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OPTIMIZING THE NUMBER OF CYCLES OF NEOADJUVANT CHEMOTHERAPY IN ADVANCED EPITHELIAL OVARIAN CARCINOMA: A PROPENSITY-SCORE MATCHING ANALYSIS

E-Poster Viewing
ORAL FEATURED POSTERS

Lecture Title:

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Objectives: Neoadjuvant chemotherapy and interval debulking surgery are widely offered in advanced ovarian cancer patients; the number of NACT cycles to be given is still an issue. Our aim was to compare survival outcomes of patients with advanced ovarian cancer treated with <4 or more NACT cycles.

Methods: A cohort of patients with stage III-IV epithelial OC undergoing NACT followed by IDS was identified. Patients were classified in group A (≤4 cycles) and group B (>4 cycles). Selection bias was avoided using propensity score matching (2:1 ratio).

Results:

Figure 1: Overall Survival and Disease Free Survival in Group A and Group B

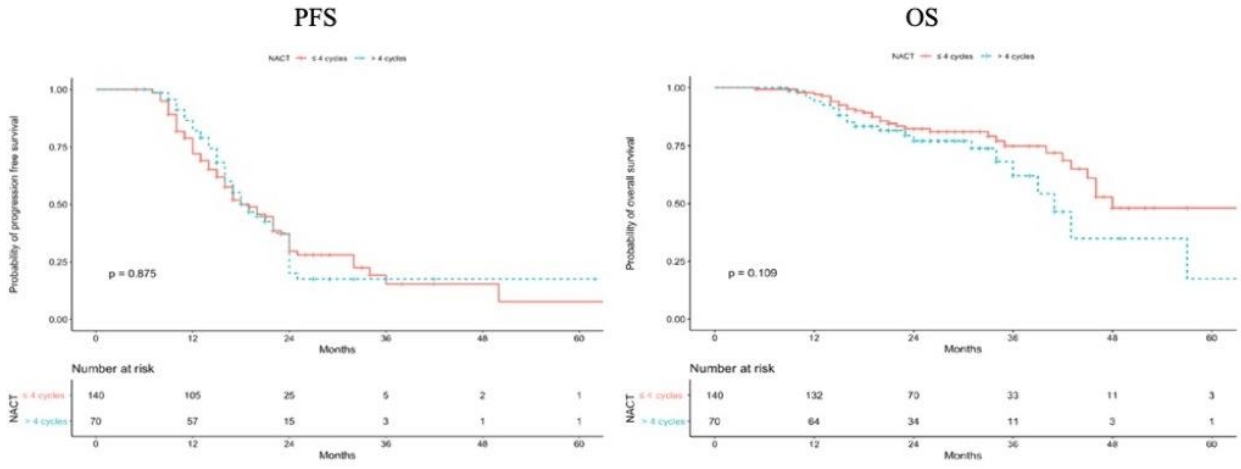
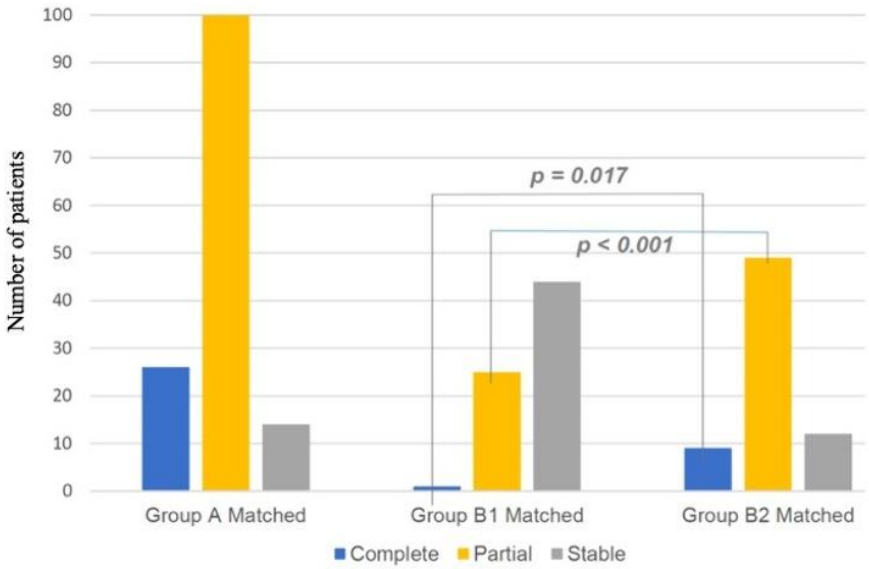


Figure 2: Treatment Response between Groups. Group A (3-4 cycles) ; Group B (at least 6 cycles); B1 response assessment after 3-4 cycles; B2 response assessment after at least 6 cycles



140 (group A) and 70 (group B) patients were included. After the propensity score matching, there were no imbalances in baseline characteristics. BRCA status was associated to improved OS (HR=0.41; 95%CI 0.18.0.92, p=0.032) and residual tumor to decreased OS (HR=1.93; 95%CI 1.08-3.46, p=0.026). Statistically significant differences were not observed in OS (2-year OS 82.4% for group A versus 77.1% for group B, p=0.109) and PFS (2-year PFS 29.7% for group A versus 20.0% for group A, p=0.875) (Figure1). In group B, the administration of >4 cycles was related to an additional chance of achieving complete (12.9%) and partial (34.3%) responses compared to responses after 3-4 cycles (Figure2).

Conclusions: Receiving more than 4 cycles of NACT is no detrimental in terms of OS and PFS in advanced ovarian cancer. Response rates can increase following further cycles administration.