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Value of surgical cytoreduction for subsequent ovarian cancer relapse in patients previously treated with chemotherapy alone at 1st-relapse: A subanalysis of the DESKTOP III/ENGOT-ov20 trial

- **C. Fotopoulou[1], J. Sehouli[2], I. Vergote[3], A. Reuss[4], M. Leheurteur[5], F. Hilpert[6], A. Savoye[7], S. Greggi[8], J. Vernersson[9], B. Resch[10], M. Gatineau[11], J. Levêque[12], R. Zang[13], P. Jensen[14], J. W. Kim[15], D. Santiago[16], F. Raspagliesi[17], U. Peen[18], A. du Bois[19], P. Harter[19]**
- [1]AGO & Imperial College, London, UNITED KINGDOM, [2]AGO & Campus Virchow, Charité, Berlin, GERMANY, [3]BGOG & University Hospitals Leuven, Leuven, BELGIUM, [4]Coordinating Center for Clinical Trials, AGO & Philipps-University Marburg, Marburg, GERMANY, [5]GINECO & Centre Henri Becquerel, Rouen, FRANCE, [6]AGO&Onkologisches Therapiezentrum Krankenhaus Jerusalem, Hamburg, and UKSH Kiel, Hamburg, GERMANY, [7]GINECO & Institut Jean Godinot, Reims, FRANCE, [8]MITO & Istituto Nazionale per lo Studio e la Cura dei Tumori di Napoli, Milano, ITALY, [9]NSGO-CTU & Karolinska University Hospital, Clinical Trials Unit Solna, Solna, SWEDEN, [10]GINECO & CHU de Rouen, Rouen, FRANCE, [11]GINECO & Hôpital St Joseph, Paris, FRANCE, [12]GINECO & CHU Rennes, Rennes, FRANCE, [13]SGOG & Fudan University Zhongshan Hospital, Shanghai, CHINA, [14]NSGO-CTU & Odense University Hospital, Gynecology & Obstetrics, and Department of Clinical Medicine, Faculty of Health, Aarhus University, Aarhus, DENMARK, [15]KGOG & Seoul National University, Seoul, KOREA, REPUBLIC OF, [16]GEICO & Hospital Universitari i Politecnic La Fe, Valencia, SPAIN, [17]MITO & Fondazione IRCCS Istituto Nazionale die Tumori Milan, Milan, ITALY, [18]NSGO-CTU & Herlev University Hospital, Herlev, DENMARK, [19]AGO & Ev. Kliniken Essen-Mitte, Essen, GERMANY

Date: 29.10.2022
Name: Christina Fotopoulou

AGO-OVAR DESKTOP III
(Protocol AGO - OVAR OP.4)

A randomized trial evaluating cytoreductive surgery
in patients with platinum-sensitive recurrent ovarian cancer

- ***80 centres in 12 countries***
- ***Recruitment 9/2010 - 3/2015***
- ***407 of 409 pts evaluated*** *(2 screening failures)*

408 Pts with

+ AGO-Score

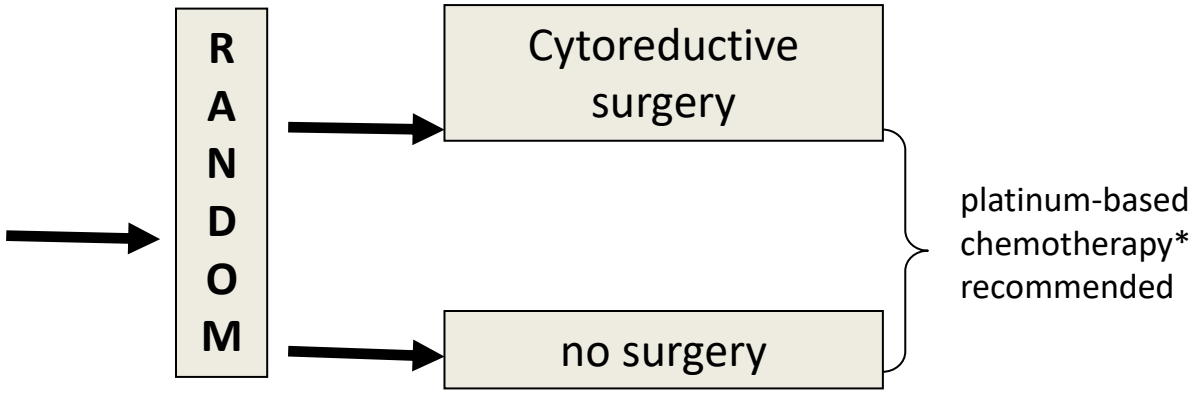
Stratification:

Platinum-free-interval

6-12 vs > 12 months

1st line platinum

based ctx: yes vs no



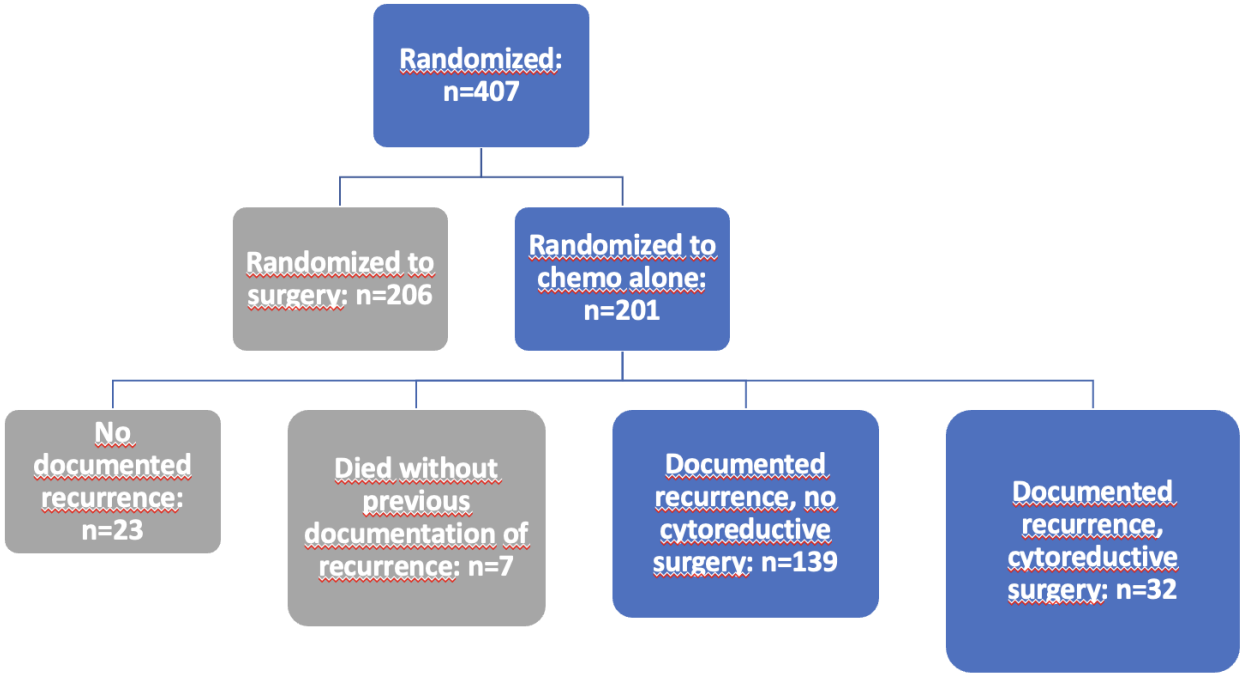
* Recommended platinum-based chemotherapy regimens:
- carboplatin/paclitaxel
- carboplatin/gemcitabine
- carboplatin/pegliposomal doxorubicin
-or other platinum combinations in prospective trials

Question & methods

- ✓ The DESKTOP III trial has demonstrated a significant survival benefit in AGO-score positive ovarian cancer patients who underwent complete cytoreduction at 1st relapse compared to those treated with chemotherapy alone *(Harter et.al. NEJM 2021).*
- ✓ The question whether eligible patients who missed the opportunity of potentially life prolonging surgery at 1st relapse would benefit from surgery at the time of their second relapse, remains open.
- ✓ Patients randomized in the standard, non-surgical arm of the DESKTOP III trial who underwent cytoreductive surgery at a subsequent relapse at investigator's discretion were separately analyzed in a descriptive manner.
- ✓ To explore selection bias, we also show data from patients who experienced a subsequent recurrence without undergoing cytoreductive surgery. Patients without documented recurrence were excluded from these analyses. Kaplan-Meier methods were used for event time analyses

Results and population flow chart

- ✓ The median PFS of 201 patients in the control arm of DESKTOP III, as counted from randomization, was 14.0 months.
- ✓ 171 (85%) had progressive or relapsing disease and **32 (19% of 171)** of them underwent cytoreductive surgery.
- ✓ Patients' median age at this subsequent surgery was 63 years (range: 46 – 78).
- ✓ Complete tumor resection was achieved in 19 patients (60%); 5 (16%) had macroscopic postoperative residual disease (n=8 missing data).
- ✓ 16 patients (50%) commenced systemic treatment within 90 days from surgery.
- ✓ 30- and 90-day surgical mortality rates were 1 (3%) and 2 (6%), respectively.

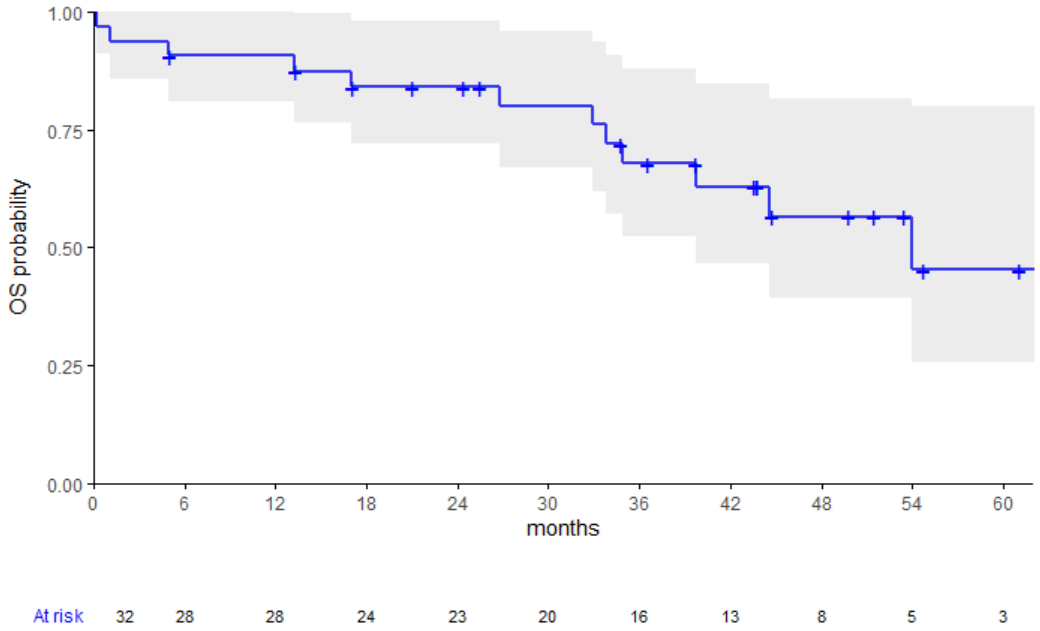


Patient and tumor related characteristics (at randomization into DESKTOP III)

Characteristic	Pts with surgery for 2nd recurrence (n=32)	Pts with 2nd recurrence, no surgery (n=139)
Age (years; median, IQR)	62 (56-66)	62 (54-71)
I-IIIA at diagnosis	11 (34%)	37 (27%)
IIIB-IV at diagnosis	21 (66%)	102 (73%)
High grade serous	26 (81%)	106 (76%)
Platinum-free interval		
No prior platinum	1 (3%)	1 (1%)
6-12 months	6 (19%)	35 (25%)
> 12 months	25 (78%)	103 (74%)
CA 125 at rando (median, IQR)	58 (23-105)	76 (35-206)
Tumor localisations		
Pelvis	22 (69%)	69 (50%)
Intra-abdominal above pelvis	10 (31%)	78 (56%)
Retro-peritoneal	9 (28%)	41 (29%)
Parenchymal	3 (9%)	20 (14%)
Platinum containing 2nd-line treatment	29 (91%)	133 (96%)
2nd line bevacizumab	7 (22%)	32 (23%)
2nd line PAPR-i	1 (3%)	6 (4%)

Survival data

- OS after surgery for subsequent relapse



- ✓ Within a postoperative median follow-up time of 43.8 months, 12 (38%) deaths were reported.
- ✓ Median overall survival after surgery (OS) was 54.0 months (95%CI: 39.8 – not estimable).
- ✓ 1- and 2-year OS rates were 91% (95%CI: 81%-100%) and 84% (95%CI: 72%-98%), respectively.
- ✓ Median OS from date of 2nd recurrence in the 139 patients not undergoing cytoreductive surgery was 24.8 months (95%CI: 19.9-27.6).

Conclusions: Cytoreductive surgery for subsequent ovarian cancer relapse appears feasible and with low mortality in selected patients who received non-surgical treatment at 1st relapse despite a positive AGO-score. Surgery should be considered as an option in carefully selected patients also later in their journey within a specialized gynecological cancer setting.

THANK YOU!