

PCS patients (95% CI: 2.37, 5.39). 90-day mortality was similar for PCS and NACT patients in the multivariate analysis, HR: 1.23 (0.99, 1.51).

**Conclusions:** Based on this study, all patients with advanced stage epithelial ovarian cancer should be offered PCS. Tumor burden should not preclude PCS. Only patients not fit for surgery due to comorbidities should be treated with NACT.

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#### Abstract #14

##### Comparison of treatment and outcomes between medical oncology and gynecologic oncology as adjuvant chemotherapy provider in an advanced ovarian cancer population

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**Objectives:** Significant survival advantages have been reported for patients who undergo initial cytoreductive surgery with gynecologic oncologists (GO). However, data are scarce regarding differences in outcomes based on the subspecialty of the physician who administers adjuvant chemotherapy.

**Methods:** We retrospectively reviewed charts of advanced stage (IIIC-IVB) epithelial ovarian cancer patients who received any of their treatment at our NCI-CCC institution between 1/1/2001-12/31/2015. Patients were separated into two cohorts based on the physician who administered their adjuvant chemotherapy: GO or medical oncologist (MO). The cohorts were compared in sociodemographic, clinicopathologic and treatment characteristics using Fisher's exact for categorical variables and t-test for continuous variables.

**Results:** Of 534 total patients, 368 (68.9%) initiated their adjuvant chemotherapy with a GO versus 166 (31.1%) with a MO. Patients were well-matched in age at diagnosis ( $p=0.05$ ), BMI ( $p=0.79$ ), educational background ( $p=0.85$ ), race ( $p=0.93$ ), marital status ( $p=0.06$ ), histological subtypes ( $p=0.57$ ), grade ( $p=0.61$ ), stage ( $p=1.0$ ), debulking status ( $p=0.054$ ), total lines of therapy ( $p=0.43$ ) and platinum sensitivity ( $p=0.92$ ). Patients in the GO group more often had the following: a drive >50 miles ( $p=0.04$ ), private insurance ( $p=0.017$ ), worse ECOG scores ( $p=0.035$ ), higher Mayo surgical complexity score ( $p=0.042$ ), and positive lymph nodes ( $p=0.031$ ). Patients who initially sought treatment with a MO more frequently received neoadjuvant chemotherapy (14.4% vs 1.6%,  $p$

**Conclusions:** In similar groups of patients, there were a greater proportion of patients with no evidence of disease or alive with disease for those receiving treatment with a GO. These data suggest that the subspecialty of the physician delivering chemotherapy may affect differences in outcomes after initial cytoreductive surgery and warrants further investigation.

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#### Abstract #15

##### Disparate care in primary treatment of advanced ovarian cancer: Do we maintain equipoise?

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**Objectives:** Since 2010, multiple randomized trials have demonstrated equivalent survival with fewer adverse outcomes following

neoadjuvant chemotherapy (NACT) as compared to primary cytoreductive surgery (PCS) for women with advanced stage ovarian cancer. Since then, a larger proportion of women are undergoing neoadjuvant chemotherapy, yet little is known about the characteristics of these women. The aim of this project was to evaluate whether treatment approach (NACT versus PCS) was associated with socioeconomic status, race/ethnicity or geographic distance from a gynecologic oncologist.

**Methods:** We performed a retrospective chart review of all women with stage III or IV ovarian, fallopian tube or peritoneal cancer receiving PCS or NACT at an urban academic medical center from 2011-2016. Descriptive analyses were performed using chi-squared, Student's t-test, or Wilcoxon log-rank.

**Results:** A total of 241 women were identified, and complete data was available for 149 women. Within this subset, 54 women (36%) received NACT while 95 women (64%) underwent PCS. The median age was 62 (IQR 47-77) years and the most common histology was serous (77%); these did not vary significantly by treatment course. The majority of women were white (71%), but women who received neoadjuvant chemotherapy were more likely to be Latina (17% vs. 11%) or African American (7% vs 1%,  $p=0.024$ ). There was no difference in primary language, type of insurance or distance from an academic medical center between the two groups. Adjuvant chemotherapy after cytoreductive surgery varied by treatment group, with those receiving NACT more likely to receive every 3 weeks carboplatin/paclitaxel (52 vs 27%), whereas the PCS group more frequently received dose dense chemotherapy (9% vs 17%), IV/IP chemotherapy (6 vs 24%) or enrolled in a clinical trial (0 vs 9%,  $p<0.0001$ ).

**Conclusions:** We identified disparities in treatment for ovarian cancer by race/ethnicity. Disparities in outcome for gynecologic cancer are well documented, but the etiologies for these disparities are less elucidated. When there are practice changes in a field of medicine, there is the possibility for differential care, especially in underserved populations. Future research should focus on the significance of decision making in the community, how differences in treatment may impact ovarian cancer outcomes, and identification of interventions that may reduce disparate care.

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#### Abstract #16

##### A comparison of molecular tumor profiles from hispanic and non-hispanic women with ovarian cancer

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**Objectives:** Ethnic background has been associated with differences in ovarian cancer survival. Molecular profiling by next generation sequencing (NGS) has afforded the opportunity to examine somatic mutations, amplifications, and abnormalities in protein expression on an individual level. Little data exist about variations in NGS results by ethnicity. Our objective was to compare molecular tumor profiles of Hispanic (HS) and Non-Hispanic (NH) women with ovarian cancer.

**Methods:** Women from our institution with ovarian cancer whose tumors had undergone molecular profiling from April 2014 to October 2017 were identified. Data were collected from these reports along with tumor histology and germline testing results. Statistical analyses were done using Fisher's Exact Test and Chi-square, with significance set at  $p<0.05$ .

**Results:** Data were available for 71 women, 37 (52.1%) of whom were Hispanic and 34 (47.9%) of whom were Non-Hispanic. Epithelial