Abstract 2 Table 1

Lenvatinib + Pembrolizumab (n=31)	
Efficacy	
Confirmed ORR, % (95% CI)	32 (17–51)
Disease control rate, ^a % (95% CI)	74 (55–88)
Duration of response, median (range) months	NR (1.5+ to 7.9+)
Progression-free survival, median (95% CI) months	4.4 (4.0–8.5)
Responders by prior therapy, n (%) ^b	
Platinum refractory/resistant (n=25)	6 (24)
Bevacizumab exposed (n=19)	4 (21)
Treatment-related AEs, n (%)	29 (94)
Grade 3–5 treatment-related AEs	21 (68)
Treatment-related AEs leading to death	1 (3) ^c
Treatment-related AEs resulting in treatment discontinuation	4 (13)
Treatment-related AEs occurring in ≥10 patients	
	Any Grade ^d
Hypertension	17 (55)
Fatigue	13 (42)
Hypothyroidism	13 (42)
Decreased appetite	12 (39)
Diarrhea	12 (39)
Proteinuria	10 (32)
	Grade 3
	6 (19)
	3 (10)
	0
	0
	1 (3)
	2 (6)

^aDefined as best overall response of complete or partial response, or stable disease.

^bPercentages are based on the total number of patients in each prior therapy subgroup. ^cOne patient had a serious AE of hypovolemic shock that led to death. ^dAmong treatment-related AEs occurring in ≥10 patients, none were grade 4/5. AE, adverse event; NR, not reached; ORR, objective response rate.

central review per RECIST v1.1) and safety. Secondary end-points included disease control rate, duration of response, and progression-free survival.

Results 31 patients with ovarian cancer received ≥1 dose of lenvatinib plus pembrolizumab in LEAP-005 (median age 62 years [range 40–76]); median study follow-up was 7.8 months (range, 4.6–12.4) as of April 10, 2020. ORR was 32% (95% CI, 17–51); other efficacy endpoints were also favorable (table 1). Treatment-related adverse events occurred in 29 (94%) patients (table 1).

Conclusion Lenvatinib plus pembrolizumab demonstrated encouraging efficacy and manageable safety in patients with heavily pretreated ovarian cancer, including those with prior platinum failure and those with previous bevacizumab exposure.

IGCS20_1268

3

POSTPROGRESSION EFFICACY OUTCOMES FROM THE PHASE 3 ARIEL3 STUDY OF RUCAPARIB IN PATIENTS WITH PLATINUM-SENSITIVE RECURRENT OVARIAN CARCINOMA ASSOCIATED WITH EITHER BRCA1 OR BRCA2 MUTATIONS

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Abstract 3 Table 1

	BRCA1		BRCA2	
	Rucaparib (n=80)	Placebo (n=37)	Rucaparib (n=50)	Placebo (n=29)
TFST				
Median, mo	16.8	8.1	30.4	7.1
HR (95% CI)	0.41 (0.27–0.64)		0.17 (0.09–0.33)	
CFI				
Median, mo	18.4	9.4	36.1	8.7
HR (95% CI)	0.40 (0.26–0.62)		0.16 (0.08–0.32)	
PFS2				
Median, mo	25.1	21.8	34.1	18.4
HR (95% CI)	0.84 (0.53–1.32)		0.51 (0.29–0.91)	
TSST				
Median, mo	25.9	18.5	34.2	19.4
HR (95% CI)	0.65 (0.41–1.04)		0.55 (0.31–0.96)	

Visit cutoff date: 31 Dec 2019.

CFI, chemotherapy-free interval; CI, confidence interval; HR, hazard ratio; PFS2, time to disease progression on subsequent therapy or death; TFST, time to first subsequent therapy; TSST, time to second subsequent therapy.

Introduction In ARIEL3 (NCT01968213), rucaparib maintenance for recurrent ovarian cancer (rOC) significantly improved investigator-assessed PFS and postprogression efficacy outcomes versus placebo regardless of biomarker status. PFS was also improved in patients with rOC associated with either BRCA1 or BRCA2 mutations (HR, 0.32 [95% CI, 0.19–0.53] and 0.12 [0.06–0.26], respectively). This exploratory analysis further examined the subgroup of patients with rOC associated with BRCA1 or BRCA2 mutations to assess the durability of the clinical benefit of rucaparib maintenance following disease progression.

Methods Patients were randomised 2:1 to oral rucaparib (600 mg twice daily) or placebo. Postprogression efficacy endpoints were assessed in patients with germline or somatic BRCA1 or BRCA2 mutations.

Results Investigator-assessed postprogression efficacy endpoints for patients with either BRCA1 or BRCA2 mutations are presented in the table 1.

There was a trend for better outcomes across all endpoints in patients with BRCA1 and BRCA2 mutations, with larger differences between the median values among patients with a BRCA2 mutation. The treatment-by-mutation group interaction test reached statistical significance for TFST and CFI.

Among rucaparib-treated patients, the most common treatment-emergent adverse events (any grade) in the BRCA1 and BRCA2 subgroups were nausea (81.0% and 78.0%) and asthenia/fatigue (74.7% and 80.0%).

Conclusions/Implications All postprogression efficacy endpoints were longer with rucaparib maintenance than with placebo in both BRCA-mutant subgroups. Safety data for the two subgroups were similar and were consistent with the overall safety population.

Plenary II

IGCS20_1447

4

REFINING PATHOLOGIC INTERPRETATION OF ENDOMETRIAL CARCINOMAS: LESSONS LEARNED FROM A NATIONWIDE STUDY IN A NEW ERA OF MOLECULAR CLASSIFICATION

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Abstract 4 Table 1 Univariable association of clinicopathologic characteristics by proactive molecular risk classifier for endometrial cancer (ProMisE) subtype

Variable	Total	POLE	MMR	NSMP/p53wt	p53abn	p value
Total	862	55 (6.4%)	247 (28.7%)	387 (44.9%)	173 (20.1%)	
Age at dx						<0.001
≤60	321 (37.2%)	35 (63.6%)	78 (31.6%)	181 (46.8%)	27 (15.6%)	
>60	541 (62.8%)	20 (36.4%)	169 (68.4%)	206 (53.2%)	146 (84.4%)	
BMI ≥30	396 (45.9%)	20 (36.4%)	117 (47.4%)	180 (46.5%)	79 (45.7%)	0.004
Histotype						<0.001
Endometrioid	681 (79.0%)	49 (89.1%)	231 (93.5%)	371 (95.9%)	30 (17.3%)	
LG	584 (67.7%)	38 (69.1%)	186 (75.3%)	349 (90.2%)	11 (6.4%)	
HG	97 (11.3%)	11 (20.0%)	45 (18.2%)	22 (5.7%)	19 (11.0%)	
Non endometrioid	183 (21.2%)	6 (10.9%)	16 (6.5%)	16 (4.1%)	143 (82.7%)	
FIGO stage						<0.001
I	635 (73.7%)	44 (80.0%)	188 (76.1%)	315 (81.4%)	88 (50.9%)	
II-IV	198 (23.0%)	11 (20.0%)	52 (21.1%)	56 (14.5%)	79 (45.7%)	
LVI						<0.001
positive	274 (31.8%)	16 (29.1%)	101 (40.9%)	79 (20.4%)	78 (45.1%)	
negative	550 (63.8%)	38 (69.1%)	135 (54.7%)	288 (74.4%)	89 (51.4%)	
LN sampling performed						
Yes (any)	519 (60.2%)	36 (65.5%)	155 (62.8%)	179 (46.3%)	149 (86.1%)	
LN metastases						<0.001
yes	93 (10.8%)	5 (9.1%)	22 (8.9%)	22 (5.7%)	44 (25.4%)	
Post-surgical Treatment						<0.001
yes	374 (43.4%)	19 (34.5%)	122 (49.4%)	110 (28.4%)	123 (71.1%)	