PARPi-resistant ovarian cancer (OC), demonstrated efficacy and moderate toxicity. We report updated progression-free survival (PFS) and clinical/molecular features associated with clinical benefit from adavosertib (A) +/- olaparib (O).

Methods Eligible patients had recurrent OC after progression on PARPi, measurable disease, and adequate end-organ function. Primary endpoint was objective response rate (ORR) per RECIST v1.1. Secondary endpoints included PFS and clinical benefit (ORR/stable disease > 4 months) based on BRCA status, homologous recombination deficiency (HRD), platinum sensitivity, and intervening alternate therapy after prior PARPi before trial enrollment. Replication stress and HRD are being assessed using novel pRPA32 and Rad51 foci.

Results There were 35 evaluable patients on each arm. Patients received a median of 4 prior therapies (range 1–11), including olaparib (41%). Median PFS was 5.5 months (95% CI, 3.9–6.9) from A and 6.8 months (95% CI, 4.3–8.3) from A/O. Table 1 demonstrates clinical benefit based on clinical/molecular features. Clinical benefit was observed on both arms regardless of BRCA status, platinum sensitivity, or use of intervening therapy after PARPi. Figure 1 demonstrates clinical benefit based on platinum sensitivity, with intriguing activity in platinum-resistant disease.

Conclusion/Implications Efficacy of adavosertib +/- olaparib was retained across multiple clinical cohorts of PARPi-resistant OC, including BRCAwt and platinum-resistant disease. Ongoing analysis using a novel functional HRD assay consisting of concordant measurement of Rad51, gH2AX and geminin foci will elucidate the role of HRD in clinical benefit.

PR073/#425

SENAPARIB, A PARP INHIBITOR, IN PATIENTS WITH BRCA1/2 MUTATED PLATINUM SENSITIVE RECURRENT OVARIAN CANCER: SUBGROUP ANALYSIS FROM SABRINA STUDY

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Introduction Senaparib (IMP4297) showed promising antitumor activity for advanced ovarian cancer (OC). This study aimed to evaluate the efficacy and safety of senaparib in patients(pts) with BRCA1/2 mutated platinum sensitive recurrent OC. Here we assessed the efficacy by prior therapies and types of platinum sensitive.

Abstract PR073/#425 Table 1

	Fully platinum sensitive (n=38)	Partially platinum sensitive (n=53)	2L prior CT (n=64)	≥ 3L prior CT (n=27)	Overall (n=91)
ORR, % (95%CI)	65.8% (48.6-79.9)	54.7% (40.6-68.2)	64.1% (51.0-75.4)	48.1% (29.2-67.7)	59.3% (48.4-69.2)
DCR, % (95%CI)	97.4% (84.6-99.9)	90.6% (78.6-96.5)	93.8% (84.0-98.0)	92.6% (74.2-98.7)	93.4% (86.2-97.5)
DOR, mo (95%CI)	12.0 (10.2-NR)	8.2 (6.8-9.6)	11.1 (9.1-13.0)	9.1 (6.8-11.5)	10.3 (8.2-12.0)
PFS, mo (95%CI)	13.9 (10.6-17.1)	8.3 (7.1-9.5)	12.3 (9.2-15.3)	9.1 (7.8-10.4)	11.1 (8.3-13.8)

Methods This open label, multicenter, single arm, phase II study (NCT04089189) enrolled recurrent OC pts with germline and/or somatic BRCA mutation who had previously received ≥ 2 lines of platinum-based chemotherapy(CT). Senaparib (100 mg oral QD) was administered until disease progression or unacceptable toxicity. The primary endpoint was independent review committee (IRC)-assessed objective response rate (ORR) per RECIST v1.1.
Results As of 30 Jan 2023, 93 pts were enrolled. 59%/41% pts were partially/fully platinum sensitive. Median lines of prior systemic chemotherapy(CT) was 2 (range 2–7), and 71%/29% received 2/≥ 3 lines of CT. After a median follow up of 15.7 months, efficacy was assessed in 91 pts who received treatment of senaparib and ≥ 1 tumor evaluated and met the criteria for the response evaluable set. IRC had not finished the assessment and the efficacy assessed by investigators was showed in table 1.
Conclusion/Implications Senaparib demonstrated clinically meaningful antitumor activity in OC pts of fully or partially platinum sensitive who had previously received ≥ 2 lines of CT.

PR075/#291 THE COMPARISON OF THE INFLUENCE OF BOWEL RESECTION OR BOWEL TUMOR STRIPPING ON THE PROGNOSIS IN PATIENTS WITH BOWEL METASTASES ORIGINATED FROM ADVANCED OVARIAN CANCER

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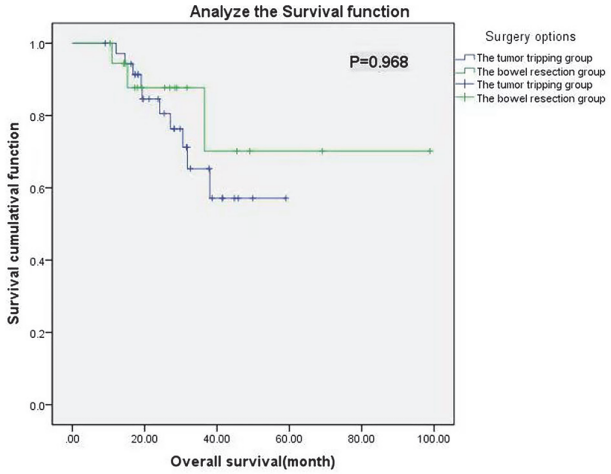
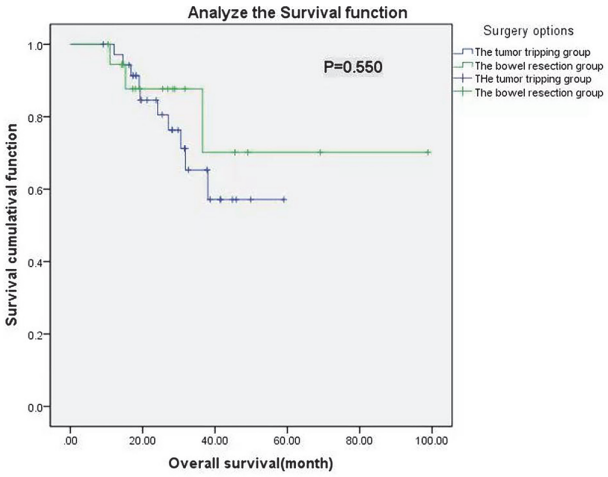
Introduction To analyze the influence of bowel resection or bowel tumor stripping on the prognosis of patients with advanced epithelial ovarian cancer.
Methods 255 Patients diagnosed as stage III-IV epithelial ovarian cancer with bowel metastasis at single cancer center from Jan. 1st, 2015 to Dec. 31st 2020 were enrolled for retrospective analysis, and divided into two groups, one was bowel resection group (101 cases) the other was bowel tumor stripping group (154 cases).



Abstract PR075/#291 Figure 1



Abstract PR075/#291 Figure 2

Results In this cohort study R0 rate reached 75.4%. More stage IV and higher surgical complexity score patients were found in the bowel resection group than in tumor stripping group (P=0.021). The incidence of intraoperative blood infusion, pneumonia and pleural effusion in the bowel resection group was significantly higher than that in the bowel tumor stripping group. The incidence of anastomotic fistula was 1.98% in the bowel resection group vs 0% in the tumor stripping group. 5-year overall survival (OS) and 5-year progression free survival (PFS) were similar between resection group and stripping group respectively, 65.8% vs 73.8%, 70.6% vs 80.3%. If the residual lesions were left only on intestinal wall, 5-year OS was not different from that in R0 bowel resection group, but 5-year PFS was much lower (P=0.032). If cytoreductive surgery reached R0, no matter PDS or IDS, 5-year OS and 5-year PFS were similar between two groups.
Conclusion/Implications If R0 cytoreductive surgery was achieved, there was no negative effect of bowel tumor stripping for prognosis of advanced ovarian cancer. Excessive bowel resection did not increase overall survival.

PR076/#172 COST-EFFECTIVENESS OF MAINTENANCE NIRAPARIB WITH AN INDIVIDUALIZED STARTING DOSAGE COMPARED TO ROUTINE SURVEILLANCE IN PATIENTS WITH PLATINUM-SENSITIVE RECURRENT OVARIAN CANCER IN CHINA

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Introduction Niraparib maintenance treatment using individualized starting dosage (ISD) demonstrated improved survival outcomes for Chinese platinum-sensitive recurrent ovarian cancer (PSROC) patients versus routine surveillance in NORA trial. We elevated the cost-effectiveness of maintenance niraparib ISD vs routine surveillance in Chinese PSROC patients.
Methods Clinical data from NORA trial was simulated using Markov model for costs and health outcomes. Quality-adjusted