

Efficacy of maintenance olaparib plus bevacizumab in patients with newly diagnosed advanced ovarian cancer according to BRCA mutation genotype in the Phase III PAOLA-1/ENGOT-ov25 trial

S. Intidhar Labidi-Galy,^{1,2} Manuel Rodrigues,^{3,4,5} José L. Sandoval,^{1,2} Jean-Emmanuel Kurtz,⁶ Florian Heitz,⁷ Anna Maria Mosconi,⁸ Ignacio Romero,⁹ Regina Berger,¹⁰ Shoji Nagao,¹¹ Ignace Vergote,¹² Gabriella Parma,¹³ Trine Jakobi Nøttrup,¹⁴ Etienne Rouleau,¹⁵ Georges Garnier,¹⁶ Ahmed El-Balat,^{17,18} Claudio Zamagni,¹⁹ Cristina Martín-Lorente,²⁰ Eric Pujade-Lauraine,⁵ Alice Fiévet,¹⁵ Isabelle Ray-Coquard^{5,21}

¹Department of Oncology, Hôpitaux Universitaires de Genève, Genève, Switzerland; ²Department of Medicine, Division of Oncology, Faculty of Medicine, University, INSERM U830, Paris, France; ⁴Department of Medical Oncology, Institut Curie, PSL Research University, Paris, France and GINECO; ⁴BCAGY, 75008 Paris and GINECO; ⁴ICANS (Institut de Cancérologie Strasbourg Europe), Strasbourg, France and GINECO; ⁴Department of Gynecology & Gynecologic Oncology, Ev. Kliniken Essen-Mitte, Essen, Germany and AGO; ⁴S.C. di Oncologia Medica Osp. S. Maria della Misericordia - AO di Perugia, Perugia, Italy and MITO; ⁴Instituto Valenciano de Oncología, Valencia, Spain and GEICO; ⁴Department of Institute, Leuven and BGO, Belgium; ¹¹Stituto Euroepo Oncologia, Milan, Italy and MANGO; ¹⁴Copenhagen University Hospital, Rigshospitalet, 5072, Denmark and NSGO; ¹⁵Department of Medical Biology and Paris and BGO, Belgium; ¹³Stituto Euroepo Oncologia, Milan, Italy and MANGO; ¹⁴Copenhagen University Hospital, Rigshospitalet, 5072, Denmark and NSGO; ¹⁵Department of Medical Biology and Paris and BGO, Belgium; ¹³Stituto Euroepo Oncologia, Milan, Italy and MANGO; ¹⁴Copenhagen University Hospital, Rigshospitalet, 5072, Denmark and NSGO; ¹⁵Department of Medical Biology and Paris and BGO, Belgium; ¹³Stituto Euroepo Oncologia, Milan, Italy and MANGO; ¹⁴Copenhagen University Hospital, Rigshospitalet, 5072, Denmark and NSGO; ¹⁵Department of Medical Biology and Paris and BGO, ¹³Stituto Euroepo Oncologia, Milan, Italy and MANGO; ¹⁴Copenhagen University Hospital, Rigshospitalet, 5072, Denmark and NSGO; ¹⁵Department of Medical Biology and Paris and BGO, ¹³Stituto Euroepo Oncologia, Milan, Italy and MANGO; ¹⁴Copenhagen University Hospital, Rigshospitalet, 5072, Denmark and NSGO; ¹⁵Department of Medical Biology and Paris and BGO, ¹³Stituto Euroepo Oncologia, Milan, Italy and MANGO; ¹⁴Copenhagen University Hospitalet, Sorte Rigshospitalet, Sorte Rigshospitalet, Sorte Rigshospitalet, Sorte Rigshospitalet, Sorte Rigshospitalet, Sorte Rigshospitalet, Sorte Rigs

Abstract 5571 Poster 447

INTRODUCTION

- In the Phase III PAOLA-1/ENGOT-ov25 trial (NCT02477644), the addition of maintenance olaparib (ola) to bevacizumab (bev) in patients with newly diagnosed advanced high-grade ovarian cancer (HGOC) resulted in prolonged progression-free survival (PFS), particularly for patients with homologous recombination deficiency (HRD)-positive tumors as determined by a tumor BRCA1 and/or BRCA2 mutation (tBRCAm) and/or a genomic instability score ≥42.1
- Preclinical data suggest that patients with mutations in the Really Interesting New Gene (RING) domain of BRCA1 are less sensitive to olaparib.^{2,3}
- The magnitude of benefit from olaparib plus bevacizumab, according to mutation location in the functional domains of BRCA, remains to be explored.

METHODOLOGY

- This was a post hoc analysis of patients with BRCAm from PAOLA-1/ENGOT-ov25, a randomized, doubleblind, placebo-controlled, international trial.
- Central genetic analyses performed by Myriad were used.
- Functional domains of BRCA1 were defined as: i) RING domain: amino acids [AA] 8–96; ii) DNA-binding domain [DBD]: AA 452–1092; iii) C-terminal domain of *BRCA1* (BRCT): AA 1646–1736 and 1760–1855.
- Functional domains of *BRCA2* were defined as: i) RAD51-binding domain (RAD51-BD): AA 900–2000; ii) DBD: AA 2459-3190.

STATISTICS

- PFS was estimated using the Kaplan–Meier method, and log-rank tests were used to assess the differences between the two treatment arms. Cox proportional hazards models were used to calculate the hazard ratios (HRs) and their associated 95% confidence intervals (CIs).
- A two-tailed *P*<0.05 was considered statistically significant, and data were analyzed using R v4.1.0.

RESULTS

Table 1. Characteristics for patients with a BRCAm

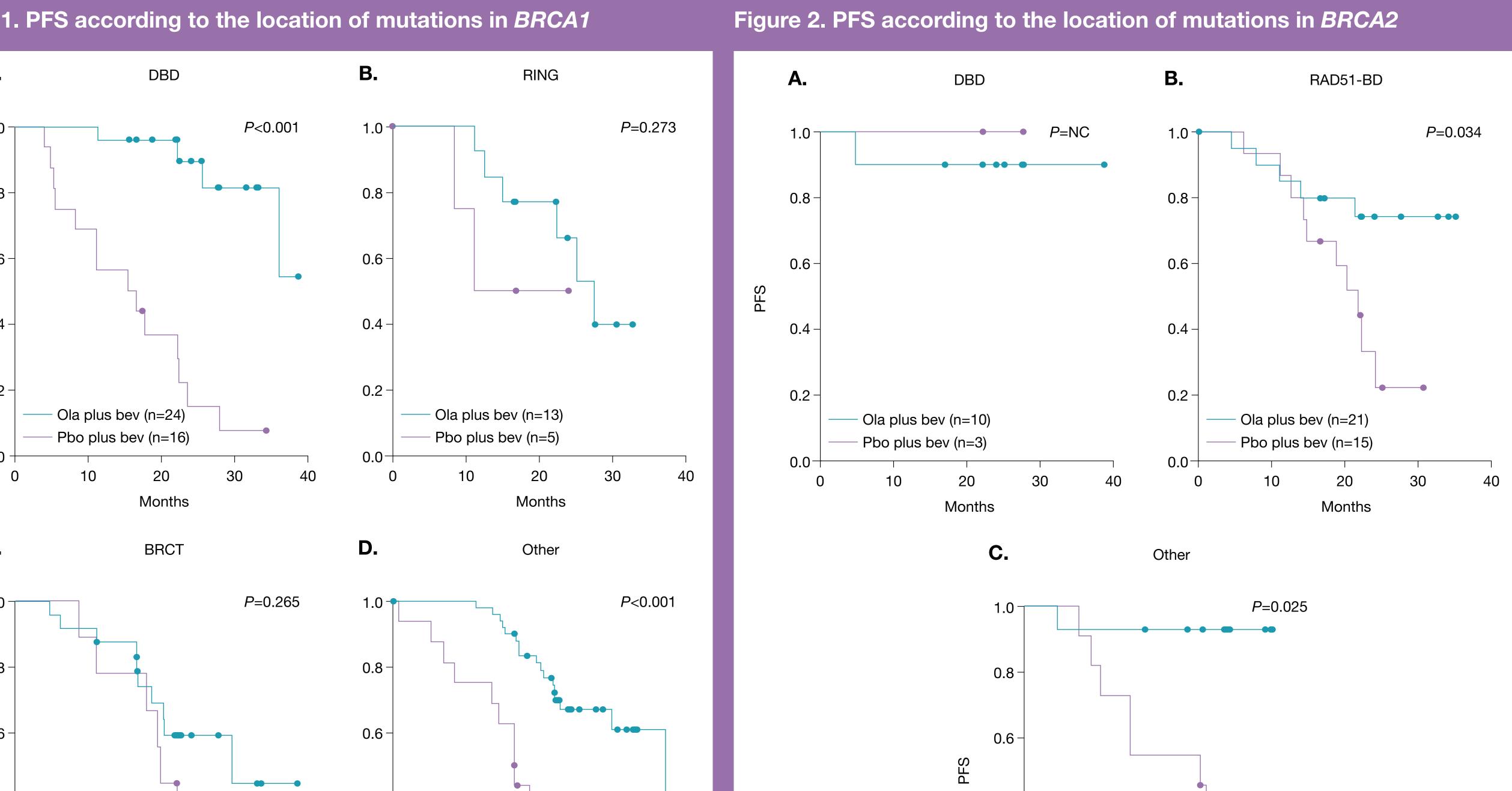
Characteristic	Ola plus bev (n=157)	Pbo plus bev (n=76)	Overall (n=233) 57.0 (35.0–82.0)	
Median age (minmax.), years	57.0 (37.0–77.0)	56.0 (35.0–82.0)		
Mutated gene				
BRCA1	112 (71.3)	47 (61.8)	159 (68.2)	
BRCA2	45 (28.7)	29 (38.2)	74 (31.8)	
FIGO stage				
III	113 (72.0)	50 (65.8)	163 (70.0)	
IV	44 (28.0)	26 (34.2)	70 (30.0)	
Surgery				
No surgery	5 (3.2)	6 (7.9)	11 (4.7)	
Initial	83 (52.9)	45 (59.2)	128 (54.9)	
Interval (after neoadjuvant chemotherapy)	69 (43.9)	25 (32.9)	94 (40.3)	
Had residual macroscopic disease	103 (67.8)	48 (68.6)	151 (68.0)	
Response after surgery/chemotherapy				
CR/NED	126 (80.3)	56 (73.7)	182 (78.1)	
PR	31 (19.7)	20 (26.3)	51 (21.9)	
Location of mutation				
BRCA1				
RING	13 (11.6)	5 (10.6)	18 (11.3)	
DBD	24 (21.4)	16 (34.0)	40 (25.2)	
BRCT	24 (21.4)	9 (19.1)	33 (20.8)	
Other locations	51 (45.5)	17 (36.2)	68 (42.8)	
BRCA2				
RAD51-BD	21 (46.7)	15 (51.7)	36 (48.6)	
DBD	10 (22.2)	3 (10.3)	13 (17.6)	
Other locations	14 (31.1)	11 (37.9)	25 (33.8)	
Exon 11				
No	81 (51.6)	29 (38.2)	110 (47.2)	
Yes	76 (48.4)	47 (61.8)	123 (52.8)	

disease; pbo, placebo; PR, partial response.

KEY CONCLUSIONS

- olaparib and bevacizumab regardless of mutation location.
- The benefit was particularly high for patients with mutations located in the DBD of BRCA1.
- splicing mutations.
- Mutations located in the DBD of BRCA2 were also associated with excellent outcome, consistent with previous reports.4

Figure 1. PFS according to the location of mutations in BRCA1





Ola plus bev (n=24)

Corresponding author email address: intidhar.labidi-galy@hcuge.ch

Ola plus bev (n=51

Pbo plus bev (n=17)

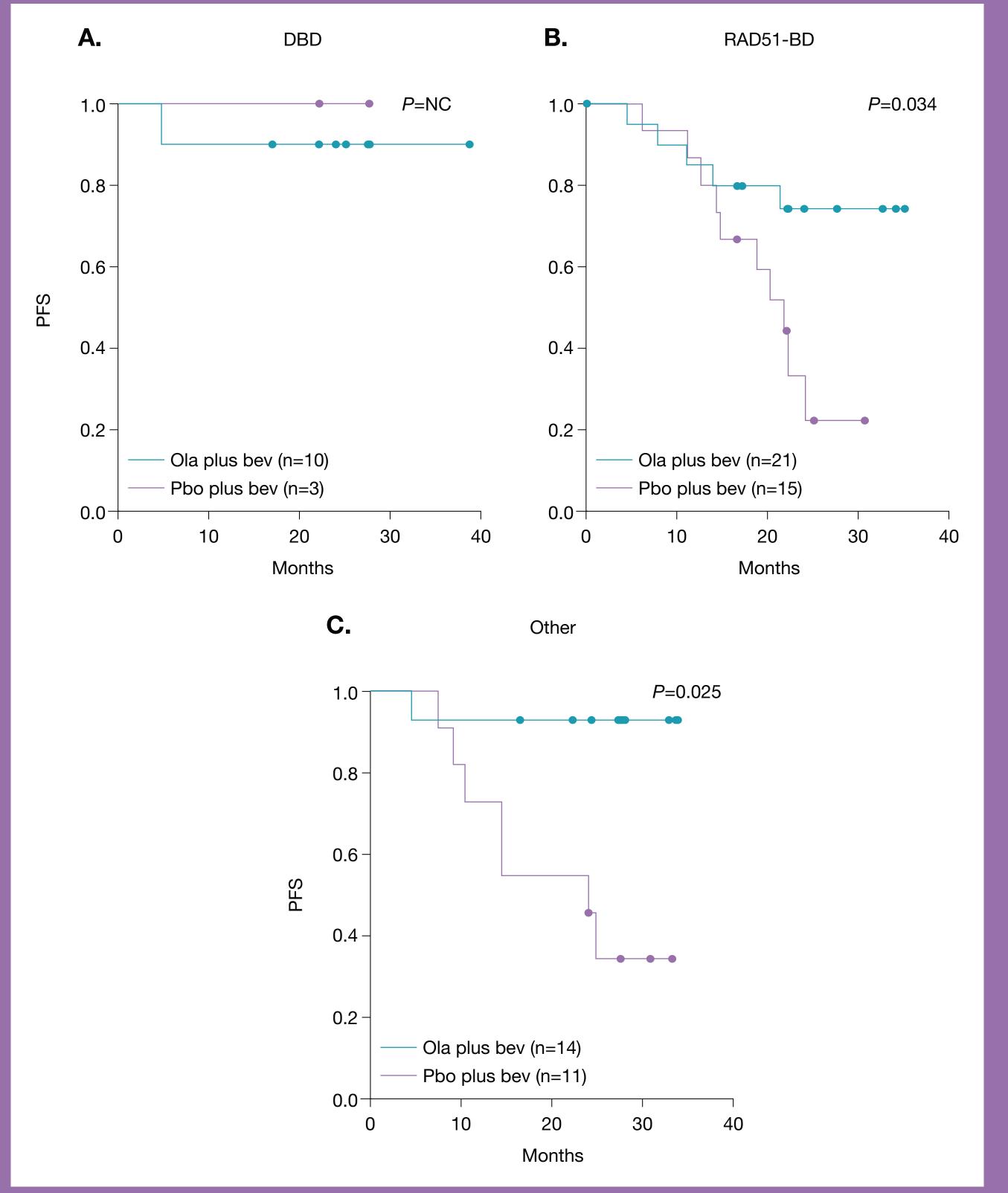
Please scan this quick response (QR) code with your smartphone camera or app to obtain a copy of these materials. Alternatively, please click on the link below:

https://bit.ly/3PfdxBx

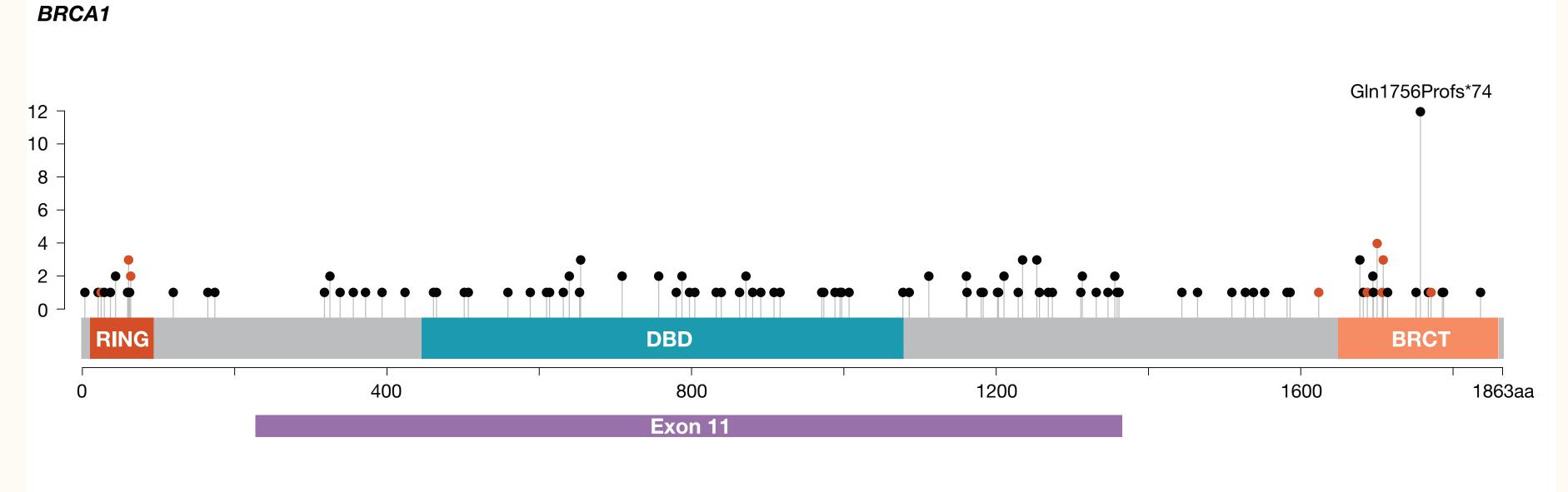
Copies of this poster obtained through QR code are for personal use only and may not be reproduced without permission from ASCO and the authors of this poster.



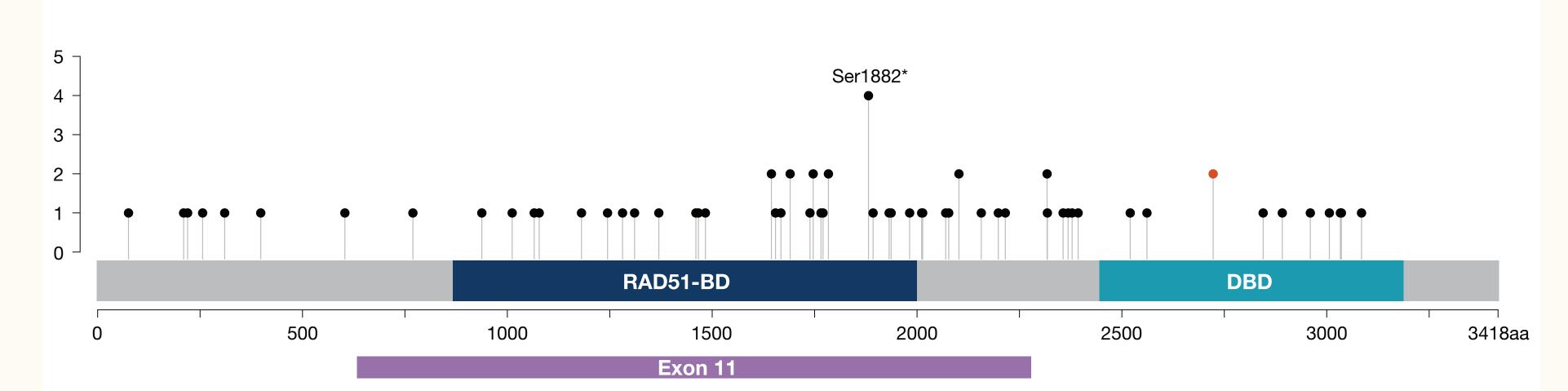
- BRCA1 mutations located in the RING or BRCT domains were enriched in missense and







BRCA2



Orange circles represent missense or splicing mutations. Mutation plot generated using cBioPortal MutationMapper.

Table 2. PFS according to the location of mutations in BRCA1 and BRCA2

	Pbo plus bev, n/N	Ola plus bev events, n/N	Pbo plus bev 24-mo PFS, %	Ola plus bev 24-mo PFS, %	Multivariate HR (95% CI)	P
BRCA1 functional domains						
RING (n=19)	3/6	6/13	40	66	0.38 (0.07–2.13)	0.273
DNA-BD (n=41)	15/17	4/24	14	89	0.08 (0.02–0.26)	<0.001
BRCT (n=34)	7/10	10/24	27	59	0.55 (0.20–1.56)	0.265
Other (n=68)	12/17	17/51	18	67	0.24 (0.11–0.51)	<0.001
BRCA2 functional domains						
RAD51-BD (n=37)	10/15	5/22	33	76	0.31 (0.11–0.92)	0.034
DNA-BD (n=14)	0/3	1/11	100	91	NC	NC
Other (n=25)	7/11	1/14	55	93	0.09 (0.01–0.75)	0.025

mo, months; NC, not calculated.

ACKNOWLEDGMENTS

This study was funded by ARCAGY Research, AstraZeneca, Merck Sharp & Dohme LLC, a subsidiary of Merck & Co., Inc., Rahway, NJ, USA, and F. Hoffmann-La Roche. Editorial assistance was provided by Adam Gill, MRes, at Cence, funded by AstraZeneca and Merck Sharp & Dohme LLC, a subsidiary of Merck & Co., Inc., Rahway, NJ, USA.

REFERENCES

- 1. Ray-Coquard I et al. N Engl J Med 2019;381:2416–28.
- 2. Wang Y et al. Cancer Res 2016;76:2778–90.
- 3. Drost R et al. J Clin Invest 2016;126:2903-18.
- . Labidi-Galy SI et al. Clin Cancer Res 2018;24:326-33.





















