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#869 NIRAPARIB MAINTENANCE THERAPY IN PATIENTS AGED 75 YEARS AND OLDER WITH PLATINUM-SENSITIVE RECURRENT OVARIAN CANCER: A SUBGROUP ASSESSMENT OF THE GEICO-88R STUDY

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Introduction/Background An initial publication of the GEICO-88R study (NCT04546373) evaluated niraparib as maintenance therapy in patients (pts) with platinum-sensitive recurrent high-grade ovarian cancer (OC), within an expanded access programme developed in Spain. A subgroup assessment of pts ≥75 years of age has now been performed.

Methodology GEICO conducted a retrospective study in which 40 Spanish hospitals registered OC patients, 75 years or older, who received maintenance niraparib at fixed (FSD, 300 mg/day) or individualised starting dose (ISD) according to weight and platelet count. Toxicity, dose management, patient characteristics, and effectiveness were assessed using source data from medical records.

Results Forty-two pts were enrolled with the characteristics shown in table 1. Of the 37 patients who underwent surgery at diagnosis, 48.6% and 51.4% had a primary and interval debulking surgery respectively, achieving R0 in 67.6%. At recurrence 4 pts (9.5%) underwent surgery (R0 in 3). Niraparib was started at FSD in 11 pts and at ISD in 31 (all at 200 mg/day). Median treatment duration was 4.8 months (median dose 200 mg). 52.3% of pts required ≥1 interruptions, and the same percentage ≥1 reductions. Three pts were still on treatment at the time of analysis and 39 had discontinued (87.2% progression, 5.1% toxicity, 5.1% physician/pts decision). The most common all-grade treatment-related adverse events were: thrombocytopenia (40.5%), asthenia (38.1%), anaemia (23.8%), nausea (21.4%), and hypertension (14.3%). For 39 evaluable pts, the median progression free survival (mPFS), PFS2 and overall survival were 4.4 (95% CI 3.1–7.2), 13 (10.3–16.6) and 23 (95% CI 18.1–26.2) months, respectively.

Abstract #869 Table 1 Patient characteristics

Demographics and diagnosis	
Median age (years)	78 (75-88)
Initial FIGO stage (pts)	I-II (8) III (21) IV (13)
gBRCAwt	Yes (81%) Unknown (19%)
Previous treatments	
Systemic lines	3 (median) ≤2 (47.6%) >2 (52.4%)
Bevacizumab	Yes (26.2%) No (73.8%)
Baseline	
ECOG	0 (23.8%) 1 (73.8%)
Median weight (kg)	63 (49-92)
Platelet count	<150,000 (26.2%) ≥150,000 (73.8%)
Measurable disease	Yes (69%) No (31%)
Relevant comorbidities	Any (81%) of which: Hypertension (82.4%) Diabetes (20.6%) Dyslipidemia (20.5%) Cardiovascular disease (11.7%) Obesity (8.8%)

Conclusion In the GEICO-88R study, OC pts with 75 years or older present the expected age-related comorbidities and are treated similarly to the general OC population. Maintenance niraparib is well tolerated in this age group. This subanalysis provides valuable information on a subpopulation of OC with few published data.

#872 MALIGNANT OVARIAN GERM CELL TUMOURS: AN INTERNATIONAL MULTICENTRE STUDY TO IDENTIFY NEW PROGNOSTIC RISK FACTORS

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Introduction/Background Malignant ovarian germ cell tumours (MOGCTs) are rare and aggressive malignancies mainly affecting young women. Unlike testicular GCTs, prognostic factors are poorly understood, but small series have most consistently suggested that advanced stage best predicts worse outcomes.

Here, we examine a large, international patient series to identify new adverse prognostic factors.

Methodology We evaluated 254 patients treated in Charing Cross Hospital and Mount Vernon Cancer Centre, UK and in Multi-centre Italian Trials in Ovarian Cancer (MITO) group between 1971 and 2018. Descriptive statistical, survival and Cox regression techniques were performed using STATA (StataCorp, v.16, Texas, USA).

Results Median age was 26 years (IQR, 20–32). There were 22.4% dysgerminomas, 18.5% immature teratomas, 33.5% yolk sac, 17.7% mixed, 1.2% embryonal, 2.4% choriocarcinoma and 4.3% unclassified. FIGO stage distribution was 31.5% (IC/M), 12.6% (II), 40.5% (III) and 15.4% (IV). First line chemotherapy consisted of BEP, POMB/ACE or other regimens for 48.0%, 42.5% and 9.5% of patients, respectively. Recurrences received high dose chemotherapy (HDCT), conventional chemotherapy ± surgery, and surgery alone in 24.4%, 65.9% and 7.3% of cases.

At multivariable analysis, age ≥35 at presentation [HR 2.3, 95%CI (1.0–5.0), p=0.04], stage [HR 1.5, 95%CI (1.0–2.1), p=0.032], and non-dysgerminoma versus dysgerminoma [HR 12.7, 95%CI (1.7–94.0), p=0.013] were significantly associated with worse cancer-specific survival (CSS). Twenty-year CSS for stage IC/M, II, III, and IV were 94.8%, 82.3%, 83.2% and 84.3%, respectively. In patients relapsing or failing to achieve a complete response, HDCT showed a trend for improved 5-year CSS compared to conventional treatments [HR 0.5, 95%CI (0.2–1.5), p=0.241].

Conclusion This study demonstrated that in addition to advanced stage, age ≥35 years, and non-dysgerminoma, but not immature teratomas, are independent adverse prognostic factors for CSS. Strikingly, stage IV disease can still achieve >80% long-term survival rates. HDCT may improve outcomes for relapsing/incomplete responding patients.

#876 HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY IN PLATINUM-SENSITIVE RELAPSED EPITHELIAL OVARIAN CANCER: THE CHIPOR RANDOMISED PHASE III TRIAL

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Introduction/Background Standard treatment for patients with first platinum-sensitive relapse of epithelial ovarian cancer (EOC) is based on surgery and second-line systemic chemotherapy. Hyperthermic intra-peritoneal chemotherapy (HIPEC) is still considered an experimental treatment.

Methodology The CHIPOR international multicentre randomised phase III trial (NCT01376752), conducted in 31 institutions, enrolled patients with a first peritoneal sensitive relapse (platinum-free interval of ≥6 months) of EOC. Patients were treated with 6 cycles of platinum-based chemotherapy, followed by complete debulking cytoreductive surgery. Patients were enrolled after completing chemotherapy and intraoperatively randomly assigned to receive HIPEC (cisplatin 75 mg/m2 at 41°C for 60 min) or not. Randomisation was performed intra-operatively after complete (CC0-CC1) cytoreductive surgery. Stratification factors were centre, surgical outcome (no residual disease vs residual <0.25 cm), chemotherapy-free interval at relapse (6–12 vs 12¬–18 vs >18 months), and planned PARP inhibitor use (yes vs no). The primary endpoint was overall survival (OS). The target sample size was 404 evaluable patients, providing 80% power at 5% alpha after 268 deaths. Secondary endpoints included progression-free survival (PFS), quality of life and pain, safety, and postoperative (≤60 days after surgery) morbidity and mortality.

Results Between May 11, 2011, and May 14, 2021, 415 patients were randomised. Baseline characteristics were well balanced between treatment arms. At the data cutoff (8 January, 2023, median follow-up 6.2 years), 272 patients (65%) had died. Efficacy results (OS, PFS, time to subsequent therapy, post-operative mortality, morbidity, QoL) will be presented.

Conclusion HIPEC significantly improves OS and peritoneal PFS of women with first platinum-sensitive relapse of EOC treated with second-line platinum-based CT followed by secondary complete cytoreductive surgery. Ongoing analyses, including patient reported outcome, BRCA status, bevacizumab exposure, and subsequent therapy, will be presented.

Disclosures LILLY - GLAXOSMITHKLINE

#1015 MIRVETUXIMAB SORAVTANSINE DEMONSTRATES LONGER OVERALL SURVIVAL AND PROGRESSION-FREE SURVIVAL BY PRIOR LINES OF THERAPY VS CHEMOTHERAPY IN PLATINUM-RESISTANT OVARIAN CANCER AND HIGH FOLATE RECEPTOR ALPHA EXPRESSION IN THE MIRASOL TRIAL

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Introduction/Background Mirvetuximab soravtansine (MIRV), an antibody-drug conjugate targeting folate receptor alpha (FRα), demonstrated an improvement in progression-free survival (PFS) and overall survival (OS) in patients (pts) with platinum-resistant ovarian cancer (PROC) compared to investigator choice chemotherapy (IC) (Moore K et al. ASCO 2023; LBA5507). Here we present PFS and OS by prior lines of therapy (PLOT) in the intent-to-treat population.

Methodology 453 PROC pts with high FRα expression (Roche FOLR1 Assay), 1–3 PLOT were randomized 1:1 to MIRV or