person scores were 16.6 out of 17 and 12.9 out of 13, respectively. Two patients had a one-point decline at one month; both recovered by three-months. One patient had a one-point decline at three-months. Semi-structured interviews revealed common themes of 'brain fog' at one-month and mild, persistent attention and word-finding deficits at three-months.

Conclusion/Implications This study captured subtle qualitative themes suggestive of potential POCD. Larger studies and more extensive neuropsychological batteries may further characterize the POCD in Gynecologic Oncology, and elicit subtle findings not clearly reflected on MMSE scores.

EP294/#363 PHASE 1/2 STUDY OF GALINPEPIMUT-S PLUS PEMBROLIZUMAB COMBINATION IN PATIENTS WITH WT1+ PLATINUM-RESISTANT OVARIAN CANCER IN 2ND/3RD LINE OF THERAPY

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