Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Poster Abstract #2

The COVID-19 pandemic did not adversely affect clinical trial enrollment in gynecologic oncology trials at a single academic institution

Courtney Bailey[a], Sharad Ghamande[b], Lynn Tran[b], Bunja Rungruang[c], Donna Wheatley[b], Robert Higgins[d]. [a]*Medical College of Georgia / Augusta Uni;* [b]*Augusta University;* [c]*Medical College of, Georgia at Augusta Un;* [d]*Medical College of GA at Augusta University*

Objectives

The objective of this study was to compare enrollment of patients with gynecologic cancers at our institution in 2019, before the COVID-19 pandemic, with enrollment in 2020, during the pandemic.

Methods

Clinical trial enrollment data was obtained through the clinical trials office. Patients enrolled in gynecologic oncology therapeutic trials (excluding maintenance trials) in 2019 and 2020 were compared using Wilcoxon Rank Sum testing. The number of patients enrolled in each clinical trial phase (Phase 1–3) and each disease site were also compared between 2019 and 2020. Standard descriptive statistics were used to compare demographic data of the clinical trial enrollees.

Results

Total patient enrollment for 2019 was 56 patients, and 45 patients enrolled in 2020. There was no statistically significant difference between 2019 and 2020 in the number of patients enrolled in clinical therapeutic trials at our institution by quarter (p-value 0.486). There was no statistically significant difference between the two years in the number of patients enrolled by disease site ($p = 0.476$) or in the phase of clinical trial in which patients enrolled ($p = 0.126$). The mean age of patients enrolled was similar (58.5 vs 60.7 years, $p = 0.432$). The mean distance traveled to our site was also similar between the two years (66.5 vs 76.0 miles, $p = 0.687$).

Conclusions

Unlike many other centers throughout the United States, clinical trial enrollment at our institution remained similar during the COVID-19 pandemic compared to the prior year. We attribute the continued enrollment of patients in clinical trials to several factors. These factors include the dedication of our research team to work on-site, the ability of our non-profit patient-accommodation facility to remain open, and the commitment of our gynecologic cancer support group to continue to hold events virtually.

Comparison of Clinical Trial Enrollment between 2019 and 2020

	2019	2020	p-value
Enrollment			0.486
Q1	13	9	
Q2	15	12	
Q3	23	10	
Q4	5	14	
Trial Phase Type	N(%)	N(%)	0.126
1	13 (23.2)	14 (33.3)	
2	13 (23.2)	16 (35.6)	
2/3	2 (3.6)	2 (4.4)	
3	28 (50.0)	12 (26.7)	
Diagnosis	N(%)	N(%)	0.235
Unknown	2 (3.6)	1 (2.2)	
Cervical ca	22 (39.3)	13 (28.9)	
Endometrial ca	14 (25.0)	9 (20.0)	
Ovarian ca	16 (28.6)	22 (48.9)	
Vulvar ca	2 (3.6)	0 (0)	
Distance (miles)	Mean(SD)	Mean (SD)	0.687
	66.5 (81.3)	76 (149.7)	
Age (years)	Mean (SD)	Mean (SD)	0.432
	58.5 (14.9)	60.7 (12.5)	

doi:10.1016/j.ygyno.2021.10.012

Poster Abstract #3

Oligoprogression on PARP maintenance in ovarian cancer, what's the story and where do we go?

Victoria Cerda[a], Marla Scott[b], B.J. Rimel[c], Mitchell Kamrava[b]. [a]*Cedars Sinai Medical Center;* [b]*Cedars Sinai;* [c]*Cedars-Sinai Medical Center*

Objectives

Oligometastasis is an increasingly recognized clinical disease state, but the concept of oligoprogression is not as well studied. For patients on targeted therapies, disease progression limited to 1–3 sites may be considered amenable to treatment with local therapy allowing continuation of the targeted agent. To evaluate this concept in ovarian cancer, we investigated the proportion of patients on poly (ADP-ribose) polymerase (PARP) maintenance who developed oligoprogression and their clinical outcomes.

Methods

An IRB approved, retrospective chart review utilizing Deep6AI identified patients who took maintenance olaparib therapy after platinum-based chemotherapy between 2006 and 2020. Thirty-two patients were identified and assessed for sites of recurrence based on radiologic finding. Site and number of metastases was recorded, as well as age, stage, grade, prior therapy, mutation status and CA-125 level. Pearson's chi-square test was used to test for differences in categorical variables with significance set at $p < 0.05$. The Kaplan-Meier method was used to estimate survival outcomes with the log-rank test used to evaluate differences.

Results

Median age was 65 (IQR 57,71), 87% were serous, and 84% had FIGO Stage III disease. BRCA1 /2 or HRD mutations occurred in 59% and 9% of the cohort respectively. Patients had a median of 2 lines of chemotherapy and median CA-125 of 17 (IQR 11,85) prior to starting Parp. Median follow-up was 48 months. Eleven patients (34%) developed oligoprogression (3 in one site, 5 in two sites, and 3 in three sites). Sites included: pelvic/PA nodal (27%), peritoneal (27%), liver (27%), lung/mediastinal (14%), and brain (5%). Seven out of 11 patients with oligoprogression were BRCA mutation carriers. There were no significant differences in baseline characteristics (age, stage,

Figure 1. Progression free survival of patients with oligoprogression and without oligoprogression