209TiP AGO-VULVA 1: pembrolizumab in combination with lenvatinib in patients with recurrent, persistent, metastatic or locally advanced vulvar cancer not amenable to curative surgery or radiotherapy (PIERCE) [Abstract]

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Methods: An anonymized online survey including the PROFFIT questionnaire and demographic/clinical variables was distributed to eligible patients enrolled in gynecologic oncology trials at Fondazione Policlinico Universitario Agostino Gemelli IRCCS. Here we report results from the first 7 items of the PROFFIT tool, which together generate the FT score (0−100%, higher=worse FT). Variables included age, ECOG performance status (PS), education, occupation, living situation, dependents, geography and years since first cancer diagnosis. Descriptive statistics were calculated and multivariable linear regression identified predictors of FT.

Results: Among 124 respondents (response rate 69.2%), mean FT score was 48.6 (SD 22.0); median 52.4 (IQR 33.3−61.9). Worse ECOG PS (β=+11.2; p<0.001) and younger age (β=−0.43 per year; p=0.028) were independently associated with higher FT. Living in Southern Italy (β=+7.0; p=0.054) and having dependent family members (β=+7.4; p=0.080) showed a trend toward higher FT. Years since diagnosis, education and living alone showed no significant association with FT.

Conclusions: FT is measurable among patients in gynecologic oncology trials, even within a universal healthcare system, and is influenced by clinical, demographic and geographic factors. Routine integration of FT assessment into trial design may enable systematic identification of vulnerable subgroups and support targeted interventions. Further analyses will evaluate FT determinants and its impact on treatment adherence and quality of life.

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206P Fertility preservation in ovarian tumor patients: Impact of referral timing and reproductive outcomes from a 14-year real-world experience

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Background: Fertility preservation (FP) is a key concern in young patients with ovarian tumors, particularly in early-stage epithelial subtypes. However, the impact of referral timing on access to FP and ovarian response remains unclear.

Methods: This retrospective, single-center study included patients with ovarian tumors referred to the Oncofertility unit of San Raffaele Hospital between 2011 and 2025. Clinical characteristics, timing of referral, FP strategies, and reproductive outcomes were collected. Time intervals from diagnosis to oncofertility consultation and to ovarian stimulation (OS) were analyzed. Associations between timing and oocyte yield were assessed using Spearman correlation and Mann−Whitney test.

Results: Forty-five patients with ovarian tumors were evaluated; 1 patient was excluded for loss to follow-up. The median age at diagnosis was 27 years (IQR 23−31). Histologies included borderline ovarian tumors (n=23; 52%), epithelial tumors (n=5; 12%) and non-epithelial tumors (n=16; 36%; 3 granulosa cell tumors and 13 germ cell tumors). All patients underwent surgery at diagnosis. Overall, 27 patients (61%) underwent FP (26 oocyte, 1 ovarian tissue), 12 (27%) did not undergo FP, and 5 (12%) proceeded directly to assisted reproductive techniques (ART). The median time from diagnosis to OS was 8 months (IQR 4.5−26). The median number of retrieved oocytes was 9 (IQR 5−12). No significant correlation was observed between time to OS and oocyte yield (Spearman rho=0.13, p=0.48). Similarly, no difference was observed between patients undergoing OS within or after 12 months from diagnosis (median 8 vs 11, p=0.33). Among patients receiving chemotherapy (n=12), FP was performed in 9 (75%): in 4 cases before treatment and in 5 after treatment. After a median follow-up of 29 months (IQR 14-58), 15 patients (34%) attempted conception, resulting in 8 live births, and one ongoing pregnancy, all from spontaneous pregnancies.

Conclusions: FP is feasible in patients with ovarian tumors in a real-world setting. Although earlier referral is desirable, delays in OS did not impact oocyte yield. These findings support flexibility in FP and ART timing and integration of oncofertility counseling into standard care.

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209TiP AGO-VULVA 1: Pembrolizumab in combination with lenvatinib in patients with recurrent, persistent, metastatic or locally advanced vulvar cancer not amenable to curative surgery or radiotherapy (PIERCE)

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Background: In surgically non-resectable recurrent vulvar squamous cell carcinoma (VSCC), and in case of distant metastases, therapeutic options are very limited and generally experimental. Strategies are adapted from other squamous cell cancers such as cervical cancer (CC) or head and neck cancer (HNSCC). The combination of lenvatinib and pembrolizumab has shown very promising efficacy in phase II trials in patients with heavily pretreated squamous cell carcinoma (SCC) with an overall response rate (ORR) of >35% for the HNSCC cohort.

Trial Design: PIERCE is a German multicenter, single-arm phase II, open-label study sponsored by the AGO study group. The study aims to evaluate the efficacy and safety of pembrolizumab 400 mg Q6W in combination with lenvatinib 20 mg QD in patients with recurrent, persistent, metastatic or locally advanced VSCC not amenable to salvage surgery or definitive (chemo)radiation. Primary endpoint is the ORR defined as the proportion of patients with PR or CR within 24 weeks starting with the first application of study medication. Tumor responses will be assessed by the investigator per Response Evaluation Criteria in Solid Tumors (RECIST 1.1). Patients must have a histologically confirmed locally advanced, recurrent, persistent and/or metastatic VSCC not amenable for salvage surgery or definitive (chemo)-radiation (additive palliative radiotherapy for symptom control is allowed) and must have received ≤2 previous lines of chemotherapy for recurrent or metastatic disease. Assuming an ORR of 30% under lenvatinib/pembrolizumab while accounting for a drop-out rate of 15%, a total of 42 patients will be included in 15 German centers.

Clinical trial identification: NCT05903833.

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Lifestyle intervention in women with a hereditary mutation for breast and ovarian cancer: German Cancer Foundation; Financial Interests, Institutional, Invited Speaker, Caroleen: NCT06830720. Non-interventional study of ribociclib in combination with an aromatase inhibitor for the adjuvant treatment of patients with HR+/HER2- early breast cancer at high risk of recurrence to evaluate efficacy, safety profile, treatment adherence, and quality of life: Novartis; Financial Interests, Institutional, Invited Speaker, G-LACC: German-funded Laparoscopic Approachto Cervical Cancer (G-LACC): NCT00614221: Hannover Medical School; Financial Interests, Institutional, Invited Speaker, Prospective, randomized, multicenter therapy optimization study to investigate the value of pelvic andpara-aortic lymph node dissection in patients with stage I and II endometrial cancer with a high risk of recurrence: NCT03438474: AGO; Financial Interests, Institutional, Invited Speaker, N_Plus: NCT05460000. Randomized, open-label Phase II study to assess the non-inferiority of niraparib after 3 vs. 6 cycles of platinum-based chemotherapy in patients with advanced, high-grade HRD-positive ovarian cancer who have undergone surgery to remove the tumor and are receiving first-line therapy: NOGGO; Financial Interests, Institutional, Invited Speaker, GynCollect: UMG002433. Research into the molecular early detection of gynecological tumors (especially endometrial and ovarian carcinomas): Hannover Medical School; Financial Interests, Institutional, Invited Speaker, Scout-1: NCT04830709. Observational study in ovarian cancer; suitable for chemotherapy and BRCA testing is planned: AstraZeneca; Financial Interests, Institutional, Invited Speaker, AGO-Vulva 1 7 Pierce: EU CT 2024-515646-16-00.Pembrolizumab in combination with lenvatinib in patients with recurrent, persistent, metastatic, or locally advanced vulvar cancer who are not eligible for curative surgery or radiation therapy: AGO; Non-Financial Interests, Personal, Member of Board of Directors, Member of the Executive Board of the German Medical Association (BÄK): German Medical Association (BÄK); Non-Financial Interests, Personal, Leadership Role, Head of the working group "Contraception — Evaluation from a medical and scientific perspective" of the Scientific Advisory Board of the German Medical Association: German Medical Association; Non-Financial Interests, Personal, Other, North-East German Society for Gynecological Oncology (NOGGO): NOGGO; Non-Financial Interests, Personal, Other, German Society for Gynecology and Obstetrics (DGGG): DGGG; Non-Financial Interests, Personal, Other, Working Group for Gynecological Oncology of the DGGG and DKG (AGO); active member of the Vulva Vagina Commission of the AGO: AGO; Non-Financial Interests, Personal, Other, Working Group for Cervical Pathology and Colposcopy (AGCPC): AGCPC; Non-Financial Interests, Personal, Other, Working Group for Gynecological Endoscopy (AGE): AGE; Other, Personal, Other, European Commission Initiative on Cervical Cancer (Ec-CvC): European clinical practice guidelines and the European quality assurance (QA) scheme, (expert/working group member): European Commission Initiative on Cervical Cancer (Ec-CvC); Other, Personal, Other, S3 guideline Diagnosis, therapy, and follow-up care for patients with vulvar cancer and its precursors, AWMF registration number 032 - 059OL, (mandate holder): German Cancer Society; Other, Personal, Other, S3 guideline Prevention of cervical cancer AWMF registration number 015/027OL, (co-coordinator): German Cancer Society. 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211eP Genetic testing (GT) in patients with cancer: Are we there yet? A low and middle income country (LMIC) perspective

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Background: GT is increasingly recommended for several cancers, including all women with ovarian cancer. However, knowledge and awareness regarding GT among patients (pts) with cancer in the LMICs remain poorly explored. Additionally, access to pre-test genetic counselling (GC) is limited in LMICs.

Methods: Consecutive pts with any cancer planned for GT in the Department of Medical Oncology at a tertiary care center in South India between October 2023 and August 2024 were included. Awareness regarding GT was assessed using a seven-item pilot, investigator-administered questionnaire. The GT modality depended on affordability and indications and consisted of BRCA sequencing, homologous recombination deficiency(HRD) or multi-gene panel testing based on pt affordability.

Results: Of the 77 pts, mean age was 52 years (range 32-77); 74 (96%) women. 41 (53%) pts were accompanied by offspring,19 (25%) by spouses, the remaining 17 (22%) by other relatives. 42 (55%) had carcinoma breast, 22 (29%) had carcinoma ovary, 13 (17%) had other malignancies. The indication for GT was most commonly for evaluation for an additional treatment option with PARP inhibitors in 55 (71%) patients. Most 75 (97%) pts learned about GT from their oncologists, however, only 44 (57%) were aware that some cancers are inherited. 74 (96%) pts were influenced by the oncologists' recommendation for GT. Only 47 (61%) pts were aware that GT can also predict risk of other cancers. 74 (96%) were willing for GT; 51 (66%) wanted to undergo GT due to family implications, while 28 (36%) were willing for therapeutic indications. 72 (94%) shared information about GT with family members. Awareness was not significantly associated with age or type of cancer.

Conclusions: Among pts referred for GT, awareness of hereditary cancer risk remains limited. But willingness to undergo testing was high, largely driven by physician recommendation and potential therapeutic benefit. Two-thirds of pts underwent GT for family. Limited availability of genetic counseling raises concerns regarding informed decision-making. Oncologists and genetic counselors need to generate educational content regarding GT for widespread dissemination. Larger studies are needed to better evaluate awareness and uptake of GT.

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212eP Post-traumatic growth meaning in life and psychosocial determinants in women with gynecological cancer

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Background: Gynecological cancers profoundly disrupt patients' psychological and existential well-being, often undermining their sense of purpose and meaning in life. While distress has been extensively studied, positive psychological adaptation particularly post-traumatic growth (PTG) and its clinical relevance remain insufficiently integrated into oncology care. This study aimed to evaluate the relationship between PTG and meaning in life and to identify clinically actionable psychosocial determinants.

Methods: This descriptive cross-sectional study included 134 women undergoing treatment for gynecological cancer at a tertiary care center. Data were collected using the Post-Traumatic Growth Inventory (PTGI) and the Meaning in Life Questionnaire (MLQ). Associations were examined using correlation and multivariable regression analyses to identify predictors of PTG and meaning in life.

Results: Participants had a mean age of 58.47±12.47 years. The mean PTG score was 62.41±24.16, and the mean meaning in life score was 35.67±9.63. PTG was positively correlated with meaning in life ($r = 0.226$, $p = 0.009$). Social and relational variables emerged as dominant determinants: married participants and those reporting strong social support and illness disclosure demonstrated significantly higher PTG levels. These factors were consistently associated with greater meaning in life, while income level independently influenced meaning-related outcomes.

Conclusions: PTG is significantly associated with meaning in life in women with gynecological cancer and identifies clinically actionable psychosocial targets. These findings underscore the need to prioritise meaning-centred and support-based interventions within routine oncology care pathways to enhance psychological adaptation, resilience, and patient-centred outcomes.

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