

NIRVANA-1/GINECO-ov129b/ENGOT-ov63: A multicentre randomized study comparing carboplatin-paclitaxel (CP) followed by niraparib (nira) to CP-bevacizumab (bev) followed by nira-bev in patients with FIGO Stage III ovarian high-grade epithelial cancer and no residual disease after upfront surgery

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INTRODUCTION / BACKGROUND

The standard treatment for advanced high-grade ovarian carcinoma (AdHGOC) is upfront complete surgery followed by adjuvant platinum-taxane chemotherapy. The most common maintenance strategies include bevacizumab and PARP inhibitors. Following the results of the PRIMA (Gonzales Martin, et al. NEJM 2019) and PAOLA-1 (Ray-Coquard, et a.l NEJM 2019) studies, the most effective maintenance strategy for FIGO stage III patients still remains to be defined, between PARPi alone and PARPi + Bev. It is the purpose of the NIRVANA-1 trial.

METHODOLOGY

- NIRVANA-1 is an international **randomized**, **open-label**, **phase II** trial.
- **390** FIGO stage III patients with **completely resected** AdHGOC, receive a first CP cycle and are randomized (1:1) to receive either 5 additional CP cycles followed by maintenance with nira or 5 cycles of CP + bev followed by maintenance with nira + bev. The total treatment duration will be 24 months for nira in both arms and 15 months for bev.
- Stratification factors include tumor *BRCA* status, FIGO stage (IIIA versus IIIB/IIIC) and use of hyperthermic intraperitoneal chemotherapy during surgery, notably within the OVHIPEC2 trial.

MAIN ENDPOINTS

- The primary endpoint will be the **progression-free survival rate at 24 months**.
- Secondary endpoints include safety, median PFS, PFS2, Time to First Subsequent Therapy (TFST), Time to Second Subsequent Therapy (TSST), OS, **KELIM** (K CA-125 ELIMination rate constant).

STATISTICS

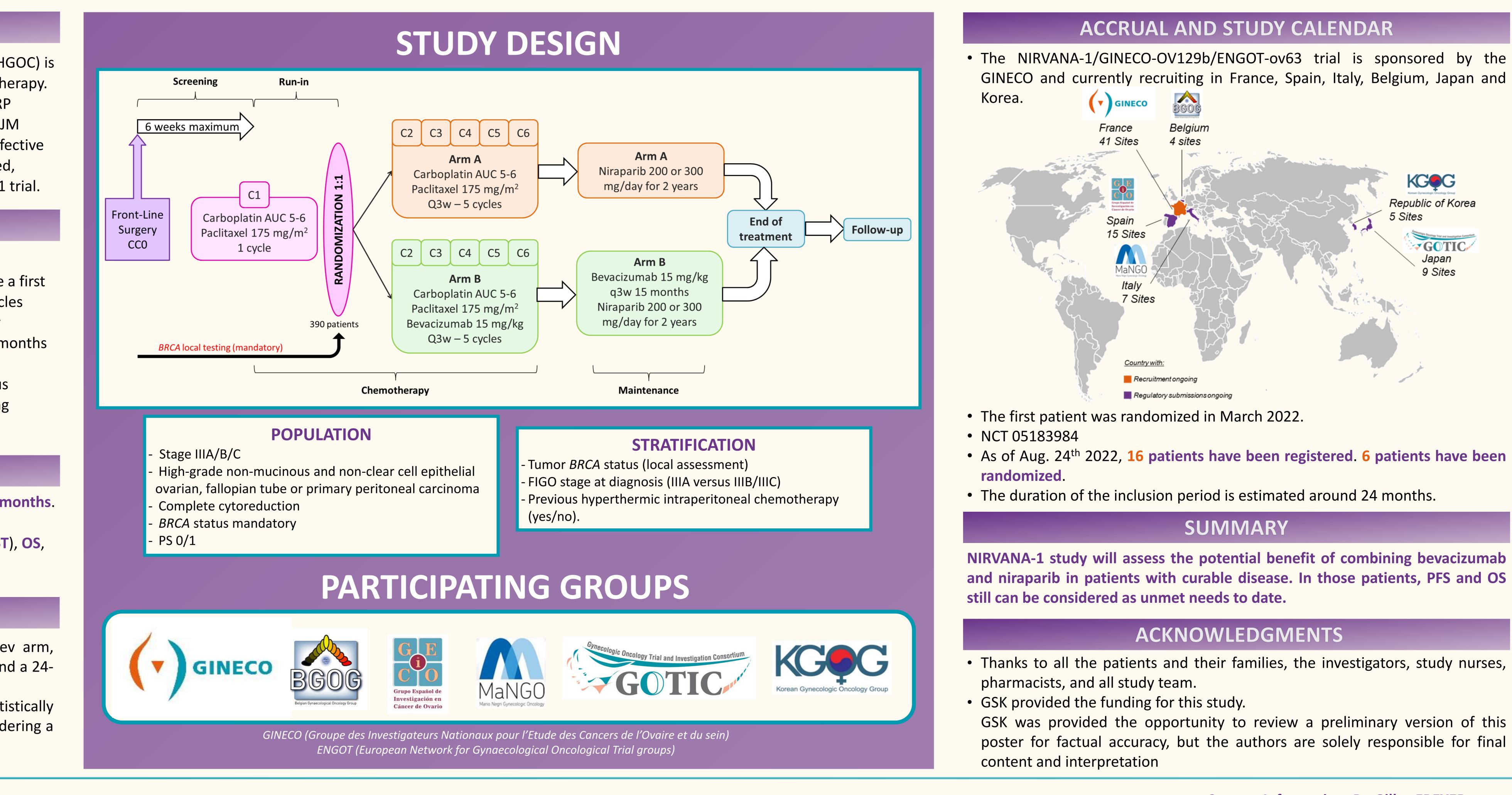
- The study is designed to show a superiority of the Niraparib + Bev arm, corresponding to a 24-months PFS rate of 75% in the nira + bev arm and a 24months PFS rate of 65% in the nira arm, translating in a HR of 0.67.
- The sample size is calculated to provide an 80% power to show a statistically significant PFS difference, accepting a 1-sided alpha risk of 10%, considering a minimal follow-up of 24 months, and dropout rate of 5%.











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