A RFS (PP) from time of randomization

	Number of events / patients	Median RFS in mo
Vigil	25 / 46 (54%)	12.7
Placebo	34 / 45 (76%)	8.4

Stratified HR for recurrence or death 0.67, 90% CI [0.432 to 1.042], one-sided p 0.065

B RFS (BRCAwt) from time of randomization

	Number of events / patients	Median RFS in mo
Vigil	20 / 39 (51%)	12.7
Placebo	22 / 28 (79%)	8.0

Stratified HR for recurrence or death 0.493, 90% CI [0.287 to 0.846], one-sided p 0.014

Abstract 15 Figure 1 RFS from randomization. (A) RFS of all PP. (B) RFS of *BRCA1/2*-wt population

Conclusion Vigil immunotherapy as 1L maintenance in Stage III/IV ovarian cancer is well tolerated and showed significant RFS clinical benefit, particularly in *BRCA1/2*-wt disease.

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QUALITY-ADJUSTED (QA) PROGRESSION-FREE SURVIVAL ANALYSES OF VELIPARIB + CARBOPLATIN/PACLITAXEL (CP) VS CP ALONE IN PATIENTS WITH NEWLY DIAGNOSED OVARIAN CANCER

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Objective Veliparib, a poly (ADP-ribose) polymerase inhibitor, was evaluated in a Phase 3 trial (VELIA, NCT02470585) among patients with newly diagnosed stage III/IV high-grade serous epithelial ovarian/fallopian tube/primary peritoneal cancer. VELIA examined veliparib added to CP followed by veliparib maintenance compared to placebo added to CP followed by placebo maintenance. This analysis compared QA progression-free survival among patients enrolled in VELIA.

Methods Patient-centered outcomes were assessed in 344 Veliparib+ CP and 351 CP alone subjects. Progression-free survival (PFS) time was partitioned into two health states: time with toxicity (Tox) and time without Tox. Tox included three clinically meaningful adverse events (AEs) including nausea, vomiting and fatigue. QA-PFS was assessed for duration of good quality of life, incorporating PFS and health states. Q-TWiST (QA time without disease symptoms or treatment Tox) was calculated as utility-weighted sums of mean health state durations. Sensitivity analyses were conducted utilizing Grade 2+ or Grade 3+ AEs. Similar analyses were conducted on HRD and *BRCA*-deficient subgroups.

Results A significant difference in mean QA-PFS was seen in favor of Vel throughout compared to CP alone (19.5

months vs 16.5 months; 95% CI 1.42, 4.61; $p < 0.0001$). Mean Q-TWiST was longer for patients in Vel throughout arm compared to CP alone (20.82 months vs 18.06 months; 95% CI 1.09, 4.47; $p < 0.001$). Similar differences in mean Q-TWiST were observed for sensitivity and subgroup analyses.

Conclusion Compared to CP alone, Veliparib added to CP and continued as maintenance had significant patient-centered benefits in terms of QA-PFS and on-treatment Q-TWiST.

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SAFETY AND PATIENT-REPORTED OUTCOMES IN PATIENTS RECEIVING NIRAPARIB IN THE PRIMA/ENGOT-OV26/GOG-3012 TRIAL

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