Conclusions: The combination of cediranib and olaparib is effective in heavily pretreated PROC patients with the advantage of an oral administration and good tolerability. The continuous schedule of cediranib-olaparib showed a promising trend towards improved PFS in comparison with weekly paclitaxel particularly in the BRCA wt population.

Clinical trial identification: IRFMN-OVA-7289, EudraCT: 2016-003964-38, NCT03314740.

Legal entity responsible for the study: Istituto di Ricerche Farmacologiche Mario Negri IRCCS.

Funding: AstraZeneca.

Disclosure: N. Colombo: Honoraria (self), Advisory / Consultancy: Roche/Genentech; Honoraria (self), Advisory / Consultancy: PharmaMar; Honoraria (self), Advisory / Consultancy: AstraZeneca; Honoraria (self), Advisory / Consultancy: Tesaro; Advisory / Consultancy: Clovis Oncology; Advisory / Consultancy: Pfizer; Advisory / Consultancy: MSD Oncology; Advisory / Consultancy: BioCad; Advisory / Consultancy: Takeda. G. Tognon: Advisory / Consultancy: Amgen; Speaker Bureau / Expert testimony, Research grant / Funding (institution): Roche; Speaker Bureau / Expert testimony, Research grant / Funding (institution): AstraZeneca; Speaker Bureau / Expert testimony: Tesaro. M. Ratti: Travel / Accommodation / Expenses: Tesaro Bio. All other authors have declared no conflicts of interest.

LBA58 BAROCCO: A randomized phase II study of weekly paclitaxel vs cediranib-olaparib combination given with continuous or intermittent schedule in patients with recurrent platinum resistant ovarian cancer (PROC)

N. Colombo[1], M.O. Nicoletto[2], P. Benedetti Panici[3], G. Tognon[4], A. Bologna[5], A.A. Lissoni[6], A. DeCensi[7], F. Tomao[3], R. Fossati[8], F. Tettamanzi[8], E. Rulli[8], F. Galli[8], M. De Luca[8], M.F. Alvisi[8], R. Mancari[1], M. Ratti[4], A. Baldoni[2], V. Torri[8], E. Biagioli[8]

[1]Gynecologic Oncology, Istituto Europeo di Oncologia, Milan, Italy, [2]Oncologia Medica, Istituto Oncologico Veneto IRCCS, Padua, Italy, [3]Materno Infantile e Scienze Urologiche, Universita La Sapienza, Rome, Italy, [4]Ginecologia, ASST Spedali Civili di Brescia, Università degli Studi di Brescia, Brescia, Italy, [5]Medical Oncology Unit, IRCCS–Arcispedale S. Maria Nuova, Reggio Emilia, Italy, [6]Ginecologia Oncologica, Azienda Ospedaliera S. Gerardo - Oncologia Medica, Monza, Italy, [7]Oncologia Medica, EO Ospedali Galliera, Genoa, Italy, [8]Oncology, Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Milan, Italy

Background: Hypoxia induced by antiangiogenic agents could cause a functional impairment of homologous recombination, thus sensitizing wild-type (wt) BRCA tumor cells to PARP inhibition. In a phase II study the combination of cediranib-olaparib increased progression free survival (PFS) in women with recurrent platinum sensitive OC with respect to olaparib.

Methods: 123 patients were allocated in a 1:1:1 ratio to receive: 80 mg/m^2 weekly paclitaxel up to 24 weeks (control), olaparib 600 mg tablet (300 mg twice daily) together with 20 mg cediranib daily (continuous schedule) or 20 mg cediranib given 5 days/week (intermittent schedule) until progression. PFS comparison between experimental schedules and the control arm (alpha one-sided 5%; power 80% to detect a HR of 0.5) was the primary objective.

Results: Median platinum-free interval was 1.8 mos, 59% of patients were pretreated with >3 chemotherapy lines. Median PFS for paclitaxel, the continuous, and the intermittent schedules were 3.1, 5.7, and 3.8 mos. Estimated HR for PFS in continuous arm vs control was 0.76 (90% CI: 0.49-1.17), p = 0.28 by log-rank test. HR for PFS in intermittent arm vs. control was 1.08 (90% CI: 0.71-1.64), p = 0.76 by log-rank test. In the subgroup gBRCA wt (n = 109) the median PFS for paclitaxel, the continuous, and the intermittent schedules were 2.1, 5.8 and 3.8 mos and HR for PFS in continuous arm vs control was 0.63 (95% CI: 0.36 to 1.10; p = 0.10). The toxicity profile of the study arms was as expected and similar between experimental arms. 11%, 18%, and 7% in control, continuous and intermittent arm discontinued treatment for adverse events. Five serious adverse drug reactions occurred and two of these were fatal: one in the control and one in the continuous arm.