Abstracts

Introduction Galinpepimut-S (GPS) is an HLA-unrestricted heteroclitic peptide vaccine against Wilms Tumor-1 (WT1), an antigen highly expressed in ovarian cancer (OC). GPS has shown promising activity as maintenance therapy in combination with checkpoint blockade in patients with OC in 2nd/3rd remission. We investigated GPS plus pembrolizumab in patients with measurable WT1+ platinum-resistant OC relapsed after or refractory to 1st/2nd - or later- line of therapy.

Methods GPS (800 mcg)/GM-CSF (70 mcg) were administered subcutaneously Q3Weeks on D1CycleX, Cycles 1–2, followed by GPS/GM-CSF plus pembrolizumab 200 mg intravenously Q3Weeks Cycles 3–6. After an unpaired pembrolizumab administration at Week 18, the combination resumed Q3Weeks Cycles 7–12, per protocol. Primary endpoints were safety and overall response rate (ORR). Exploratory endpoints were PFS, OS and immune response.

Results Safety: N=25, GPS alone=8 (due to disease progression); >1 dose of combination =17. Median age: 64-yr.; median number of prior lines: 2. Five patients experienced 11 SAEs, one of which was drug related. No DLTs. Only known toxicities of either drug were observed. Efficacy: N=16: ORR=6.3% (versus 11.5% in comparable patients given pembrolizumab alone in KEYNOTE-028); disease control rate (ORR + stable disease) was 50% with a 14.4-month median follow-up. Median PFS and OS were 2.8 and 18.4 months, respectively versus 1.9 and 13.8 months in KEYNOTE-028, correspondingly. Immune response: N=14: post-GPS increments in WT1-reactive CD8/CD4 cell frequencies in 42.8%/85.7% of patients.

Conclusion/Implications GPS/pembrolizumab combination was safe & highly immunogenic and showed modest clinical benefit in patients with measurable advanced platinum-resistant OC, warranting further investigation.

Evaluation of CA 125, Physical and Radiological Findings in Recurrent Epithelial Ovarian Cancer Eligible for Secondary Cytoreduction

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Introduction There is insufficient evidence regarding appropriate follow-up investigations to detect secondary cytoreductive surgery (SCS) eligible recurrences in epithelial ovarian carcinoma (EOC). We aimed to evaluate the role of CA 125, physical examination, and radiological findings in a cohort of recurrent EOC treated with SCS.

Methods In this retrospective study clinical information of all women who had undergone SCS for the first recurrence of EOC at Tata Medical Center between January 2013 and December 2022 was extracted from electronic medical records. Relevant descriptive statistics were used in the analysis.

Results A total of 53 women underwent SCS and all had histopathology-proven relapse on surgical specimens. The median age was 54 years (IQR 46–61). The mean CA 125 value at recurrence was 172 U/mL (IQR 16.5–88.5). The sensitivity of CA 125 value to detect recurrences with a cut-off of 35 U/mL (upper level of normal) and 70 U/mL were 58.4% and 28.3% respectively. Physical examination alone had a sensitivity of 24.5% in detecting recurrence. Computed tomography (CT) detected recurrence with 94.3% sensitivity. Pelvis (24.5%) was the most common location of recurrence on imaging, followed by spleen (20.8%). There was moderate agreement between the CT scan detected location of recurrence and histopathologic findings (kappa 0.505, p<.001). CT scan could predict complete resection (CC0) in 84.9% of cases.

Conclusion/Implications Physical examination and CA 125 have low sensitivity in detecting SCS-eligible recurrences. Prospective studies of periodic cross-sectional imaging are warranted in the follow-up of EOC in the era of SCS.

Fertility-Sparing Surgery in Stage I Unilateral Borderline Ovarian Tumor: Is Ovarian Cystectomy Safe?

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Introduction To evaluate the long-term safety of ovarian cystectomy in patients with stage I unilateral borderline ovarian tumors (BOTs) who desire preserved fertility.

Methods This retrospective study included 309 patients with stage I unilateral BOTs who underwent fertility-sparing surgery between 1990 and 2015. Patients were divided into two groups according to the type of adnexal surgery: unilateral oophorectomy or salpingo-oophorectomy (USO) group) and unilateral ovarian cystectomy (UOC group). Surgical, oncological, and reproductive outcomes were compared.

Results A total of 263 patients (85.1%) underwent USO and 46 (14.9%) underwent UOC. After a median of 53 months of follow-up (range: 6–249), 13 patients in the USO group (4.9%) and 4 patients in the UOC group (8.9%), respectively, had recurrent disease (P = 0.288), and three (1.1%) and none (0%), respectively, died of disease (P > 0.999). Two patients from the UOC group had recurrence on the same side of the ovary, and two had recurrence in the opposite ovary. All patients underwent a successful salvage operation.

Conclusion/Implications The recurrence rate after UOC in women with stage I unilateral BOTs was higher than that after USO. However, the difference was not significant, and all recurrences were successfully salvaged by secondary surgery. Overall survival was not compromised after UOC. Therefore, UOC can be considered in patients with stage I unilateral BOT who do not have other options for fertility preservation.