

TP022/#997

SENTINEL-NODE BIOPSY IN EARLY STAGE OVARIAN CANCER: PRELIMINARY RESULTS OF A PROSPECTIVE MULTICENTRE STUDY (SELLY)

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Introduction Sentinel-lymph node biopsy has safely replaced lymphadenectomy in the staging of many solid cancers. The aim of this study was to evaluate the sensitivity and specificity of sentinel-lymph-node mapping compared with the gold standard of complete lymphadenectomy in detecting metastatic disease for early stage ovarian cancer.

Methods In the SELLY multicentre, prospective, phase II trial (EUDRACT 2019-001088-58) patients with presumed stage I-II epithelial ovarian cancer and planned for immediate or delayed minimally-invasive comprehensive staging were eligible for study inclusion. Patients received an injection of indocyanine green and sentinel-lymph-node mapping followed by pelvic and para-aortic lymphadenectomy. Seven centers from in Italy participated in the trial. Negative sentinel lymph nodes (by haematoxylin and eosin staining on sections) were ultra-staged with immunohistochemistry for cytokeratin. The primary endpoint, sensitivity of the sentinel-lymph-node-based detection of metastatic disease, was defined as the proportion of patients with node-positive disease with successful sentinel-lymph-node mapping who had metastatic disease correctly identified in the sentinel lymph node.

Current Trial Status Between March 2018 and July 2022, 176 patients were enrolled but only 174 received complete study interventions. 100 (58%) patients had successful mapping of at least one sentinel lymph node and 15 of them (15.0%) had positive nodes. Of the latter, 11 of 15 (73.3%) patients had a correct identification of the disease in the SLN. In detail, 7 out of 11 patients required ultrastaging protocol. 4 patients with node-positive disease had a negative SLN. Enrollment was closed on January 2023. Data analysis is about to be completed.

TP023/#61

AN PROSPECTIVE, SINGLE-ARM, PHASE II STUDY OF ALTERNATING REGIMENS OF FLUZOPARIB AND ORAL ETOPOSIDE MAINTENANCE THERAPY, IN NEWLY DIAGNOSED ADVANCED OVARIAN CANCER: FARE TRIAL

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Introduction Most patients with ovarian cancer (OC) are diagnosed in advanced stages. A current therapy option for advanced OC patients is debulking surgery; followed by

platinum-based chemotherapy ± bevacizumab; followed by maintenance therapy with bevacizumab or monotherapy with PARP inhibitors. The expense of OC maintenance therapy might be substantial. However, the potential benefits of alternating regimens of PARP inhibitors and chemotherapy have not yet been explored. In the alternating regimens of fluzoparib and oral etoposide, both drugs function by directly targeting the DNA of tumour cells. Additionally, the adverse effects of each treatment may be controlled separately without any additive effects. The FARE trial aims to evaluate the efficacy and safety of alternating regimens maintenance therapy in Chinese patients with newly diagnosed advanced OC who are not at high risk of recurrence.

Methods The FARE trial is a single-center, investigator-initiated, single-arm, phase II trial of patients with FIGO stage III-IV high-grade serous or high-grade endometrioid OC. This study includes patients with tumors sample had to be available for central testing to determine BRCA mutation status and homologous-recombination deficiency (HRD) status, no visible residual tumor after primary cytoreductive surgery, and responses to the postoperative platinum-based combination chemotherapy. All enrolled patients are treated with this alternating regimens maintenance therapy for 24 months, until disease progression or unacceptable toxicity, or withdrawal of patient consent. Primary endpoint is progression-free survival (PFS).

Current Trial Status Trial in progress: there are no available results at the time of submission, and there are no available conclusions at the time of submission.

TP024/#1560

STANDARD OF CARE THERAPY WITH OR WITHOUT STEREOTACTIC ABLATIVE RADIATION THERAPY FOR RECURRENT OVARIAN CANCER (SABR-ROC): A PROSPECTIVE RANDOMIZED PHASE III TRIAL (KGOG 3064/KROG 2204)

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