Conclusion/Implications It is feasible for chemotherapy completion in older adults with EOC. Age only is not the determinant of chemotherapy completion. Comorbidity and disease status are crucial in determining chemotherapy discontinuation.

Abstracts

Introduction In patients with advanced ovarian cancer, malnutrition is a significant concern. It might be associated with poor treatment outcomes. This study aims to determine the prevalence of malnutrition in advanced ovarian cancer patients and investigate the effect of malnutrition on surgical and oncological outcomes for the disease.

Methods 290 advanced ovarian cancer patients (FIGO stage 3–4) who were never diagnosed as ‘malnutrition’ for another reason were enrolled in the study. We determined malnutrition status using the geriatric nutritional risk index (GNRI). Information derived from medical records was gathered, including BMI, treatment complications, and length of hospital stay.

Results This study showed 137 of 290 patients (47.2%) have malnutrition. Anemia and CKD were presented concomitant (prevalence of malnutrition in advanced ovarian cancer patients on survival rates. Advanced ovarian cancer patients frequently had malnutrition. Malnutrition reduces optimal surgery rate, may lengthen hospital stays, and may reduce overall survival rates.

Conclusion/Implications Use of ESA during front-line chemotherapy did not significantly affect PFS in patients with ovarian cancer after surgery but increased risk of thromboembolism.

Introduction AXL expression in PROC is associated with a poor prognosis, a mesenchymal (Mes) gene expression molecular subtype (GEMS) and resistance to platinum chemotherapy. Pre-clinically, the function-blocking antibody tilvestamab binds and inhibits AXL tyrosine kinase, reducing AXL expression and downstream signalling.

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