



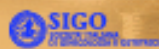
XVI ASSEMBLEA MANGO

RICERCA BIOLOGICA E FARMACOLOGICA
SUL TUMORE DELL'OVAIO: LABORATORIO E CLINICA

REGGIO EMILIA 21-22 GIUGNO 2019



CON IL PATROCINIO DI



Collaborazioni ENGOT attive

1. **Gli studi vengono proposti in sede ENGOT e, solo in alcuni casi, discussi collegialmente.**
2. **Il gruppo leader chiede quali gruppi collaborativi siano interessati e stima quanti centri possano aggregarsi**
3. **Le proposte vengono discusse nel CTS di MaNGO**
4. **I centri afferenti al CTS spesso saturano il numero dei centri partecipanti messi a disposizione dal gruppo leader**
5. **Le CRO incaricate, in caso di studi ENGOT modello C si fanno carico di tutti gli aspetti operativi**
6. **In caso di studi ENGOT A e B, l'Istituto Mario Negri si fa carico della gestione del trial in Italia**

Collaborazioni in corso

- carcinoma ovarico -

Ovaio 1° linea

ENGOT ov39 – ImaGYN 050

ENGOT ov33 - TRUST

ENGOT ov46 - DUO-O

ENGOT ov43

Ovaio recidiva platino sensibile

ENGOT ov38 - OReO

ENGOT ov41 - ANITA

ENGOT ov53

ENGOT ov42 AVATAR

Ovaio recidiva platino resistente

ENGOT ov50

Ovaio 1° linea

ENGOT ov39 – ImaGYN 050

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ENGOT Ov-39 Trial IMaGYN 050 Study Design



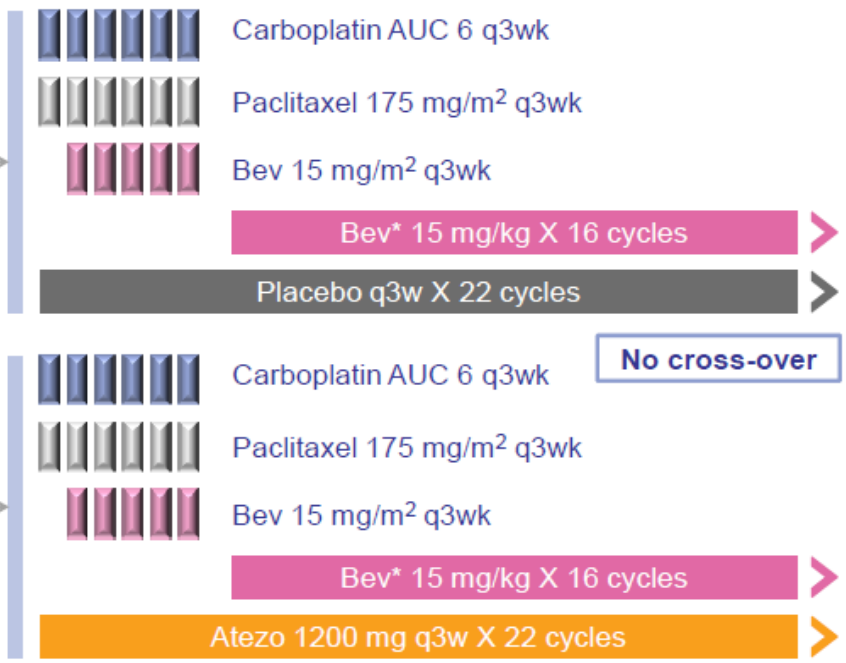
ENGOT model C; ENGOT lead group MITO

IMagyn050: Study Design in Primary Surgery Cohort

- Previously untreated ovarian, fallopian tube, or peritoneal cancer
- Stage III w/macrosopic residual disease), Stage IV, or Unresectable advanced stage patients for neo-adjuvant therapy
- ECOG PS 0-2

Stratification variables

- Stage/debulking status
- ECOG PS
- PDL1 IC0 vs IC1+
- Adjuvant/Neo-adjuvant



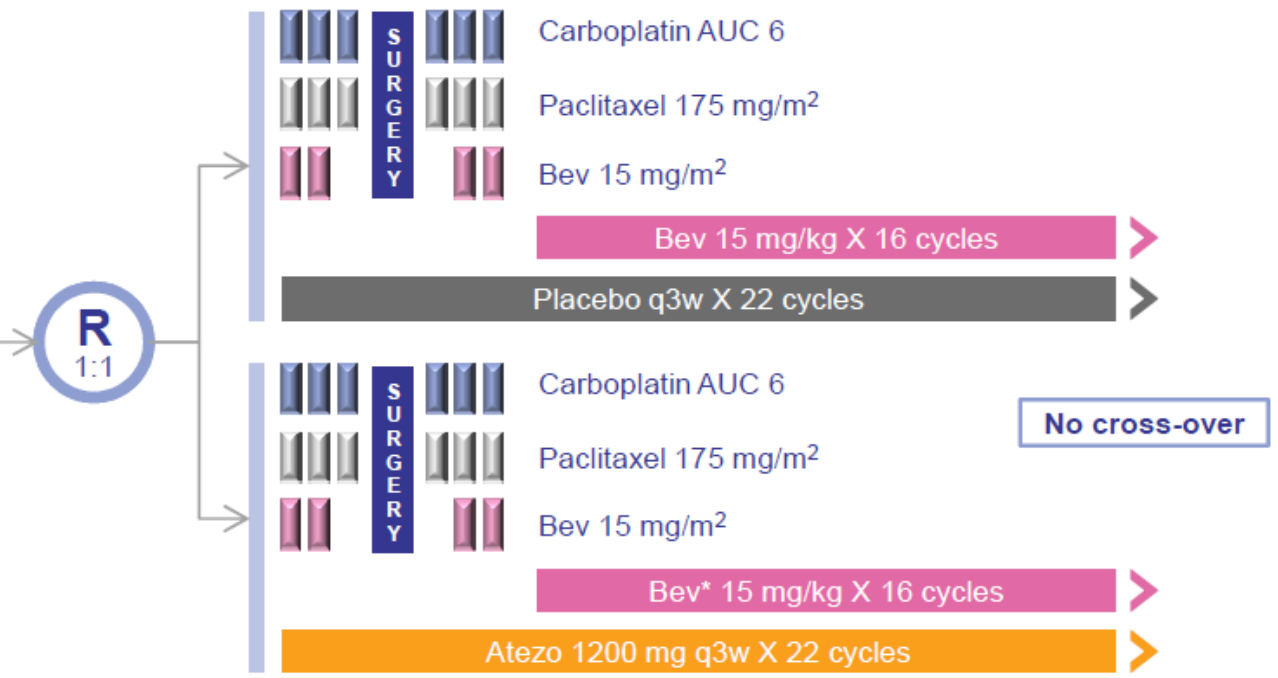
Co-Primary endpoint: PFS & OS in all comers and Dx+ (IC1+)

ENGOT Ov-39 Trial IMaGYN 050 Study Design



IMagyn050: Study Design in Neoadjuvant Cohort

- Previously untreated ovarian, fallopian tube, or peritoneal cancer
- Stage III / IV, Unresectable advanced stage patients for neoadjuvant therapy
- ECOG PS 0-2



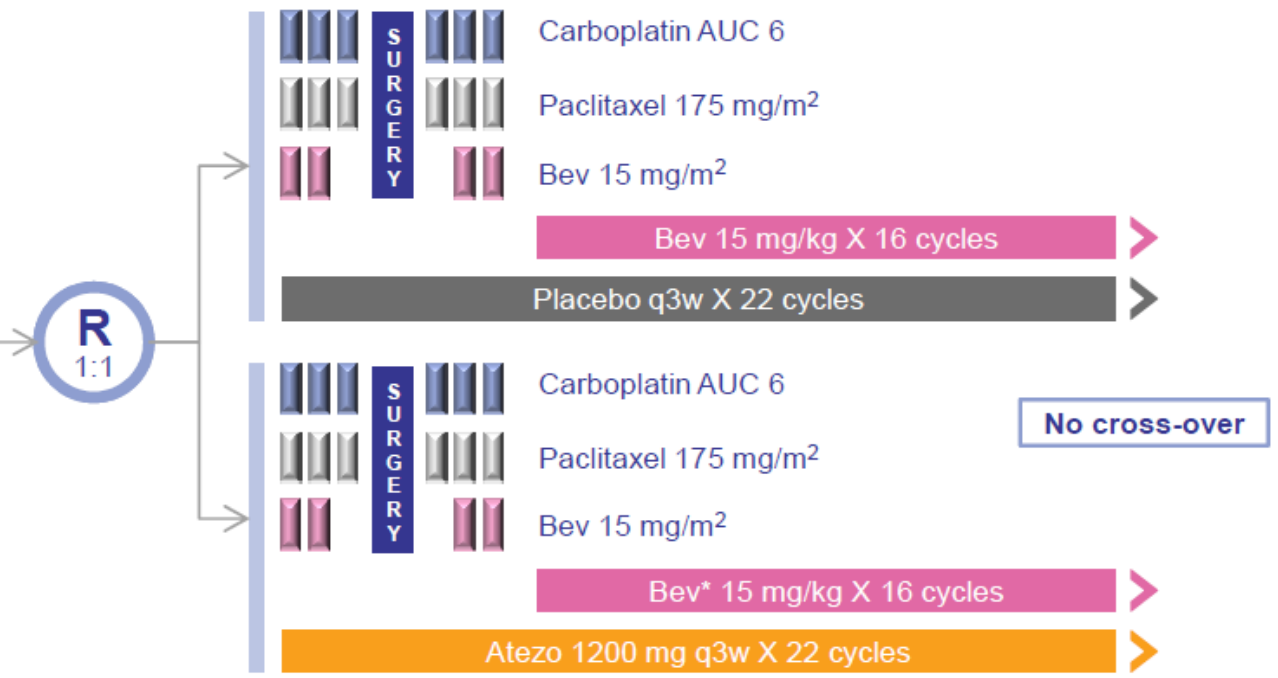
Planned number of patients: 1300; 99% recruited

ENGOT Ov-39 Trial IMaGYN 050 Study Design



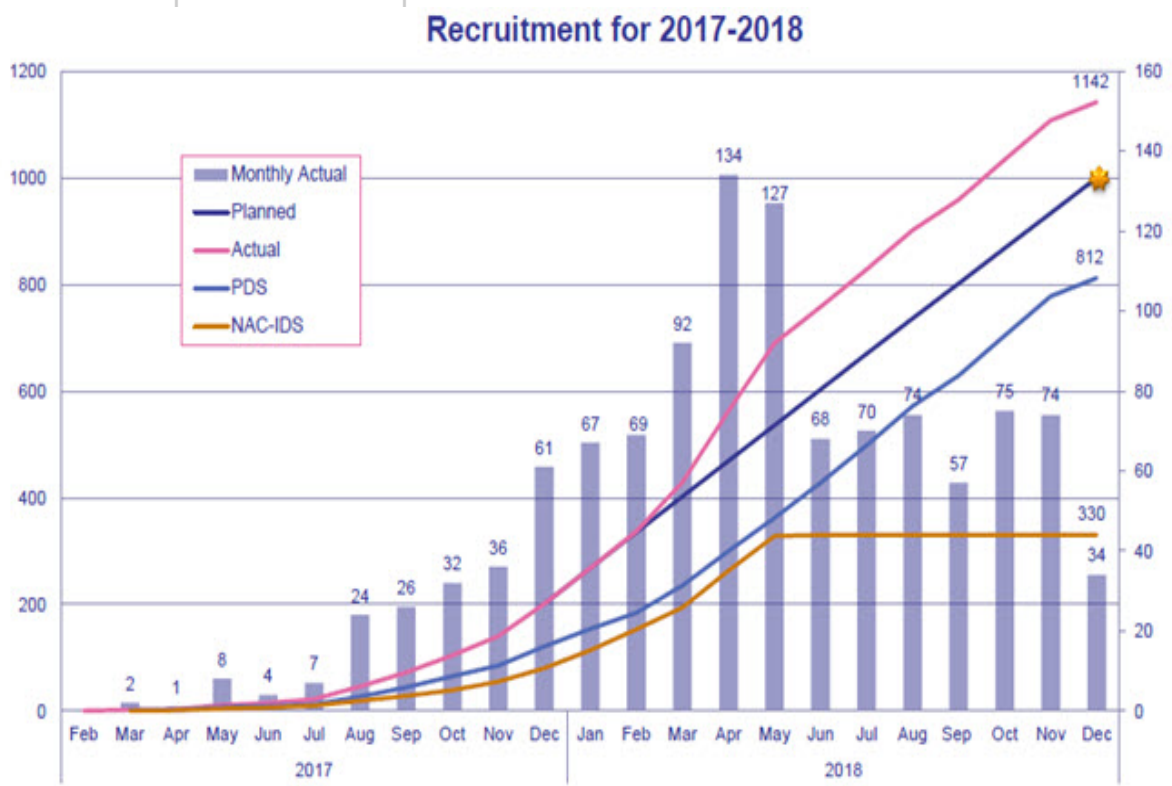
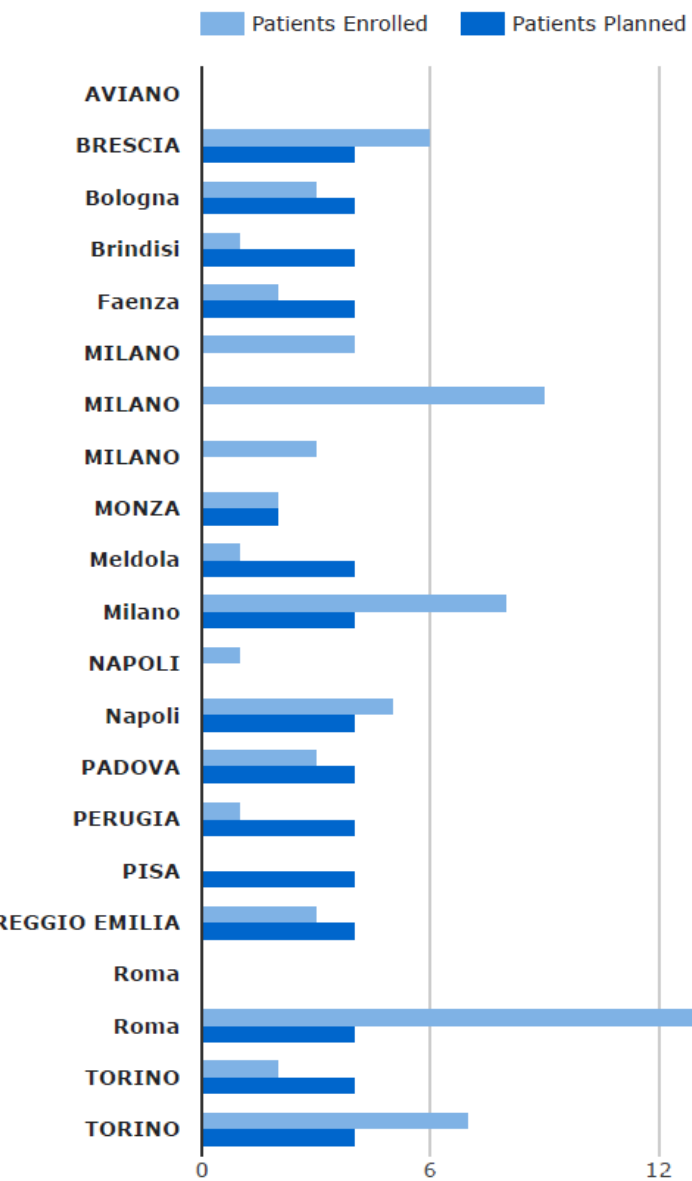
IMagyn050: Study Design in Neoadjuvant Cohort

- Previously untreated ovarian, fallopian tube, or peritoneal cancer
- Stage III / IV, Unresectable advanced stage patients for neoadjuvant therapy
- ECOG PS 0-2



Planned number of patients: 1300; 99% recruited

ENGOT Ov-39 Trial IMaGYN 050



Ovaio 1° linea

ENGOT ov39 – ImaGYN 050

ENGOT ov33 - TRUST

ENGOT ov46 - DUO-O

ENGOT ov43

Ovaio recidiva platino sensibile

ENGOT ov38 - OReO

ENGOT ov41 - ANITA

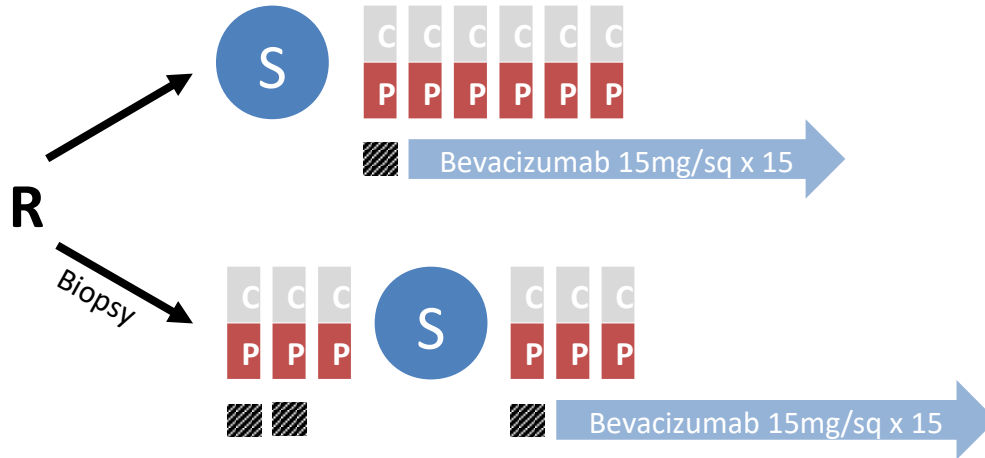
ENGOT ov53

ENGOT ov42 AVATAR

Ovaio recidiva platino resistente

ENGOT ov50

**Pts. with ovarian-,
fallopian-tube or
peritoneal-cancer
FIGO stage IIIB, IIIC
and resectable stage IVA/IVB**



Total sample size 686

- *Primary Endpoint OS ITT population.*
- *Secondary Endpoints PFS, resection rates, M'nM after 6 months, QoL, „fragility Index“*
- *Strata: Site, age-ECOG combination (EGOG 0 + age up to 65 y vs. ECOG >0 + 66y and older)*
- **Qualification process for participating centers to ensure high surgical quality**

S surgery **C** Carboplatin AUC5 **P** Paclitaxel 175 mg/sq **➔** Bev. 15mg 15 mon
suggested therapy, also weekly paclitaxel possible / or omission of Bev

Standard of Care Treatment





TRUST

Trial on Radical Uprfront Surgical Therapy



Amendment n 1

Increase of sample size to account for a higher drop-out rate
New sample size: 772 patients to be randomized

Addition of **translational research part:**

Prospective collection of blood samples and prospective/retrospective collection of tumor tissue for molecular-pathological, molecular-genetic, and pharmacogenetic examinations

Main scientific goals

- Prospective evaluation of a “**debulking signature**” in primary advance epithelial ovarian cancer.
- Prospective evaluation of a “**chemotherapy response score**” of patients undergoing neoadjuvant chemotherapy in primary advance epithelial ovarian cancer
- Prospective evaluation of a **mini-epigenetic signature to predict survival** in primary advanced epithelial ovarian cancer.
- Evaluation of **cell-free (cf) DNA** in the management of primary advanced epithelial ovarian cancer

Country	Sites (20 SIVs / 20 active)	Group	PI	# pts screened	# pts randomized	# pts eligible*
	Essen KEM	AGO	Heitz, F., Harter P., du Bois A.	357	117	117
	Berlin Charité	AGO	Sehouli, J., Muallem M., Chekerov R.	152	120	116
	Tübingen UFK	AGO	Krämer, B., Brucker S., Kommos S., Taran F-A.	252	104	97
	Düsseldorf, KWD	AGO	Lampe, B.	131	95	93
	München LMU	AGO	Burges, A., Trillsch F.; Mahner S.	161	51	46
	London, Imperial Hospital	single site / AGO	Fotopoulou, C.	91	44	44
	Milan, IEO	MaNGO	Aletti, G.	45†	44	44
	Hamburg UKE	AGO	Schmalfeldt, B.	94	38	36
	Dresden UFK	AGO	Wimberger, P.	57	32	30
	München r.d.l.	AGO	Bronger, H.	36	23	23
	Stockholm, Karolinska	NSGO	Falconer, H.	44	18	18
	Paris, HEGP	GINECO	Lecuru, F.	19	18	17
	Milan, INT	single site / MaNGO	Raspagliesi, F.	92	15	15
	Copenhagen, Rigshospital	NSGO	Mosgaard, B.J.	69	13	13
	Naples, INT	single site / MaNGO	Greggi, S.	47	12	11
	Bordeaux, Institut Bergonié	GINECO	Guyon, F.	11	11	11
	Lund, Skane University	NSGO	Kannisto, P.	33	9	9
	New York, MSKCC	single site / AGO	Chi, D.	52	8	8
	Wien, UFK	Single site / AGO	Reinhaller, A.; Grimm, C.	5	5	5
	Villejuif, Inst Gustave Roussy	GINECO	Gouy, S.	2	2	2
			TOTAL	1750	779	755

* Status of December 4, 2018 (preliminary information; eligibility check via QA Board is ongoing); † patient list was provided, blinded screening log needs to be provided

Ovaio 1° linea

ENGOT ov39 – ImaGYN 050

ENGOT ov33 - TRUST

ENGOT ov46 - DUO-O

ENGOT ov43

Ovaio recidiva platino sensibile

ENGOT ov38 - OReO

ENGOT ov41 - ANITA

ENGOT ov53

ENGOT ov42 AVATAR

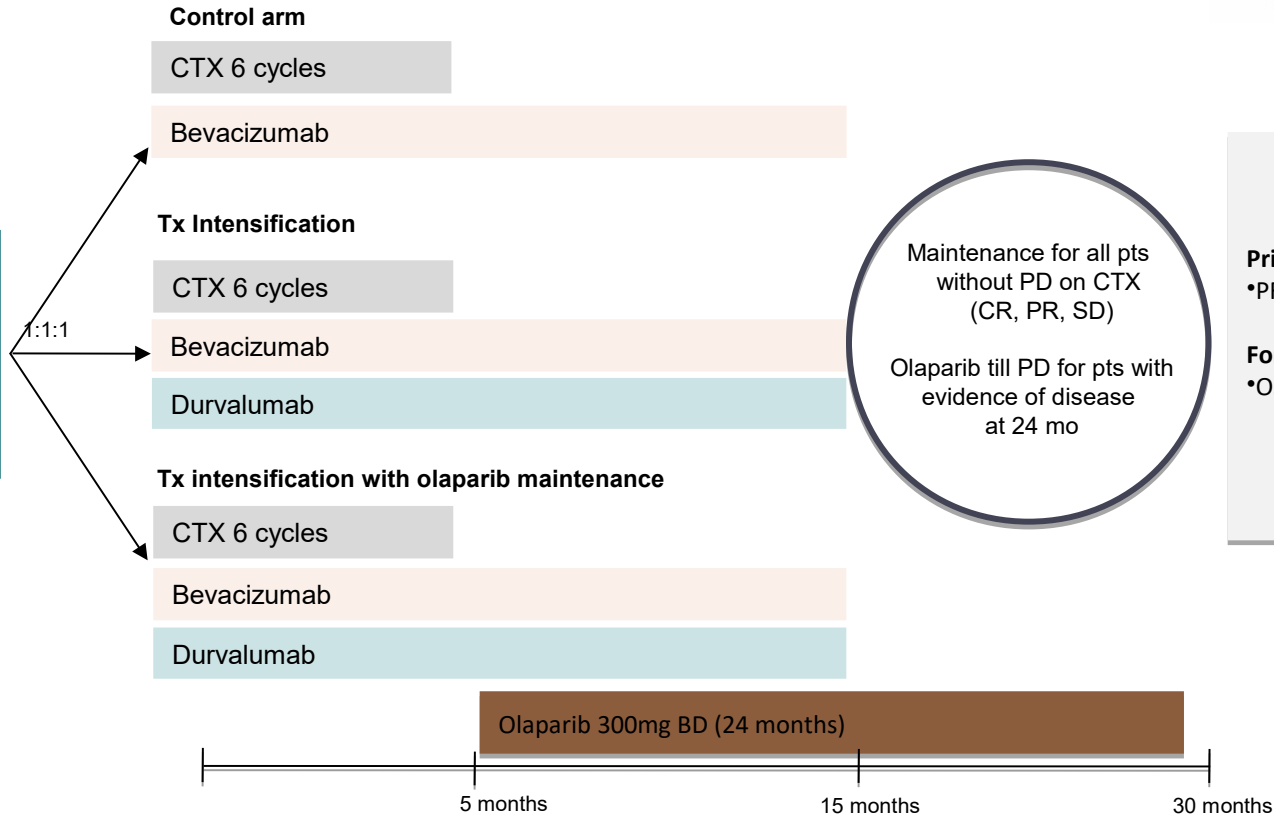
Ovaio recidiva platino resistente

ENGOT ov50

ENGOT OV-46/ DUO-O

N = 927

- Newly diagnosed advanced high grade epithelial OvC stage III-IV
- Primary surgery or interval debulking surgery (IDS)



- Primary:**
- PFS
- Formal Secondary:**
- OS

Stratification:

- 1) No residual vs. residual or IDS
- 2) tBRCAwt vs. tBRCAmut
- 3) Region: US; EU, RoW

ENGOT model C; ENGOT lead group AGO



DUO-O Study / AGO-OVAR 23 ENGOT-ov46

Olaparib and Durvalumab in addition to SoC in newly diagnosed, advanced, ovarian cancer patients



- ENGOT Model C

- Sponsor AstraZeneca

- N° of already recruited patients

227 patient were randomized or allocated to treatment

- Planned N° of patients

- 1056 patients

- Status

Recruiting (First patient screened on 04-Jan-2019; First patient randomized On 30-Jan-2019)

- Participating Groups

AGO-A, BGOB, GEICO, GINECO, GOG-F, JGOG, KGOG, MaNGO, MITO, NSGO, PGOG, TRSGO

- Other important information

Countries with EC and RA approval: Austria, Belgium, Canada, Denmark, Finland, France, Germany, Hungary, Italy, Japan, Poland, South Korea, Spain, Turkey, and USA.

First site activation in Italy planned for July 2019

Ovaio 1° linea

ENGOT ov39 – ImaGYN 050

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ENGOT ov43

Ovaio recidiva platino sensibile

ENGOT ov38 - OReO

ENGOT ov41 - ANITA

ENGOT ov53

ENGOT ov42 AVATAR

Ovaio recidiva platino resistente

ENGOT ov50

STUDY DESIGN

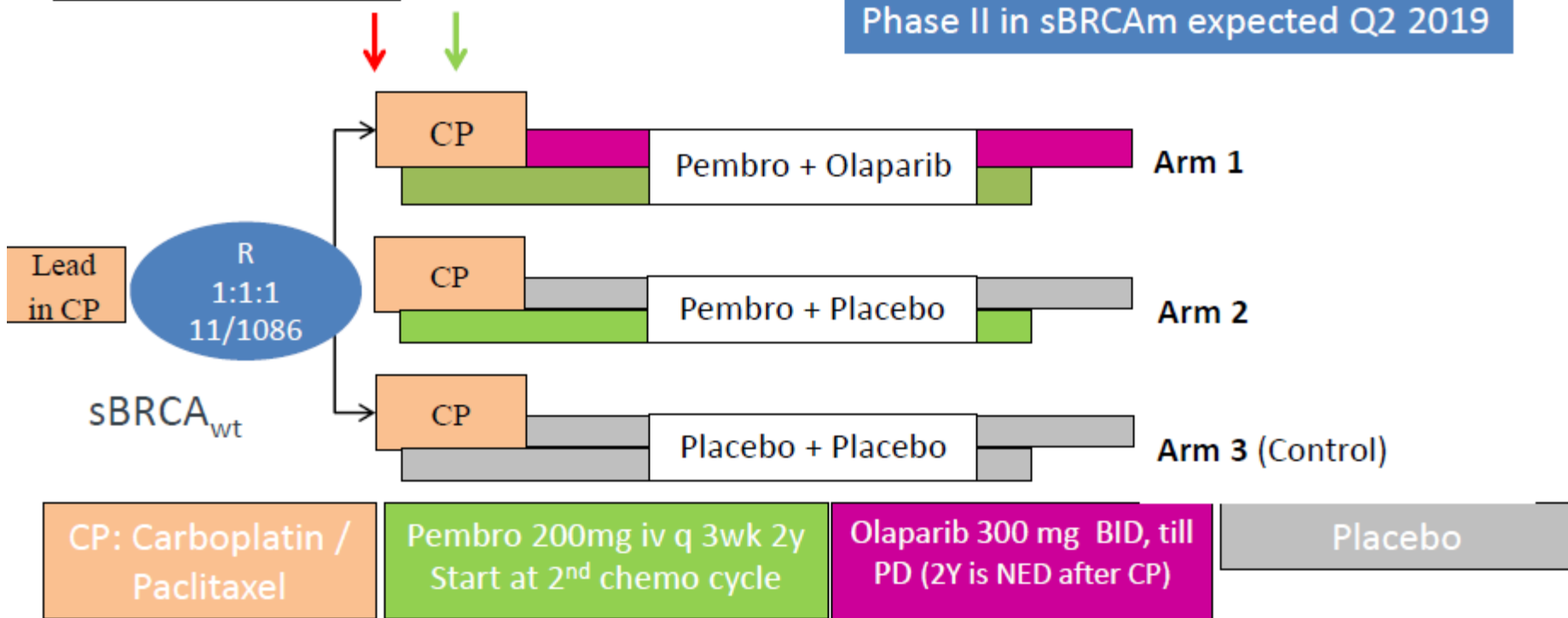
Trial setting: **Ovary/newly diagnosed**
 Sponsor(s): **MSD**
 Planned No. of patients: **1086**
 FPI: **expected Q4 2018**
 Co-primary Endpoints: **PFS (by PI) and OS**

First biopsy for **somatic BRCA testing (taken at PDS or laparoscopy or core,...)**
 Randomization **before 2nd chemo cycle** if not somatic mutated in BRCA
Stratification: 1. Bev use 2. PDS R0; PDS R>0; NACT->IDS
 3. PD-L1 status (CPS < or >= 10)

Primary debulking

Interval debulking

Phase II in sBRCA_m expected Q2 2019



Bevacizumab allowed; to be specified in advance; randomization to be stratified by use of bev or not

STUDY STATUS

FPI: March 2019; 17 patients randomized

ENGOT model C; ENGOT lead group BGOG

ENGOT GROUP	EC/CA approval	N° activated sites	In screening/Lead-in	Enrolled/Expected
BGOG	YES	6/10	2/4	8/83
ISGO	YES	6/11	1/1	2/70
PGOG	YES	4/8	2/0	0/40
GEICO	YES	8/11	2/0	0/66
CEEGOG	Hungary: 22-feb-2019 Czech Republic: Est. April 2019 Ukraine: CA submitted 10-dec-18	Hungary: 0/5 Czech Republic: 0/5 Ukraine: 0/8		Hungary: 0/60 Czech Republic: 0/55 Ukraine: 0/52
GINECO	EC submitted 24-Jan-19; CA Est. March 2019	0/8		0/45
NOGGO/AGO		0/15		0/55
MITO/MaNGO	EC/CA submitted 21-Jan-2019	0/13		0/62
TRSGO	CA: submitted 05-feb-2019	0/8		0/80
Total ENGOT		24/102	7/5	10/668
Non-ENGOT		22/137	10/5	7
Total accrual		46/239		17

IM: 8th March in Rome, 200 participants from all participating ENGOT groups and Russia, Canada, South Africa



Ovaio 1° linea

ENGOT ov39 – ImaGYN 050

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ENGOT ov46 - DUO-O

ENGOT ov43

Ovaio recidiva platino sensibile

ENGOT ov38 - OReO

ENGOT ov41 - ANITA

ENGOT ov53

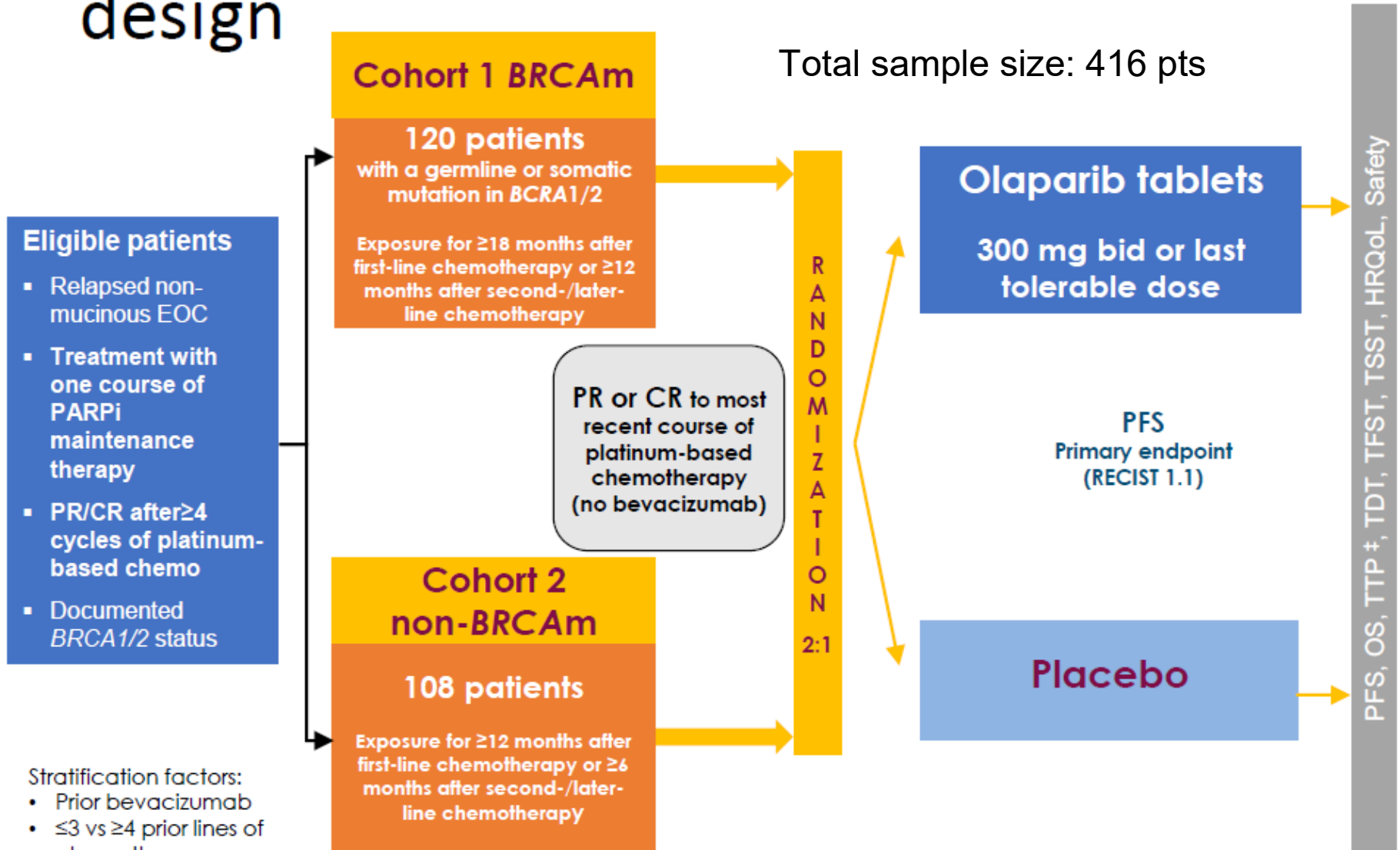
ENGOT ov42 AVATAR

Ovaio recidiva platino resistente

ENGOT ov50

OReO design

ENGOT Ov38/OReO



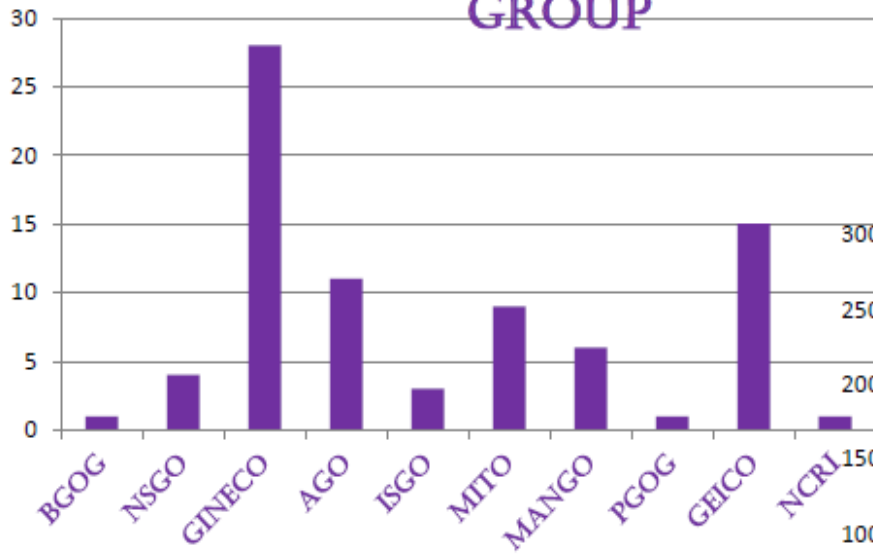
- Stratification factors:
- Prior bevacizumab
 - ≤ 3 vs ≥ 4 prior lines of chemotherapy

ENGOT Model C; Lead Group GINECO

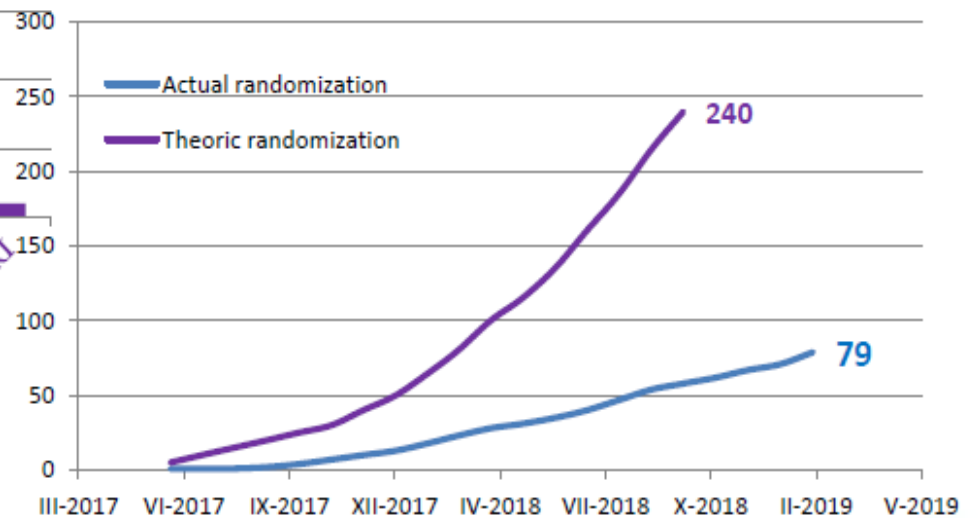
ENGOT Ov38/OReO

ENROLLMENT

RECRUITMENT PER ENGOT GROUP



INTERNATIONAL RECRUITEMENT PER MONTHS



ENGOT Ov38/OReO

OReO enrollment – last update May 2019

<i>ENGOT Group</i>	<i>Country</i>	<i>Planned Sites</i>	<i>Sites Initiated</i>	<i>Sites Active</i>	<i>Subjects Enrolled</i>	<i>Subjects in Screening</i>
BGOG	Belgium	3	3	2	2	0
NSGO	Denmark	3	3	2	3	0
	Norway	1	1	1	1	0
GINECO	France	20	19	14	36	1
AGO	Germany	20	19	10	26	0
ISGO	Israel	7	7	2	3	0
MANGO	Italy	7	7	3	7	0
MITO	Italy	11	11	5	11	2
PGOG	Poland	6	5	2	4	1
GEICO	Spain	13	13	9	19	1
NCRI	UK	8	8	3	3	0
	Totals	99	96	53	115	5

Ovaio 1° linea

ENGOT ov39 – ImaGYN 050

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ENGOT ov46 - DUO-O

ENGOT ov43

Ovaio recidiva platino sensibile

ENGOT ov38 - OReO

ENGOT ov41 - ANITA

ENGOT ov53

ENGOT ov42 AVATAR

Ovaio recidiva platino resistente

ENGOT ov50

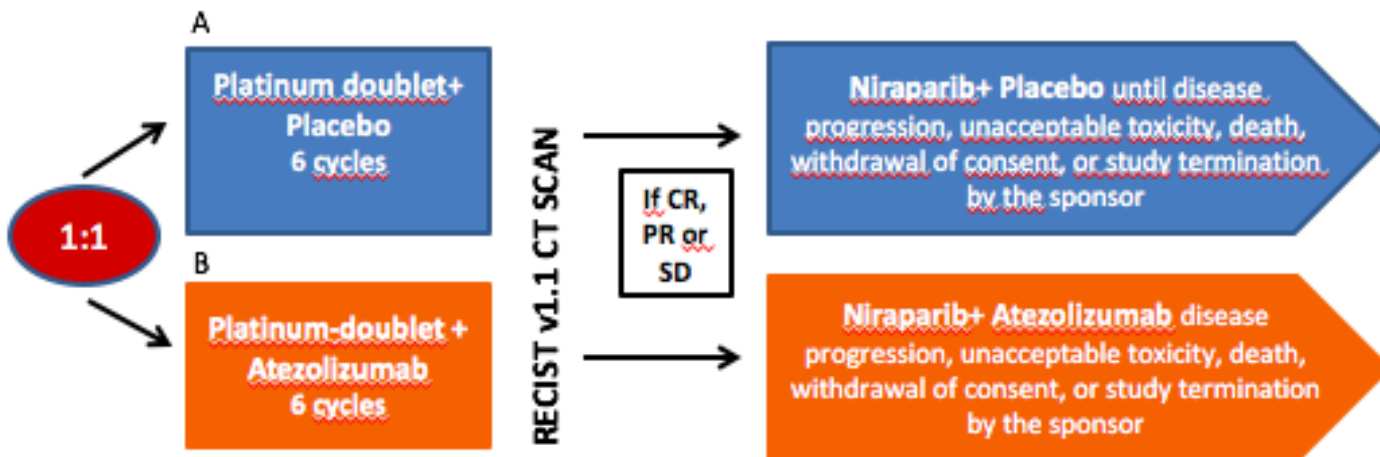
ENGOT Ov41/ANITA

ENGOT Model B; Lead Group GEICO

N= 414 patients

- Recurrent high- grade serous or endometrioid, or undifferentiated ovarian, primary peritoneal or tubal carcinoma
- TFI p >6 months
- ≤ 2 prior lines
- Measurable disease
- ECOG ≤ 1

RANDOMIZATION



Stratification factors:

- Platinum based regimen selected
- PFI (6-12 months vs > 12 months)
- BRCA mutation status (mutated vs. non-mutated)

Primary Endpoint:

- PFS by RECIST v.1.1

Secondary endpoints:

- Safety and tolerability
- TFST, TSST, PFS2, OS
- ORR, DOR
- QoL/PRO

Enrollment start: Q4 2018
Randomized patients: 68 pts
Enrollment on hold

JAVELIN Ovarian 200 trial : “Avelumab alone or in combination with pegylated liposomal doxorubicin vs pegylated liposomal doxorubicin alone in platinum-resistant or refractory epithelial ovarian cancer: primary and biomarker analysis of the phase 3”

Prespecified analysis indicate a potential role for PD-L1 expression as a predictor of clinical benefit

GEICO and ROCHE decided to include a PD-L1 stratification factor in the study and submission of the study on hold in Europe until the PD-L1 stratification factor is confirmed and implemented, which is expected to be approximately 3 months

Current Status Italy :

Submission early July 2019, First SIV September/October 2019

Arruolamento bloccato perchè?

ANITA Centri MaNGO



Site	Principal Investigator	Commitment
Istituto Europeo di Oncologia IEO- Milano	Nicoletta Colombo	40
ASST-Lecco	Antonio Ardizzoia	5
IOV-IRCCS-Padova	Ornella Nicoletto	12
Ospedale Mauriziano-Torino	Annamaria Ferrero	8
Ospedale Sant'Anna-Torino	Paolo Zola	5
IRCCS Arcispedale Santa Maria Nuova- Reggio Emilia	Alessandra Bologna	25
Spedali Civili-Brescia	Germana Tognon	20
Total number of patients		115

Ovaio 1° linea

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ENGOT ov43

Ovaio recidiva platino sensibile

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ENGOT ov41 - ANITA

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ENGOT ov42 AVATAR

Ovaio recidiva platino resistente

ENGOT ov50

Trial setting: **Ovary/recurrent (ROC-NP)**
Sponsor(s): **NOVOCURE**
Planned No. of patients: **540**
FPI: **expected Q1 2019**

STUDY DESIGN

Primary endpoint: OS

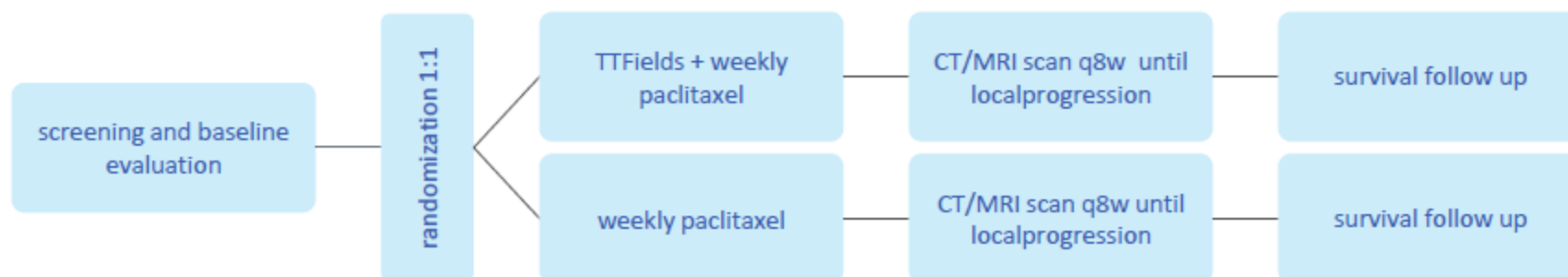
Secondary endpoints: PFS, ORR, severity and frequency of adverse events, QOL, time to undisputable deterioration in health-related QoL / death

Planned sample size: 540

Study population: Ovarian/primary peritoneal or fallopian tube carcinoma, **maximum two prior lines of systemic therapy following diagnosis of platinum-resistance**, ECOG 0-1

Study duration: 48 months (30 months of patient accrual)

Participant duration: expected 12 months on the trial



TTFields in patients with recurrent ovarian cancer not suitable for platinum (ROC-NP)



- BGOG leading

- 110 sites

- FPI planned Q1

2019

Group/ #sites selected	Submission status (actual/planned)	Planned site initiation
A-AGO – 4	3 LEC approval received CA vote expected 23Mar2019 (1 site) CA submission in Mar2019 (2 sites)	Mar 2019
BGOG – 9	EC /CA vote expected 13Mar2019 (for 3 sites) EC/ CA submission end-Apr2019 (for 6 sites)	First SIV: 4th March (Vergote) Others March 2019
ISGO – 4	3 LEC approval received CA submission mid-Mar2019	Apr/May 2019
DGOG– 4	TBD	TBD
CEEGOG (Czech Republic) – 4	4 LEC approvals received CA queries received	Apr/May 2019
CEEGOG (Hungary) – 2	Planned March 2019	Q2/2019
NOGGO/AGO – 5	Planned March 2019	Q2/2019
PGOG – 9	CEC approval (for 2 sites) CA submission mid-Mar2019 CEC submission (for 7 sites) – Apr/May2019	Jun/Jul2019
MITO - 5 MaNGO - 3	LEC Submission planned Mar2019 (for 4 sites) MOH vote expected Apr2019	May/Jun2019
SAKK - 4	CEC/CA queries received (for 3 sites)	May2019
GEICO-8	LEC/CA submission planned in Apr2019	Q3/2019

Collaborazioni in corso

- carcinoma della cervice -

Cervice - 1° linea
INTERLACE

Cervice - recidiva
ENGOT cx10 - BEAT
ENGOT cx9- EMPOWER
ENGOT cx12

Cervice - 1° linea

INTERLACE

Cervice - recidiva

ENGOT cx10 - BEAT

ENGOT cx9- EMPOWER

ENGOT cx12

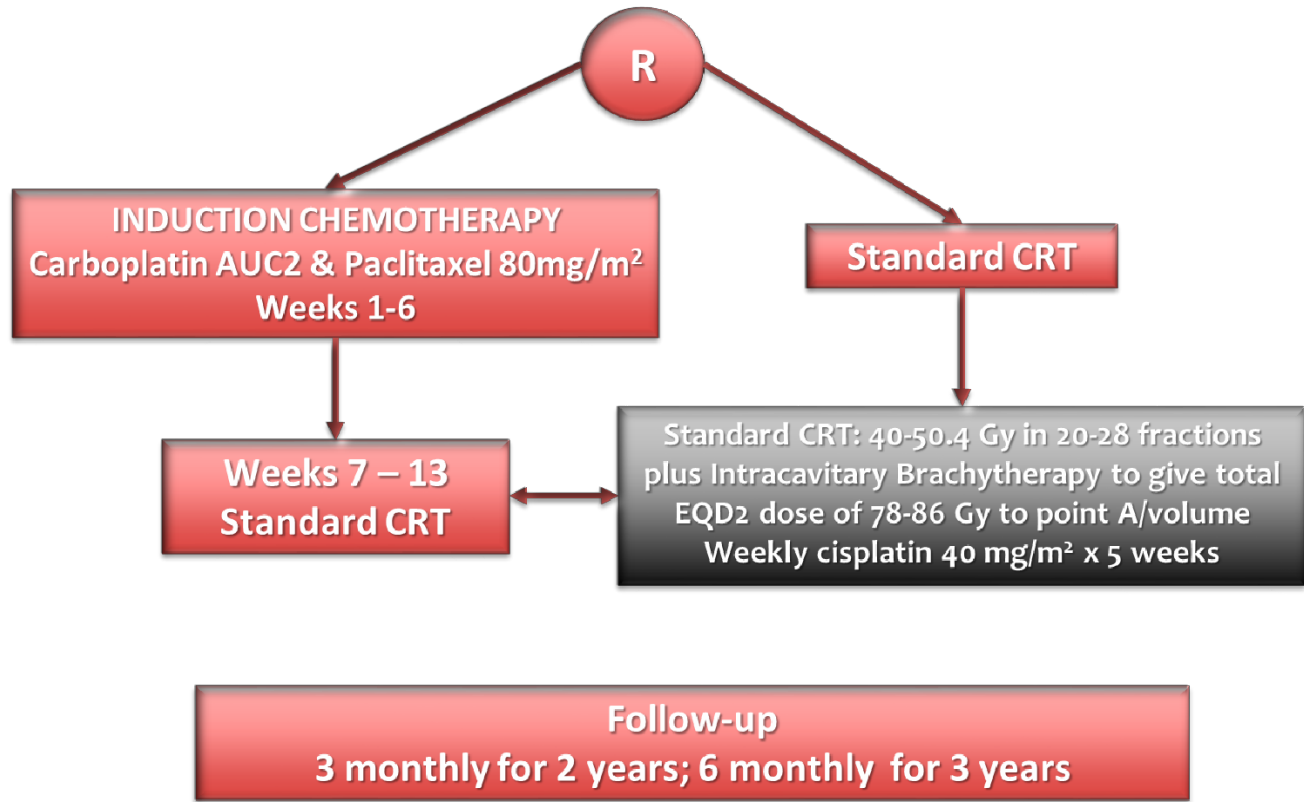


INTERLACE



Histologically confirmed FIGO stage Ib2-IVa squamous, adeno or adenosquamous carcinoma of cervix, fit to receive radical CRT

365/500 patients recruited



Recruitment to INTERLACE has been extended to until April 2020 (to recruit the remaining 135 patients)



INTERLACE Italian sites



Italian sites	Principal Investigator	Status	Pending activities
IEO Milano	Nicoletta Colombo	Active 3 pts randomised	
S. Gerardo Monza	Andrea A.Lissoni	SIV performed 25 th February 2019	
AUSL Romagna Ravenna	Claudia Casanova	Site set up completed, queries outstanding	<ol style="list-style-type: none"> 1.Process document 2.EBRT outlinin cases 3.EBRT planning cases 4.Brachytherapy example case
Mauriziano Torino	Annamaria Ferrero	Site set up completed	Brachytherapy cases subordinate to Sant'Anna
A. Manzoni Lecco	Federica Villa	Site set up completed, queries outstanding	All tasks have been submitted , under review
Sant'Anna Torino	Sergio Gribaudo	Site set up ongoing	all RTQA tasks
AOU Pisa	Angiolo Gadducci	Unable to comply with RTQA requirements	Unable to comply with RTQA requirements

Cervice - 1° linea
INTERLACE

Cervice - recidiva

ENGOT cx10 - BEATcc

ENGOT cx9- EMPOWER

ENGOT cx12

N=404 Pts

Control Arm

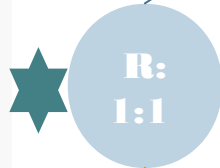
Primary Stage IVB,
persistent or recurrent
carcinoma of the cervix

Measurable disease by
RECIST v1.1

ECOG-PS: 0-1

No previous systemic
chemotherapy for
advanced or recurrent
disease

Available archival
tumour for PD-L1
expression



**Cisplatin + paclitaxel +
bevacizumab (GOG#240) until
disease progression**

Experimental Arm

**Cisplatin + paclitaxel + bevacizumab +
atezolizumab until disease progression**

Primary Endpoints:

- Overall survival (OS)

**Safety run-in cohort: 12
pts after 2 cycles of
treatment**

ENGOT model: B

Sponsor(s): GEICO

No. of already recruited patients: **32 randomized** / **1** in screening

Planned No. of patients: 404

Status: recruiting

BEATcc Centri MaNGO

Site	Principal Investigator	Commitment
Istituto Europeo di Oncologia IEO- Milano	Nicoletta Colombo	15
ASST-Lecco	Antonio Ardizzoia	5
IOV-IRCCS- Padova	Ornella Nicoletto	5
Ospedale Mauriziano-Torino	Annamaria Ferrero	6
AOU Pisana	Angiolo Gadducci	10
Ospedale Sant'Anna-Torino	Dyonissios Katsaros	5
IRCCS Arcispedale Santa Maria Nuova-Reggio Emilia	Alessandra Bologna	6
Ospedale San Gerardo-Monza	Andrea Lissoni	6
Total number of patients	58	

Submission performed on March 30th 2019
AIFA objections to be answered by 27th June
Investigators meeting 12th July
First Site Initiation Visit: end July 2019



if you want to go fast...*go alone.*

if you want to go far...*go together*

— African Proverb

*Grazie per
l'attenzione*