IGCS meeting abstracts

Plenary Sessions

Plenary 1

IGCS19-0523

1

MILO/ENGOT-OV11: PHASE-3 STUDY OF BINIMETINIB VERSUS PHYSICIAN'S CHOICE CHEMOTHERAPY (PCC) IN RECURRENT OR PERSISTENT LOW-GRADE SEROUS CARCINOMAS OF THE OVARY, FALLOPIAN TUBE, OR PRIMARY PERITONEUM

¹R Grisham*, ²B Monk J, ³S Banerjee, ⁴R Coleman L, ⁵A Oza M, ⁶M Oehler K, ⁷E Kalbacher, ⁸M Mirza Raza, ⁹J del Campo M, ¹⁰C Marth, ¹¹A Westermann, ¹²S Pignata, ¹³N Colombo, ¹⁴D Cibula, ¹⁵F Hilpert, ¹⁶C Aghajanian, ¹⁷E Drill, ¹⁸V Sandor, ¹⁹A Boyd P, ²⁰I Vergote. ¹Memorial Sloan Kettering Cancer Center, Department of Medicine-Gynecologic Medical Oncology, New York, USA; ²Arizona Oncology US Oncology Network-University of Arizona College of Medicine, Creighton University School of Medicine, Phoenix, USA; ³Royal Marsden Hospital, Gynaecological Cancers at the Institute of Cancer Research, London, UK; ⁴MD Anderson Cancer Center, Gynecologic Oncology and Reproductive Medicine, Houston, USA; ⁵Princess Margaret Cancer Centre, Medical Oncology and Hematology, Toronto, Canada; ⁶Royal Adelaide Hospital, Gynaecological Oncology, Adelaide- SA, Australia; ⁷Centre Hospitalier Régional et Universitaire de Besançon, Oncology, de Besançon, France; ⁸NSGO and Rigshospitalet, Copenhagen University Hospital, Copenhagen, Denmark; ⁹Vall d'Hebron University Hospital, Medical Oncology, Barcelona, Spain; ¹⁰Innsbruck Medical University, Obstetrics and Gynecology, Innsbruck, Austria; ¹¹Amsterdam University Medical Centers, Dutch Gynaecological Oncology Group DGOG, Amsterdam, The Netherlands; ¹²Istituto Nazionale Tumori Fondazione Pascale IRCCS, Medical Oncology, Naples, Italy; ¹³Università Milano-Bicocca Direttore Programma Ginecologia Oncologica Istituto Europeo Oncologia, Dipartimento Medicina e Chirurgia, Milan, Italy; ¹⁴First Faculty of Medicine- Charles University in Prague and General University Hospital in Prague, Obstetrics And Gynecology, Prague, Czech Republic; ¹⁵Onkologisches Therapiezentrum am Krankenhaus, Gynecology, Jerusalem, Israel; ¹⁶Array BioPharma Inc, Array, Boulder, USA; ¹⁷Array BioPharma Inc, Biometrics and Clinical Operations, Boulder, USA; ¹⁸Belgium and Luxemburg Gynaecological Oncology Group, Gynaecologic Oncology, Leuven, Belgium

10.1136/ijgc-2019-IGCS.1

Objectives Low-grade serous ovarian carcinomas (LGSOC) have historically low chemotherapy responses. Alterations affecting the MAPK pathway, most commonly KRAS/BRAF, are present in 30–60% of LGSOC. A phase II study of the MEK inhibitor selumetinib showed promising response rate of 15% in LGSOC and binimetinib, a potent MEK1/2 inhibitor, has demonstrated activity across multiple cancers.

Methods MILO (MEK-Inhibitor in Low-grade Serous Ovarian Cancer)/ENGOT-ov11 was an open-label, 2:1-randomized study of binimetinib (45-mg BID) vs PCC in LGSOC. Eligible patients had recurrent or persistent measurable LGSOC following ≥ 1 prior platinum-based chemotherapy, ≤ 3 prior chemotherapy lines, and no prior MEK-or BRAF-inhibitor. The primary endpoint was progression-free survival (PFS) by blinded central review; additional assessments: overall survival (OS), overall response rate (ORR), duration of response (DOR), clinical-benefit rate, biomarkers, and safety. (NCT01849874).

Results 303 patients were randomized (201 binimetinib, 102 PCC). Median PFS was 9.1 months (95% CI: 7.3, 11.3) for binimetinib and 10.6 months (95% CI: 9.2, 14.5) for PCC (HR: 1.21 (0.79, 1.86); closed early for futility). Secondary efficacy endpoints were similar in the two groups: ORR 16%

(complete/partial responses [CR/PRs] = 32) vs 13% (CR/PRs = 13); median DOR 8.1 (range: 0.3–12.0+ months) vs 6.7 (0.3–9.7+ months); and median OS 25.3 vs 20.8 months, for binimetinib and PCC, respectively. Safety results were consistent with known safety profile of binimetinib; most common $\geq$ grade 3 events were blood CK increased (20%) and hypertension (20%). Post-hoc analysis suggests a possible association between KRAS mutation and response to binimetinib.

Conclusions Although MILO did not meet its primary endpoint, binimetinib showed activity in LGSOC across the efficacy endpoints evaluated. Chemotherapy responses were higher than predicted. Further evaluation is warranted.

IGCS19-0455

2

EXPLORATORY ANALYSIS OF POSTPROGRESSION AND PATIENT-CENTERED OUTCOMES IN ARIEL3: A PHASE 3, RANDOMIZED, PLACEBO-CONTROLLED STUDY OF RUCAPARIB MAINTENANCE TREATMENT IN PATIENTS WITH RECURRENT OVARIAN CARCINOMA

¹R Coleman*, ²AM Oza, ³D Lorusso, ⁴C Aghajanian, ⁵A Oaknin, ⁶A Dean, ⁷N Colombo, ⁸JJ Weberpals, ⁹AR Clamp, ¹⁰G Scambia, ¹¹A Leary, ¹²RW Holloway, ¹³M Amenedo Gancedo, ¹⁴PC Fong, ¹⁵JC Goh, ¹⁶DM O'Malley, ¹⁷S Goble, ¹⁸T Cameron, ¹⁹J Bedel, ²⁰JA Ledermann. ¹The University of Texas MD Anderson Cancer Center, Department of Gynecologic Oncology and Reproductive Medicine, Houston- TX, USA; ²Princess Margaret Cancer Centre- University Health Network, Division of Medical Oncology and Hematology, Toronto- ON, Canada; ³Policlinico Universitario A. Gemelli IRCCS, Gynecologic Oncology Unit, Rome, Italy; ⁴Memorial Sloan Kettering Cancer Center, Gynecologic Medical Oncology, New York- NY, USA; ⁵Vall d'Hebron Institute of Oncology VHIO, Medical Oncology Department, Barcelona, Spain; ⁶St John of God Subiaco Hospital, Department of Oncology, Subiaco- WA, Australia; ⁷European Institute of Oncology and University of Milan-Bicocca, Gynecologic Cancer Program, Milan, Italy; ⁸Ottawa Hospital Research Institute, Division of Gynecologic Oncology, Ottawa- ON, Canada; ⁹The Christie NHS Foundation Trust and University of Manchester, Department of Medical Oncology, Manchester, UK; ¹⁰Gustave Roussy Cancer Center- INSERM U981- and Groupe d'Investigateurs Nationaux pour l'Etude des Cancers Ovariens GINECO, Gynecological Unit, Villejuif, France; ¹¹Florida Hospital Cancer Institute, Department of Gynecologic Oncology, Orlando- FL, USA; ¹²Oncology Center of Galicia, Medical Oncology Department, La Coruña, Spain; ¹³Auckland City Hospital, Medical Oncology Department, Grafton- Auckland, New Zealand; ¹⁴Royal Brisbane and Women's Hospital and University of Queensland, Department of Oncology- Cancer Care Services, Herston and St Lucia- QLD, Australia; ¹⁵The Ohio State University- James Cancer Center, Clinical Research Gynecologic Oncology, Columbus- OH, USA; ¹⁶Clovis Oncology- Inc., Biostatistics, Boulder- CO, USA; ¹⁷Clovis Oncology UK Ltd., Clinical Science, Cambridge, UK; ¹⁸Clovis Oncology Switzerland GmbH, Pricing and Market Access – Europe, Zurich, Switzerland; ¹⁹UCL Cancer Institute- University College London and UCL Hospitals, Department of Oncology, London, UK

10.1136/ijgc-2019-IGCS.2

Objectives In ARIEL3, rucaparib maintenance treatment significantly improved progression-free survival (PFS) vs placebo. A prespecified exploratory analysis investigated postprogression outcomes. Additionally, a post hoc exploratory analysis investigated patient-centered outcomes during rucaparib maintenance treatment.

Methods Patients were randomized 2:1 to receive oral rucaparib (600 mg BID) or placebo. Postprogression endpoints included time to start of first subsequent therapy (TFST), time to second investigator-assessed PFS or death (PFS2), and time to start of second subsequent therapy (TSST); overall survival data are not yet mature. Patient-centered outcomes included quality-adjusted