

- 1) No residual vs. residual or IDS
- 2) tBRCAwt vs. tBRCAmut
- 3) Region: US; EU, RoW

OReO design



Eligible patients

- Relapsed nonmucinous EOC
- Treatment with one course of PARPi maintenance therapy
- PR/CR after≥4 cycles of platinumbased chemo
- Documented BRCA1/2 status

Stratification factors:

- Prior bevacizumab
- ≤3 vs ≥4 prior lines of chemotherapy

Cohort 1 BRCAm

120 patients

with a germline or somatic mutation in BCRA1/2

Exposure for ≥18 months after first-line chemotherapy or ≥12 months after second-/later-line chemotherapy

PR or CR to most recent course of platinum-based chemotherapy (no bevacizumab) А

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2:1

Cohort 2 non-BRCAm

108 patients

Exposure for ≥12 months after first-line chemotherapy or ≥6 months after second-/later-line chemotherapy

Olaparib tablets

300 mg bid or last tolerable dose

PFS Primary endpoint (RECIST 1.1)

Placebo

Study design ANITA

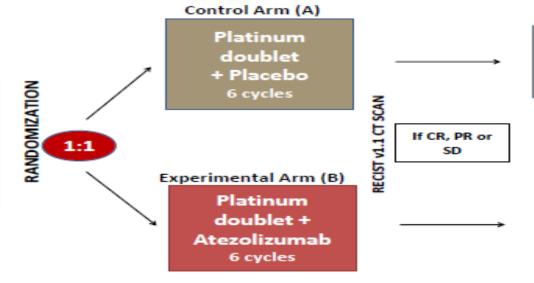
•Recurrent high- grade serous or endometrioid, or undifferentiated ovarian, primary peritoneal or tubal

N= 414 patients

- •TFIp >6 months
- •≤ 2 prior lines

carcinoma

- Measurable disease
- ECOG≤ 1



Niraparib + Placebo

until disease progression, unacceptable toxicity, death or withdrawal of consent

Niraparib + Atezolizumab

until disease progression, unacceptable toxicity, death or withdrawal of consent

Stratification factors:

- · Platinum based regimen selected
- PFI (6-12 months vs. > 12 months)
- BRCA mutation status (mutated vs. non-mutated)
- PD-L1 expression status (positive vs. negative vs. non informative)



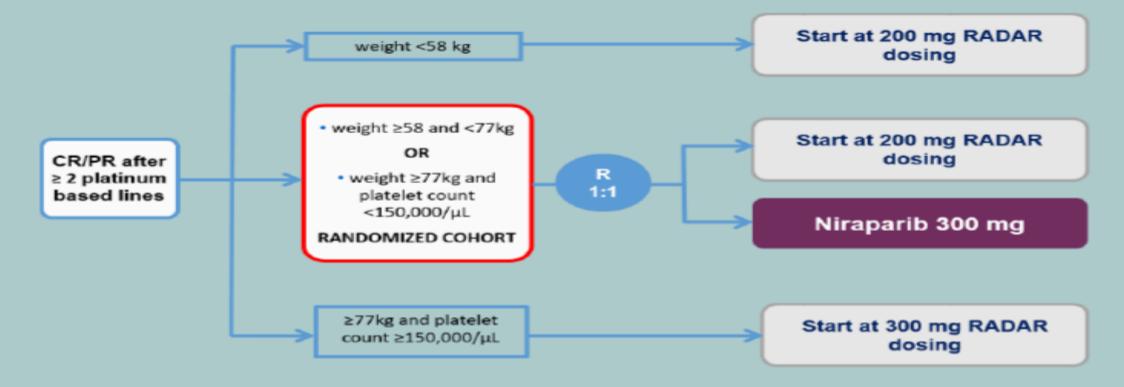






Disegno dello studio

NEWTON



Fattori di minimizzazione per la parte randomizzata:

- sensibilità al platino (da 6 a <12 mesi vs ≥12 mesi);
- l'utilizzo di bevacizumab concomitante alla penultima linea di terapia a base di platino;
- la migliore risposta (parziale o completa) durante l'ultima linea di trattamento con platino.



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N.B. non arrotondare il valore del peso

Es. peso di 57.9 kg → gruppo non randomizzato