

Abstracts

Conclusion The reliability of the FS methodology was an accurate test to help perform appropriate surgery and plan swift oncological treatment. FS is a reliable method to diagnose invasive malignancies and benign pathology. The communication between the pathologist, surgeon, and medical oncologist is highly important for both intraoperative decision-making and postoperative patient care.

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OVERALL SURVIVAL RESULTS FROM ARIEL3: A PHASE 3 RANDOMISED, DOUBLE-BLIND STUDY OF RUCAPARIB VS PLACEBO FOLLOWING RESPONSE TO PLATINUM-BASED CHEMOTHERAPY FOR RECURRENT OVARIAN CARCINOMA

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Introduction/Background In ARIEL3 (NCT01968213), progression-free survival (PFS) improved significantly with rucaparib maintenance treatment versus placebo. We present updated PFS2 and preplanned final overall survival (OS) analyses.

Methodology ARIEL3 enrolled patients with platinum-sensitive, high-grade ovarian carcinoma who had received ≥ 2 previous platinum-based chemotherapy regimens and had responded to their last platinum-based regimen. Patients were randomised 2:1 to receive rucaparib 600 mg twice daily or placebo, with 3 protocol-defined nested cohorts: BRCA-mutant, homologous recombination deficient (HRD) and intent-to-treat (ITT). Efficacy outcomes for the nested cohorts included the secondary endpoint of OS (with analysis planned after 70% of events) and the exploratory endpoint of PFS2 (defined as time from randomisation to second event of investigator-assessed disease progression or death due to any cause). Patients were followed for the incidence of myelodysplastic syndrome (MDS) and acute myeloid leukaemia (AML). Data cutoff dates were 31 December 2019

(safety), 4 April 2022 (efficacy) and 12 April 2022 (monitoring of MDS/AML).

Results After a median follow-up of 77.0 months in the ITT population, 410/564 (72.7%) of OS events had occurred. OS and PFS2 are presented in table 1. A PARP inhibitor was administered as subsequent treatment to $\approx 45\%$ of patients who received placebo. Safety data were consistent with those of prior reports. MDS/AML was reported in 14 (3.8%) and 6 (3.2%) patients in the rucaparib and placebo arms, respectively ($P=0.72$). Among these, 8 patients in the rucaparib arm and 6 in the placebo arm developed MDS/AML after completion of study drug treatment.

Abstract 2022-RA-249-ESGO Table 1

	PFS2 events, n (%)	Median PFS2, months (95% CI)	PFS2 HR (95% CI), P value	OS events, n (%)	Median OS, months (95% CI)	OS HR (95% CI), P value
BRCA						
Rucaparib (n=130)	98 (75.4)	26.1 (22.8–32.8)	0.672 (0.460–0.941) P=0.02	82 (63.1)	45.9 (37.7–59.6)	0.832 (0.581–1.192) P=0.32
Placebo (n=66)	54 (81.8)	18.4 (15.7–24.4)		48 (72.7)	47.8 (43.2–55.8)	
HRD						
Rucaparib (n=236)	183 (77.5)	24.7 (21.9–26.8)	0.718 (0.558–0.923) P=0.01	159 (67.4)	40.5 (36.6–48.4)	1.005 (0.766–1.320) P=0.97
Placebo (n=118)	99 (83.9)	18.4 (15.8–22.1)		85 (72.0)	47.8 (42.7–53.0)	
ITT						
Rucaparib (n=375)	302 (80.5)	20.6 (18.7–22.5)	0.703 (0.579–0.854) P<0.01	270 (72.0)	36.0 (32.9–39.4)	0.995 (0.809–1.223) P=0.96
Placebo (n=189)	162 (85.7)	16.3 (14.6–17.9)		140 (74.1)	43.2 (38.1–46.9)	

HRs and associated P values were calculated by using a stratified log-rank test and stratified Cox-proportional model.

P values are nominal with no adjustment for multiplicity.

BRCA, BRCA1 and BRCA2 genes; CI, confidence interval; HR, hazard ratio; HRD, homologous recombination deficient; ITT, intent-to-treat; OS, overall survival; PFS, progression-free survival.

HRs and associated P values were calculated by using a stratified log-rank test and stratified Cox-proportional model

P values are nominal with no adjustment for multiplicity

BRCA, BRCA1 and BRCA2 genes; CI, confidence interval; HR, hazard ratio; HRD, homologous recombination deficient; ITT, intent-to-treat; OS, overall survival; PFS, progression-free survival

Conclusion These data support the use of rucaparib as a maintenance treatment for recurrent ovarian carcinoma. Although no OS benefit was observed, the PFS benefit for rucaparib was maintained through the next subsequent line of therapy.

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'DOUBLE O' TECHNIQUE OF BOWEL ANASTOMOSIS

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Introduction/Background Bowel resection and anastomosis is an integral part of subspecialty training in gynecological Oncology. The principles of bowel surgery are not only to remove cancer to achieve optimal debulking but also to reduce leak rate and postoperative morbidity. Reduction in leak rate is achieved by good technique and adequate training. In hand held anastomosis, proper suturing of the corners of the bowel is considered crucial to reduce leak rate. We hereby present a surgical video demonstrating a novel technique of hand sewn ileo-ileal anastomosis in a lady undergoing debulking surgery for ovarian cancer.

Methodology A 53-year-old lady with stage IIIC high grade serous ovarian carcinoma underwent total hysterectomy, bilateral adnexectomy, peritonectomy, omentectomy and resection anastomosis of the involved ileal bowel segment. The novel technique used is a double layered closure of the enterotomy in continuous circular fashion, thus eliminating the perception