Introduction/Background Despite therapeutic advances in ovarian cancer, platinum-resistant recurrent ovarian cancer remains an area of high unmet clinical need and there is an urgent need for new treatments to further improve clinical outcomes. ENGOT-ov65/KEYNOTE-B96 (NCT05116189) compares the efficacy and safety of pembrolizumab plus weekly paclitaxel (± bevacizumab) versus placebo plus weekly paclitaxel (± bevacizumab) in patients with platinum-resistant recurrent ovarian cancer.

Methodology In this randomized, placebo-controlled, double-blind, phase 3 study, eligible patients are aged ≥18 years with histologically confirmed epithelial ovarian, fallopian tube, or primary peritoneal carcinoma with 1–2 prior lines of systemic therapy, including at least 1 prior platinum-based therapy with ≥4 cycles in first line. Patients must have platinum-resistant disease (radiographic evidence of disease progression ≤6 months after last platinum-based therapy dose), be eligible for paclitaxel (with/without bevacizumab per investigator discretion), and have ECOG PS ≤1, radiographically evaluable disease per RECIST version 1.1, and a tumour sample for central evaluation of PD-L1 status. Approximately 616 patients will be randomized 1:1 to receive pembrolizumab 400 mg IV or placebo Q6W for up to 18 cycles (~2 years) plus paclitaxel 80 mg/m² on days 1, 8, and 15 of each Q3W cycle (with/without bevacizumab 10 mg/kg Q2W per investigator discretion) until disease progression or unacceptable toxicity. Primary endpoint is PFS per RECIST version 1.1 by investigator review. Secondary endpoints are OS, PFS per RECIST version 1.1 by blinded independent central review, safety, and patient-reported outcomes. Enrolment is ongoing.

Results N/A

Conclusion N/A
Conclusion In a pooled analysis of 464 patients, MIRV monotherapy demonstrated ETB in ~10% patients. The safety profile consisted primarily of low-grade gastrointestinal and ocular events and reinforces MIRV’s potential to become a new standard of care for FRα-positive ovarian cancer.

Introduction/Background The ESGO-quality indicators (QIs) for advanced ovarian cancer (AOC) have been assessed only by few Italian centres, and data are not available on the proportion of centres reaching the score considered for a satisfactory surgical management. There is great consensus that the ERAS approach is beneficial, but there is paucity of data concerning its application in AOC. This survey was aimed at gathering detailed information on perioperative management of AOC patients within MITO-MaNGO Groups.

Methodology A 66-item questionnaire, covering ESGO-QIs for AOC and ERAS items, was sent to MITO-MaNGO centres reporting to operate >20 AOC/year.

Results Thirty/34 questionnaires were analysed. The median ESGO-QIs score was 31.5, with 50% of centres resulting with a score ≥32 which provides satisfactory surgical management. The rates of concordance with ERAS guidelines were 46.6%, 74.1%, and 60.7%, respectively, for pre-operative, intra-operative, and post-operative items. The proportion of overall concordance with ERAS guidelines were 46.6%, 74.1%, and 60.7%, respectively, for pre-operative, intra-operative, and post-operative items. The proportion of overall concordance with ERAS guidelines were 46.6%, 74.1%, and 60.7%, respectively, for pre-operative, intra-operative, and post-operative items. The proportion of overall concordance with ERAS guidelines were 46.6%, 74.1%, and 60.7%, respectively, for pre-operative, intra-operative, and post-operative items.

Conclusion This survey reveals a satisfactory surgical management in only half of the centres, and an at least sufficient adherence to ERAS recommendations. Higher the ESGO-QIs score stronger the adherence to ERAS recommendations, underlining the correlations between case volume, appropriate peri-operative management and quality of surgery.