Conclusions Despite differences in patient and treatment characteristics, OS of patients treated in the control arm of OVHI-PEC-1 was similar to patients treated outside the trial. This finding does not lend support for the hypothesis that the survival benefit seen in the trial was caused by inferior outcome of patients selected for the trial. These results support the administration of HIPEC in stage III EOC patients undergoing interval CRS in clinical practice.

Abstract EP300/#876 IMPACT OF INITIATION TIMING OF NIRAPARIB MAINTENANCE TREATMENT IN NEWLY DIAGNOSED ADVANCED OVARIAN CANCER

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Objectives PARPi maintenance treatment (MT) is indicated for patients with newly diagnosed advanced ovarian cancer (aOC) after first-line platinum-based chemotherapy (1LCT). However, the impact of initiation timing of PARPi MT is unclear. This study aims to compare the efficacy and safety of niraparib MT initiated after different intervals upon completion of 1LCT.

Methods This is a post hoc analysis of the PRIME phase 3 study (NCT03709316). Adults with newly diagnosed aOC and a response to 1LCT were randomized 2:1 to receive niraparib or placebo within 12 weeks upon completing of 1LCT. The primary endpoint was PFS by BICR. Subgroups comprised...
patients who initiated MT <9 weeks or ≥9 weeks upon completion of 1LCT.

Results Key baseline characteristics were overall balanced between groups (table 1). Median PFS (95% CI) was 29.4 months (16.9–not estimable) with niraparib versus 8.3 months (5.5–11.0) with placebo (HR =0.31; 95% CI, 0.20–0.48) for the <9 weeks group and was 24.7 months (16.5–not estimable) with niraparib versus 10.8 months (6.5–24.9) with placebo (HR=0.60; 95% CI, 0.41–0.89) for the ≥9 weeks group (figure 1). Grade ≥3 hematological adverse events occurred in similar proportions of niraparib-treated patients for the <9 weeks and ≥9 weeks groups: anemia (19.3% versus 17.0%), platelet count decreased (18.4% versus 10.6%), and neutrophil count decreased (15.8% versus 18.4%).

Conclusions Whether initiated <9 weeks or ≥9–12 weeks upon completion of 1LCT, niraparib MT conferred clinically significant benefit versus placebo to patients with newly diagnosed aOC, without significant impact on safety profile.

Objectives Patient preferences regarding management approach following frontline platinum-based chemotherapy for epithelial ovarian cancer (EOC) remain unstudied. Multiple treatment options are available, including PARP inhibitors, so understanding patient preference is critical.

VOCAL (VIEWS OF OVARIAN CANCER PATIENTS-HOW MAINTENANCE THERAPY AFFECTS THEIR LIVES) STUDY: PATIENT PREFERENCE FOR TREATMENT FORMULATION AND ADMINISTRATION

Patients with newly diagnosed epithelial ovarian cancer with at least a partial response to first-line platinum-based chemotherapy were randomized to maintenance niraparib or placebo following first-line chemotherapy.