**Introduction/ Background\***:

Multiple studies have assessed the timing of surgery in high grade serous ovarian cancer (HGSOC). There is some evidence that neoadjuvant chemotherapy (NACT) followed by interval debulking surgery is non-inferior to primary cytoreductive surgery. The ICON 8b study results are awaited to evaluate the use of upfront bevacizumab in these patients. However, there is currently limited evidence supporting switching chemotherapy regimens after 3 cycles of NACT when disease remains inoperable. In this retrospective study, we evaluated survival outcomes following a change of chemotherapy regimen in previously inoperable patients.

**Methodology**:

Patients with HGSOC treated with NACT from 2015 to 2020 were identified from 4 NHS trusts across Kent, UK. Chemotherapy regimens, number of cycles, debulking status/residual disease were extracted from electronic medical records. Kaplan-Meier analyses and Logrank tests were used to assess survival outcomes.

**Result(s)\***:

149 patients were identified. 59% (88/149) were deemed operable after 3 cycles of NACT (carboplatin + paclitaxel 3 weekly), with 39% (34/88) of these achieving optimal debulking. 41% (61/149) were inoperable after three cycles of NACT, with 79% (48/61) of these remaining inoperable after six cycles. 39% (24/61) of patients inoperable after 3 cycles changed chemotherapy regimens; 42% (10/24) of the latter switched to weekly paclitaxel, 21% (5/24) to bevacizumab-based regimen, and 13% (3/24) to carboplatin + liposomal doxorubcin (Caelyx®). 25% (6/24) had palliative aromatase inhibitors or stopped chemo entirely. Of those who had their chemotherapy changed, only 1 patient in bevacizumab group (4%) achieved optimal debulking. Median overall suvival(OS) in those who switched regimen was 17.47 vs 37.40 months in those who did not, *p*=0.79.

**Conclusion\***:

Switching chemotherapy regimen in previously inoperable patients did not lead to improved OS. This may reflect the poor prognosis conferred by inadequate response to platinum-based therapy, and needs further evaluation. Though the numbers in each group were small, a change to bevacizumab-based regimen did not appear to improve outcomes. The ICON 8b study will provide further information regarding bevacizumab‘s role in the neoadjuvant setting.

**Change in NACT regimen and impact on overall survival**

