Results In CLIO 160 patients (60 PSOC and 100 PROC) were randomized 2:1 to OLA (n=107) or CT (n=53). Baseline characteristics were similar between both arms. Overall objective response rate (ORR) for OLA and CT were similar (24.3% and 28.3%, respectively). In PSOC, ORR was 35.0% and 65.0% for OLA and CT (p=0.053); in PROC, ORR was 17.9% and 6.1% for OLA and CT (p=0.134). All patients were tested for germline/somatic BRCA1/2 prior to inclusion. 117 FFPE tumor samples at diagnosis were retrieved and tested for HRD with Leuven HRD test. In PSOC Leuven HRD test was a good predictor of PFS benefit with HR=0.35 (p=0.035). There was no difference in PFS in PROC based on Leuven HRD status (p=0.274). Myriad myChoiceDX testing on the same samples is ongoing and comparison of HRD test results will be presented at the meeting.

Conclusion Leuven HRD test is predictive for OLA efficacy not only in first-line setting but also in recurrent setting in the CLIO trial.

Conclusion In this meta-analysis, we failed to identify a traditional cytotoxic or antihormonal systemic treatment option that was associated with a significant OS or PFS benefit when administered following successful cytoreduction for advanced LGSOC. Prospective randomised studies are urgently warranted to define optimal adjuvant options in this challenging disease.