Results The primary endpoint of this trial is the 12-month progression-free survival (PFS) rate. The secondary endpoints are overall survival, PFS, time to first subsequent treatment, time to second progression (PFS2), time to the second subsequent treatment, and safety. All patients should provide tumor slides obtained during cytoreductive surgery, for a prospective examination of somatic homologous recombination deficiency (HRD) and homologous recombination repair gene alterations. Pre- and post-niraparib (at the time of disease progression if available) blood samples will be collected for circulating cell-free DNA analyses. Molecular biomarkers that may indicate clinical response/resistance to niraparib will be identified.

Conclusions In total, 102 patients will be recruited from five sites. An interim analysis is planned after recruitment of 68 participants. Accrual is expected to be completed in 2024, followed by presentation of results in 2025.

Objectives Hyperthermic intraperitoneal chemotherapy (HIPEC) during cytoreductive surgery has emerged to achieve a higher concentration of chemotherapeutic agents and treat micro-metastases on peritoneal surfaces by overcoming chemotherapy resistance with hyperthermia. At advanced staged ovarian cancer treated with neoadjuvant chemotherapy, HIPEC with cisplatin 75–100 mg/m² following interval cytoreductive surgery increases progression-free survival and overall survival (OV-HIPEC-01 and KOV-HIPEC-01). In chemotherapy-naïve ovarian cancer patients, survival benefit is not identified with HIPEC (KOV-HIPEC-01). In ovarian cancer, HIPEC is thought to overcome chemotherapy resistance.

Methods This trial (KOV-HIPEC-02) is a multicenter, open-label, 1:1 randomized, phase III trial that will enroll 140 patients in platinum-resistant recurrent epithelial ovarian cancer. Institutional review board approval was obtained. The experimental arm will receive cytoreductive surgery and HIPEC followed by standard chemotherapy, and the control arm will receive standard chemotherapy without HIPEC until disease progression. If patients are assigned to the HIPEC group, the HIPEC procedure is carried out using the open or closed technique by infusing 41.5–42.0°C doxorubicin 35 mg/m² and mitomycin 15 mg/m² for 90 minutes. The primary objective of the trial is to evaluate progression-free survival (PFS) between the HIPEC group and the control group. Secondary objectives are overall survival (OS), cancer-specific survival, safety, and the quality of life according to whether HIPEC was performed during surgery in patients with platinum-resistant recurrent ovarian cancer. The first patient was enrolled in April 2020.

Results There are no available results at the time of submission.

Conclusions There are no available results at the time of submission.
be stratified by stratification factors; the number of no ascites, platinum-sensitive, normal CA125 and ECOG performance status, location of the lesion and the use of PARP inhibitor. The patients will be randomized into two groups and the experimental arm will be treated with standard salvage therapy plus SABR. With an alpha ratio of 0.05, power of 80%, the estimated 1-year drop-out rate of 5% in each arm and the compliance rate of 95%, a total of 270 patients will be required.

**Results**
Trial in progress: there are no available results at the time of submission.

**Conclusions**
Trial in progress: there are no available conclusions at the time of submission.

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**Abstracts**

**TP030/#1426**

**EPIK-O/ENGOT-OV61: A PHASE 3, RANDOMIZED STUDY OF ALPELISIB + OLAPARIB IN PATIENTS WITH NO GERMLINE BRCA MUTATION DETECTED, PLATINUM-RESISTANT OR -REFRACTORY, HIGH-GRADe SEROUS OVARIAN CANCER**

1Panagiotis Konstantinopoulopou*, 2Antonio Gonzalez-Martin, 3Felipe Cruz, 4Michael Friedlander, 5Rosalind Glasspool, 6Domenica Lorusso, 7Christian Marth, 8Bradley Monk, 9Jae-Weon Kim, 10Olga Ajipa, 11Faye Su, 12Yu Han, 13Usula Matulonis, 14Dana-Farber Cancer Institute, Department of Gyneocologic Oncology, Boston, USA; 15Clinical Universidad de Navarra, Department of Medical Oncology, Madrid, Spain; 16Instituto Brasileiro de Controle do Cáncer, Department of Clinical Oncology, Sao Paolo, Brazil; 17Prince of Wales Clinical School, University of New South Wales, Department of Medical Oncology, Sydney, Australia; 18Beatson West of Scotland Cancer Centre and University of Glasgow, Department of Medical Oncology, Glasgow, UK; 19Fondazione Policlinico Gemelli IRCCS and Catholic University of Sacred Heart, Department of Gyneocologic Oncology, Rome, Italy; 20Medizinische Universität Innsbruck, Department of Obstetrics and Gynecology, Innsbruck, Austria; 21University of Arizona, Division of Gyneocologic Oncology, Phoenix, USA; 22Seoul National University, Department of Obstetrics and Gynecology, Seoul, Korea; Republik of; 23Novartis Pharmaceuticals Corporation, Oncology, North Hanover, USA

**Objectives**
High-grade serous ovarian cancer (HGSOC) represents most epithelial ovarian cancers. Whilst responding to platinum-based therapy, ~75% of patients develop resistance, conferring poor prognosis. Homologous recombination repair proficiency is associated with platinum resistance and limited response to PARP inhibitors. PI3K pathway inhibition downregulates BRCA expression, abrogating homologous recombination repair proficiency, and may lead to (re)sensitization to PARP inhibitors. As alpelisib (PI3Kδ inhibitor) + olaparib (PARP inhibitor) demonstrated preliminary evidence of synergism in platinum-resistant/refractory, BRCA-wild-type, recurrent HGSOC in a phase 1b study, the EPIK-O study is further evaluating this combination.

**Methods**
EPIK-O/ENGOT-OV61 (NCT04729387) is a phase 3, randomized (1:1), open-label, active-controlled trial evaluating the efficacy and safety of alpelisib + olaparib versus single-agent chemotherapy in patients (N=358) with no germline BRCA mutation and platinum-resistant/refractory HGSOC. Adult patients with platinum-resistant/refractory, histologically confirmed HGSOC, high-grade endometrioid ovarian, fallopian tube, or primary peritoneal cancer, with no germline BRCA1/2 mutation, are included; patients must have received 1–3 prior systemic therapies. In Arm 1, patients receive alpelisib 200 mg orally OD + olaparib 200 mg orally BID; in Arm 2, patients receive paclitaxel 80 mg/m² IV weekly or pegylated liposomal doxorubicin 40–50 mg/m² IV Q28D (investigator’s choice). The primary endpoint is progression-free survival per RECIST 1.1 assessment by a blinded independent review committee. Key secondary end-point is overall survival. Other secondary endpoints include overall response rate, clinical benefit rate, safety, and quality of life. Enrollment is planned in 26 countries; completion of data collection for the primary endpoint is anticipated in 2023.

**Results**
No results available.

**Conclusions**
Trial in progress: Not applicable.

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**TP031/#1443**

**A PHASE II TRIAL OF PEMBROLIZUMAB AND LENVATINIB IN RECURRENT OR PERSISTENT CLEAR CELL CARCINOMA OF THE OVARY**

1Elizabeth Lee*, 2Nhahibah Tayob, 3BJ Rimel, 4Andrew Hendrickson, 5Andrew Nixon, 6Usula Matulonis, 7Joyce Liu. 1Dana-Farber Cancer Institute, Medical Oncology; 2Dana-Farber Cancer Institute, Data Science, Boston, USA; 3Cedar-Sinai Medical Center, Gynecologic Oncology, Los Angeles, USA; 4Mayo Clinic; 5Duke Cancer Institute, Department of Medicine, Durham, USA

**Objectives**
Clear cell ovarian carcinoma (CCOC) is an uncommon subtype of epithelial ovarian cancer that is inherently chemoresistant. Evidence suggests that immune checkpoint inhibition (ICI) may be more effective in CCOC compared to other ovarian cancer subtypes. Loss-of-function mutations in SWI/SNF complex members, PI3K pathway alterations, and IL6/STAT upregulation generate a hypoxia-mimic, pro-angiogenic phenotype, suggesting a role for anti-angiogenic agents. VEGFR/FGFR inhibition remolds the tumor microenvironment to promote anti-tumor immunity. Therefore, lenvatinib (anti-VEGFR/FGFR) may augments the activity of pembrolizumab (anti-PD1).

**Methods**
NCT05296512 is a single cohort two-stage phase 2 trial evaluating the safety and efficacy of pembrolizumab/lenvatinib in adult women (n=31) with recurrent or persistent histologically-confirmed CCOC (≥50% clear cell histology). At least 1 prior platinum-based chemotherapy is required. Use of prior ICI or prior lenvatinib is prohibited. Participants will receive lenvatinib 20 mg orally daily with pembrolizumab 200 mg IV every 3 weeks. Up to 35 cycles of pembrolizumab can be given; if disease is stable or better, lenvatinib can be continued alone. Participants progressing on lenvatinib alone may resume treatment with pembrolizumab for up to an additional 17 cycles of therapy. Co-primary endpoints are the objective response rate (ORR) and rate of PFS at 6 months (PFS6) per RECIST 1.1 radiologic tumor assessment. Key secondary endpoints include median progression free survival, median overall survival, and clinical benefit rate by RECIST 1.1 and immune-RECIST (iRECIST), and correlation of PD-L1 expression with response. Enrollment is ongoing.

**Results**
Trial in progress: Not applicable.

**Conclusions**
Trial in progress: Not applicable.