2-stage design is utilized. Target accrual is 22 patients in the first stage; 13 or more patients without progressive disease within 6 months is required to proceed to second stage.

**Results** We report the results from the first stage. Median age was 56 years old, high grade serous and most of the patients (90.9%) had high-grade serous carcinoma. Of the 22 patients from the first stage, 9 had progressive disease within 6 months (6-month PFS rate 66.5%, 95% CI 48.9–90.2%). The efficacy boundary to proceed to the second stage was met. No grade 4 or 5 treatment-related adverse events (TREAs) were reported, and no TRAEs leading to treatment discontinuation.

**Conclusion/Implications** Our findings indicate encouraging safety and activity of niraparib + bevacizumab as a maintenance therapy in platinum-sensitive ovarian cancer patients who were previously treated with a PARPi.

### Abstract PR056/#32

**Clinical Characteristics and Oncological Outcomes of Recurrent Adult Granulosa Cell Tumor of Ovary: A Retrospective Study of Seventy Patients**

**Introduction** To describe the clinicopathological characteristics of recurrent adult granulosa cell tumor (AGCT) and identify the risk factors for recurrence.

**Methods** Seventy recurrent AGCT patients between 2000–2020 were retrospectively reviewed (figure 1). The primary outcomes were progression free survival after first recurrence (PFS-R), overall survival after first recurrence (OS-R) and recurrence frequency. The Kaplan-Meier (KM) analysis, Cox proportional hazard analysis, and the Prentice, Williams and Peterson counting process (PWP-CP) model were adopted.

**Results** The 5-year PFS-R was 29.3%, and the 5-year OS-R was 94.9%. KM analysis demonstrated that patients with distant recurrence and PFS1 £ 60 months had worse PFS-R (P<0.05), and patients with PFS-R £ 33 months had worse OS-R (P<0.05). The primary risk factors for recurrence were distant recurrence, PFS1 £ 60 months, and no radiation treatment in the histology report. The 5-year PFS-R with distant recurrence was 14.9% (95% CI 5.2–34.4%), and with no radiation treatment was 18.9% (95% CI 4.4–42.1%).

**Conclusion/Implications** Our data demonstrated that patients with distant recurrence and no radiation treatment had a worse prognosis. The risk factors for recurrence should be identified to improve patient outcomes.