Compared to the other study patient, the patients with metastatic uterine involvement had significantly higher stage (p-value<0.001), higher grade of ovary tumor (p-value=0.008), serous histological type (p-value<0.001), and a higher level of CA-125 concentration (p-value<0.001).

On the other hand, the patients with synchronous uterine cancer were significantly younger (p-value=0.013), nulliparous (p-value<0.001), suffered from AUB symptoms (p-value<0.001) and had endometroid histological type (p-value=0.010) of ovary cancer in comparison to other study patients.

Abstract #139 Table 1 The comparison of selected demographic and tumor related characteristics between metastatic and synchronous endometrial disorder and other epithelial ovarian cancer

Characteristics	Metastatic (N=136)	Others (N=211)	P-value*	Synchronous (N=37)	P-value**
Age, yrs.	52.32±11.24	50.65±11.43	0.182	49±11.78	0.117
Pre-menopausal	60 (44.1)	103 (48.8)	0.392	20 (54.1)	0.282
Post-menopausal	76 (55.9)	108 (51.2)		17 (45.9)	
Nulliparous	20 (14.7)	39 (18.5)	0.360	11 (29.7)	0.035
Multiparous	116 (85.3)	172 (81.5)		26 (70.3)	
Without AUB	126 (92.6)	193 (91.5)	0.694	25 (67.6)	<0.001
With AUB	10 (7.4)	18 (8.5)		12 (32.4)	
Histological ovary type					
Serous	124 (91.2)	111 (52.6)	<0.001	15 (40.5)	<0.001
Mucinous	3 (2.2)	18 (8.5)		2 (5.4)	
Endometrioid	7 (5.1)	54 (25.6)		17 (45.9)	
Clear cell	1 (0.7)	19 (9)		2 (5.4)	
Unknown	0	2 (0.9)		1 (2.7)	
Mixed	1 (0.7)	7 (3.3)		0	
Ovary tumor stage					
1	0	119 (56.4)	<0.001	21 (56.8)	<0.001
2	19 (14)	23 (10.9)		2 (5.4)	
3	109 (80.1)	69 (32.7)		14 (37.8)	
4	8 (5.9)	0		0	
Ovary tumor grade					
1	19 (14)	63 (29.9)	0.008	13 (35.1)	0.003
2	32 (23.5)	44 (20.9)		11 (29.7)	
3	76 (55.9)	93 (44.1)		9 (24.3)	
Unknown	9 (6.6)	11 (5.2)		4 (10.8)	
CA125					
<35	6 (4.7)	26 (14.7)	0.005	3 (9.4)	0.303
>35	122 (95.3)	151 (85.3)		29 (90.6)	
CA125					
<100	22 (17.2)	66 (37.3)	<0.001	11 (34.4)	0.032
>100	106 (82.8)	111 (62.7)		21 (65.6)	

*metastatic uterine involvement and other epithelial ovarian cancer comparison, ** metastatic uterine involvement and synchronous endometrial disorder comparison.

Conclusion Considering the high prevalence of uterine involvement in EOC patients, ultrasound evaluation and/or endometrium biopsy assessment should be done before planning any treatment

Disclosures NOTHING TO DISCLOSURE

#141 RESPONSE TO SUBSEQUENT PLATINUM-BASED CHEMOTHERAPY POST PARP INHIBITOR IN RECURRENT EPITHELIAL OVARIAN CANCER

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Introduction/Background Maintenance therapy with PARP inhibitors (PARPi) can increase progression free survival (PFS) in recurrent or metastatic platinum-sensitive epithelial ovarian cancer (EOC), though some evidence suggests a decreased response to subsequent platinum-based chemotherapy. This study assessed real-world response rates to platinum-based chemotherapy for recurrent high grade EOC following treatment with a PARPi.

Methodology Single center retrospective cohort study of patients prescribed a PARPi as maintenance therapy for recurrent or metastatic EOC, including 54 patients on niraparib and 36 patients on olaparib. Median duration of follow-up after PARPi initiation was 16.3 months.

Results Of the 91 patients included in the analysis, 54 (59.3%) experienced disease progression after initiation of PARPi therapy, including 10 (11.0%) who progressed within 6 months of their penultimate therapy. Of the 44 patients who experienced disease progression more than 6 months following penultimate therapy, 32 (72.7%) were rechallenged with platinum-based chemotherapy. Of these, 16 (50.0%) experienced further disease progression with 14 (43.8%) progressing within 6 months of their platinum rechallenge. Median PFS following platinum rechallenge was 4.4 months, significantly lower than expected. Platinum resistance was seen in 26.4% of the overall population including 44.4% of the population who experienced disease progression after initiation of PARPi therapy.

Conclusion Patients who experienced disease progression following PARPi therapy showed a poor response to subsequent platinum-based chemotherapy, even when progression occurred more than 6 months after completion of their penultimate platinum-based chemotherapy. This supports the theory that PARPi resistance correlates with platinum resistance and raises concern for possible contribution of PARPi in the induction of platinum resistance in recurrent EOC.

Disclosures None.

#156 PRIMARY PERITONEAL MESOTHELIOMA; TWO CASE REPORT AND REVIEW OF THE LITERATURE

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Introduction/Background Primary peritoneal mesothelioma is a rare and aggressive neoplastic disease with a poor prognosis. The rarity of this entity and the challenging differential diagnosis with other ovarian and peritoneal neoplasms may lead to frequent misdiagnosis and some concerns about its histogenesis.

However, only 8% of patients with malignant peritoneal mesothelioma had a history of asbestos exposure, suggesting that other factors such as chronic inflammatory peritonitis, carcinogenic viruses, may cause the occurrence of malign primary mesothelioma.

We report two cases of malign peritoneal mesothelioma and a literature review.

Methodology A 76 year old patient was admitted as her symptoms of abdominal pain and abdominal distension. An abdominal ultrasound revealed high volume anechoic peritoneal effusion. Further investigation with abdominopelvic computed tomography showed extensive peritoneal disease with large volume ascites, peritoneal nodularity, irregular omental thickening. Ca125 value was 42 U/ml.

A 74 year old patient was admitted as her symptoms of abdominal distension. Diffuse ascites were observed on abdominal ultrasound. Ca125 value was 67 U/ml.

Both of patients were operated with the diagnosis of peritonitis carcinomatosa. After staging surgery, pathology revealed malignant mesothelioma infiltration in the ovaries, uterus, peritoneal surfaces and omentum. Carboplatin-paclitaxel chemotherapy regimen was started in both patients.

Results From 2000 to 2022, 140 cases of peritoneal mesothelioma cases were reached in the literature review. The mean age of the patients was 54,1 and the mean survival was 52

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months. This age was quite young compared to the average age of our 2 patients. The first patient is healthy and at the 30th month postoperatively, the second patient has passed the 35th month postoperatively and no recurrence has occurred.

Conclusion Peritoneal mesothelioma and peritoneal carcinomatosis are very similar on clinically and imaging. The clinical presentation is non-specific as in malignant ovarian tumors, symptoms may include abdominal pain and weight loss.

Disclosures Case series and literature review of two similar patients about peritoneal mesothelioma, which is a rare tumor, are presented in this presentation.

#163 RESULTS FROM A PHASE I/II TRIAL OF TINOSTAMUSTINE MONOTHERAPY IN ADVANCED SOLID TUMOURS (NCT03345485): SAFETY AND EFFICACY IN A SUBSET OF PATIENTS WITH ADVANCED OVARIAN CANCER (OVCA)

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Introduction/Background Tinostamustine, a novel alkylating deacetylase inhibitor, improves drug access to cancer cell DNA strands, breaks them and counteracts damage repair. Here we present the safety and efficacy of tinostamustine in a subset of patients with OvCa enrolled to the Phase I/II clinical trial.

Methodology An open-label trial of tinostamustine in patients ≥18 years with advanced solid tumours, life expectancy >3 months, Eastern Cooperative Oncology Group performance status (ECOG-PS) ≤2. Phase I dose escalation (standard 3+3 design; 60–100mg/m^2) was conducted to define the maximum tolerated dose and recommended Phase II dose (RP2D). In Phase II, objective response rate (complete response [CR] + partial response [PR]), together with the rate of patients with stable disease (SD) ≥4 months' duration following the RP2D (80mg/m^2 over 60 minutes on Days 1 and 15 of each 4-week treatment cycle) were determined and summarised using descriptive statistics. Two substudies characterised the effects of tinostamustine (60–80mg/m^2) on cardiac repolarisation.

Results Forty-nine patients with advanced solid tumours (18 OvCa) were enrolled (table 1). In the entire population of patients with advanced solid tumours there were no dose-limiting toxicities observed in Phase I. In Phase II, treatment-related adverse events (TEAEs) considered related to tinostamustine were haematological or gastrointestinal. Serious tinostamustine-related AEs were principally haematological. In the subset with OvCa, a greater proportion of patients experienced tinostamustine-related TEAEs and serious tinostamustine-related AEs compared with the overall patient population. One patient with OvCa experienced a fatal AE of intra-abdominal haemorrhage together with Grade 4 haematological AEs, all considered related to tinostamustine. 1/18 patients with OvCa achieved a CR as best response, 1/18 PR, and 7/18 SD ≥4 months' duration. 10/18 patients discontinued treatment due to progressive disease.

Abstract #163 Table 1 Demographic and safety data for the entire Phase II population of patients with advanced solid tumours receiving tinostamustine and the OvCa patient subset

	Phase II patient population	OvCa patient subset
Number of patients	49	18*
Age (mean ± standard deviation), years	57.0 ± 12.49	60.9 ± 9.03
Female, n (%)	39 (79.6)	18 (100)
ECOG-PS, n (%)		
0	20 (40.8)	10 (55.6)
1	29 (59.2)	8 (44.4)
2	0	0
Lines of prior therapy, median (range)	3 (1, 9)	4 (1, 9)
Number of patients	49	15†
Any TEAE, n (%)	48 (98.0)	15 (100)
≥1 tinostamustine-related TEAE, n (%)	44 (89.8)	15 (100)
Serious tinostamustine-related AEs, n (%)	12 (24.5)	6 (40.0)
Discontinued treatment due to TEAEs, n (%)	3 (6.1)	0
Fatal tinostamustine-related TEAEs, n (%)	1 (2.0)	1 (5.6)

*Phase I, Phase II and substudies safety analysis set. †Phase II and substudies safety analysis set.
AE, adverse event; ECOG-PS, Eastern Cooperative Oncology Group performance status; OvCa, ovarian cancer; TEAE, treatment-emergent adverse event

Conclusion Tinostamustine demonstrated signals of efficacy with manageable tolerability in patients with OvCa.

Disclosures

Funding Mundipharma Research Limited and Purdue Pharma LP.

#164 IMPACT OF ENHANCED RECOVERY AFTER SURGERY (ERAS) IN THE RETURN TO INTENDED ONCOLOGIC TREATMENT IN PATIENTS WITH ADVANCED OVARIAN CANCER

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Introduction/Background Treatment of advanced ovarian cancer (AOC) consists of surgery followed by chemotherapy (CT). Optimal time between surgery and start of CT is unknown, but delays could harm survival. Intensified recovery after surgery (ERAS) programs reduce hospital stay without increasing morbimortality after surgery for gynecological cancer. We hypothesized that ERAS protocols in patients undergoing surgery for AOC allow earlier initiation of CT and therefore improve survival.

Methodology Retrospective cohort study including patients with ovarian, tubal, or primary peritoneal cancer of any histology, FIGO stages IIB-IV, undergoing primary (PDS), interval (IDS), or secondary (SDS) debulking surgery, who received adjuvant CT at Vall d'Hebron Hospital (Spain). We compared patients who followed an ERAS protocol between 2018 and 2021 and and those who followed conventional management (CONV) between 2014 and 2018. Time from surgery to CT, completion of treatment, adherence to ERAS,

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