**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] / Grade 3 |
| Hypertension | 17 (55) / 6 (19) |
| Fatigue | 13 (42) / 3 (10) |
| Hypothyroidism | 13 (42) / 0 |
| Decreased appetite | 12 (39) / 0 |
| Diarrhea | 12 (39) / 1 (3) |
| Proteinuria | 10 (32) / 2 (6) |

[a]Defined as best overall response of complete or partial response, or stable disease. [b]Percentages are based on the total number of patients in each prior therapy subgroup. [c]One patient had a serious AE of hypovolemic shock that led to death. [d]Among 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 endpoints 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

[1]J Weberpals*, [2]A Oza, [3]D Lorusso, [3]G Scambia, [4]C Aghajanian, [5]A Oaknin, [6]A Dean, [7]N Colombo, [8]AR Clamp, [9]A Leary, [10]RW Holloway, [11]M Amenedo Gancedo, [12]PC Fong, [13]JC Goh, [14]DM O'Malley, [15]DK Armstrong, [16]S Banerjee, [17]J García-Donas, [18]EM Swisher, [19]T Cameron, [20]L Maloney, [20]S Goble, [21]RL Coleman, [22]JA Ledermann. *[1]Ottawa Hospital Research Institute, Canada; [2]Princess Margaret Cancer Centre, University Health Network, Canada; [3]Fondazione Policlinico Universitario A. Gemelli IRCCS, Italy; [4]Memorial Sloan Kettering Cancer Center, USA; [5]Vall d'Hebron University Hospital, Vall d'Hebron Institute of Oncology (VHIO), Spain; [6]St John of God Subiaco Hospital, Australia; [7]European Institute of Oncology IRCCS and University of Milan-Bicocca, Italy; [8]The Christie NHS Foundation Trust and University of Manchester, UK; [9]Gustave Roussy Cancer Center, INSERM U981, and Groupe d'Investigateurs Nationaux pour l'Etude des Cancers Ovariens (GINECO), France; [10]AdventHealth Cancer Institute Orlando, USA; [11]Oncology Center of Galicia, Spain; [12]Auckland City Hospital and University of Auckland, New Zealand; [13]Royal Brisbane and Women's Hospital, Herston and University of Queensland, Australia; [14]The Ohio State University, James Cancer Center, USA; [15]Johns Hopkins University School of Medicine, USA; [16]The Royal Marsden NHS Foundation Trust and Institute of Cancer Research, UK; [17]HM Hospitales—Centro Integral Oncológico Hospital de Madrid Clara Campal, Spain; [18]University of Washington, USA; [19]Clovis Oncology UK Ltd., UK; [20]Clovis Oncology, Inc., USA; [21]US Oncology Research, USA; [22]UCL Cancer Institute, University College London and UCL Hospitals, UK*

10.1136/ijgc-2020-IGCS.3

**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

[1]E Thompson*, [1]J Huvila, [2]S Leung, [3]J Irving, [3]N van der Westhuizen, [4]M Kinloch, [5]A Lytwyn, [5]M Sur, [6]C Parra-Herran, [7]A Yasmeen, [8]F Gougeon, [9]C Morin, [9]K Grondin, [10]S Offman, [11]T Salisbury, [12]E He, [12]J Lawson, [13]J Vanden Broek, [14]C Bell, [9]K Ennour-Idrissi, [15]C Wohlmuth, [16]D Vicus, [16]D Vicus, [17]W Gotlieb, [18]L Helpman, [1]A Lum, [1]J Senz, [1]D Huntsman, [11]B Gilks, [19]JN McAlpine. *[1]Molecular Oncology, University of British Columbia, Canada; [2]Genetic Pathology Evaluation Centre, University of British Columbia, Canada; [3]Pathology and Laboratory Medicine, Royal Jubilee Hospital and the University of British Columbia, Canada; [4]Pathology and Laboratory Medicine, University of Saskatchewan, Canada; [5]Pathology and Molecular Medicine, McMaster University, Canada; [6]Laboratory Medicine and Pathobiology, University of Toronto and Sunnybrook Health Sciences Centre, Canada; [7]Gynecologic Oncology, Segal Cancer Center, Jewish General Hospital, McGill University, Canada; [8]Department of Pathology, University of Montreal, Canada; [9]Pathology Department, Centre Hospitalier Universitaire de Québec, L'Hôtel-Dieu de Québec, Laval University, Canada; [10]Anatomical Pathology, Queen Elizabeth II Health Sciences Centre and Dalhousie University, Canada; [11]Pathology and Laboratory Medicine, Vancouver General Hospital and University of British Columbia, Canada; [12]MD Undergraduate Program, University of British Columbia, Canada; [13]Faculty of Science, University of British Columbia, Canada; [14]College of Medicine, University of Saskatchewan, Canada; [15]Gynecologic Oncology, Department of Surgical Oncology, University Health Network, Canada; [16]Gynecologic Oncology, Centre Hospitalier Universitaire de Québec, L'Hôtel-Dieu de Québec, Canada; [17]Gynecologic Oncology, Jewish General Hospital, McGill University, Canada; [18]Gynecologic Oncology, Juravinski Cancer Center and McMaster University, Canada; [19]Gynecologic Oncology, Vancouver General Hospital and the University of British Columbia, Canada*

10.1136/ijgc-2020-IGCS.4

**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%) | |