Ovarian cancer: more women benefit from maintenance combined targeted therapy

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	Median, months		HR (95% CI) P value
	Olaparib arm	Placebo arm	
PFS, investigator-assessed (59% maturity) (n=806)	22.1	16.6	0.59 (0.49–0.72) P<0.0001
PFS by tBRCAm status* tBRCAm (n=237) Non-tBRCAm (n=569)	37.2 18.9	21.7 16.0	0.31 (0.20–0.47) 0.71 (0.58–0.88)
PFS by HRD status HRD-positive*† (n=387) HRD-positive, non-tBRCA*‡ (n=152) HRD-negative/unknown§ (n=419)	37.2 28.1 16.9	17.7 16.6 16.0	0.33 (0.25–0.45) 0.43 (0.28–0.66) 0.92 (0.72–1.17)

*These were prespecified subgroup analyses. PFS by tBRCAm was analysed using the electronic case report form dataset and PFS by HRD status by the myChoice® HRD Plus assay dataset (Myriad Genetic Laboratories, Inc); †HRD score ≥42 including pts with a tBRCAm; ‡HRD score ≥42 excluding pts with a tBRCAm; §HRD score <42 or inconclusive, missing or failed test CI, confidence interval; HR, hazard ratio; HRD, homologous recombination deficiency; PFS2, time to second progression; tBRCAm, tumour BRCA1/2 mutation.

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New data presented at the ESMO Congress 2019 in Barcelona, Spain, show the benefit of a more intensive maintenance regimen for ovarian cancer with the PARP inhibitor olaparib added to bevacizumab, in an all-comers population, with and without a BRCA mutation. According to late breaking results of the PAOLA-1/ENGOT-ov25 trial, this approach extends progression free survival in patients with advanced ovarian cancer.

Ovarian cancer is the fifth most common cancer in women and the most lethal gynaecological tumour. The majority of patients are diagnosed in an advanced stage and despite responding well to first-line treatment, usually relapse less than two years after diagnosis. Longer progression free survival after first-line therapy improves the probability of response to a new line of chemotherapy. The current standard of care for most patients with newly diagnosed advanced ovarian cancer is surgery and platinum-based chemotherapy combined with bevacizumab, followed by bevacizumab alone.

PAOLA-1/ENGOT-ov25 is the first phase III trial to examine the efficacy and safety of a PARP inhibitor with bevacizumab as first-line maintenance therapy in patients with ovarian cancer with and without a BRCA mutation. This international, academic-led trial enrolled 806 patients with stage III/IV ovarian cancer and partial or complete response to standard platinum-based chemotherapy and bevacizumab. After completing first-line chemotherapy, patients were randomly allocated 2:1 to olaparib or placebo, both on top of bevacizumab. They received olaparib for up to 24 months and bevacizumab for 15 months in total. The primary outcome was investigator-assessed progression free survival.

The median follow-up was 24 months in the olaparib arm and 22.7 months in the placebo arm. Median progression free survival was 22.1 months in the olaparib group and 16.6 months in the placebo group (hazard ratio 0.59; 95% confidence interval 0.49-0.72; p