ANNUAL MEETING ON WOMEN'S CANCER

TAMPA, FL • 2023

PATIENTS • PURPOSE • PROGRESS

Scan for slides

Final Overall Survival and Long-Term Safety in the ENGOT-OV16/NOVA Phase 3 Trial of Niraparib in Patients with Recurrent Ovarian Cancer

Ursula A. Matulonis,[1] Jørn Herrstedt,[2] Amit Oza,[3] Sven Mahner,[4] Andrés Redondo,[5] Dominique Berton,[6] Jonathan S. Berek,[7] Charlotte A. Hasland,[8] Frederik Marme,[9] Antonio González-Martín,[10] Stephanie Becourt,[11] Anna V. Tinker,[12] Jonathan Ledermann,[13] Benedict Benigno,[14] Gabriel Lindahl,[15] Nicoletta Colombo,[16] Izabela A. Malinowska,[17] Wenlei Liu,[17] Michael H. A. Schmitz,[18] Bradley J. Monk,[19] Mansoor R. Mirza[20]

[1]Division of Gynecologic Oncology, Dana-Farber Cancer Institute and Harvard Medical School, Boston, MA, USA; [2]Department of Clinical Oncology and Palliative Care, Zealand University Hospital Roskilde and Næstved University of Copenhagen, Copenhagen, Denmark; [3]Division of Medical Oncology and Hematology, Cancer Clinical Research Unit at Princess Margaret Cancer Centre, Ontario, Toronto, Canada; [4]Department of Obstetrics and Gynecology, University Hospital LMU Munich, Germany; [5]Hospital Universitario La Paz – IdiPAZ, Madrid, Spain; [6]GINECO & Institut de Cancerologie de l'Ouest, Centre René Gauducheau, Saint-Herblain, France; [7]Stanford Women's Cancer Center, Stanford Cancer Institute, Stanford, CA, USA; [8]Department of Oncology, Aalborg University Hospital, Aalborg, Denmark; [9]Medical Faculty Mannheim, Heidelberg University, University Hospital Mannheim, Germany; [10]Medical Oncology Department, Clínica Universidad de Navarra, Madrid, Program in Solid Tumours, CIMA, Pamplona, and Grupo Español de Investigación en Cáncer de Ovario (GEICO), Pamplona, Spain; [11]Department of Gynecological Oncology, Oscar Lambert Center, Lille Cedex, France; [12]BC Cancer – Vancouver, Department of Medicine, University of British Columbia, Vancouver, Canada; [13]Department of Oncology, UCL Cancer Institute and UCL Hospitals, London, UK; [14]Ovarian Cancer Institute, University Gynecologic Oncology, Atlanta, GA, USA; [15]Gynecology Section, Department of Oncology, University Hospital Linköping, Linköping, Sweden; [16]Department of Medicine and Surgery, University of Milano-Bicocca, Gynecology Oncology Program European Institute of Oncology, Milan, Italy; [17]GSK, Waltham, MA, USA; [18]GSK, Baar, Switzerland; [19]Division of Gynecologic Oncology, HonorHealth Research Institute, University of Arizona College of Medicine, Creighton University School of Medicine, Phoenix, AZ, USA; [20]Department of Oncology, Rigshospitalet, Copenhagen University Hospital, Copenhagen, and Nordic Society of Gynaecological Oncology-Clinical Trial Unit, Copenhagen, Denmark.

SGO ANNUAL MEETING ON WOMEN'S CANCER TAMPA, FL • 2023 PATIENTS • PURPOSE • PROGRESS

Presented by Dr. Ursula A. Matulonis

NSGO-CTU Nordic Society of Gynaecological Oncology - Clinical Trial Unit

ENGOT European Network of Gynaecological Oncological Trial groups

Financial Disclosures

Scan for slides

- **Dr. Matulonis** reports consulting fees from Agenus, AstraZeneca, Blueprint Medicines, Boehringer Ingelheim, GSK, Merck, NextCure, Novartis, and Trillium; and data and safety monitoring board participation for Advaxis, Alkermes, and Symphogen.

Other authors:

Drs. Herrstedt and **Berton** have nothing to disclose. **Dr. Oza** reports being a principal investigator and on steering committees for trials by AstraZeneca, Clovis, and GSK. **Dr. Mahner** reports grants, consulting, and honoraria from AbbVie, AstraZeneca, Clovis, Eisai, GSK, Medac, MSD, Novartis, Olympus, PharmaMar, Pfizer, Roche, Sensor Kinesis, Tesaro, and Teva. **Dr. Redondo** reports institutional grants from Eisai, PharmaMar, and Roche; honoraria fees from AstraZeneca, Clovis, Eisai, GSK, MSD, and PharmaMar; advisory board roles at AstraZeneca, Clovis, Eisai, GSK, MSD, and PharmaMar; and travel support from AstraZeneca, GSK, and PharmaMar. **Dr. Berek** reports institutional grants from Eisai, ImmunoGen, Karyopharm, and Tesaro. **Dr. Haslund** reports honoraria for lectures from BMS and GSK. **Dr. Marme** reports honoraria/expenses from AstraZeneca, Clovis, Eisai, GenomicHealth, Gileda/Immunomedics, GSK/Tesaro, Lilly, MSD, Myriad Genetics, Novartis, Pfizer, Roche, and Seagen; consulting/advisory board fees from AstraZeneca, Clovis, Eisai, GenomicHealth, Gileda/immunomedics, GSK/Tesaro, Lilly, MSD, Myriad Genetics, Novartis, PharmaMar, Pfizer, Roche, and Seagen; and funded research fees from AGO study group, AstraZeneca, Clovis, Eisai, GBG, Gileda/immunomedics, GSK/Tesaro, Lilly, MSD, Novartis, Pfizer, and Roche. **Dr. González-Martín** reports honoraria as advisor from Alkermes, Amgen, AstraZeneca, Clovis Oncology, Genmab, GSK, HederaDx, ImmunoGen, MacroGenics, Merck Sharp & Dohme, Novartis, Oncoinvent, Pfizer/Merck, PharmaMar, Roche, Sotio, and Sutro; honoraria as speaker for AstraZeneca, Clovis, GSK, PharmaMar, and Roche; institutional funding (GEICO) for clinical research from GSK and Roche; and nonremunerated activities as chair in ENGOT and GEICO (for the period 2018–2020). **Dr. Becourt** reports consulting/advisory board fees from Clovis Oncology, Lilly, Novartis, and Pfizer and honoraria as speaker from Clovis Oncology, Eisai, GSK, Lilly, MSD, Pfizer, and Seagen. **Dr. Tinker** reports institutional grants from AstraZeneca and personal fees from AstraZeneca, Eisai, GSK, and Merck. **Dr. Ledermann** reports advisory board fees from Artios Pharma, AstraZeneca, Eisai, GSK, Merck Sharp & Dohme Corp, and Pfizer; steering committee fees from Pfizer; lecture fees from AstraZeneca, GSK, and Neopharm; speakers bureau fees from Clovis Oncology and Merck Sharp & Dohme Corp; educational event fees from Clovis Oncology and Eisai; institutional grants from AstraZeneca and MSD/Merck; chair IDMC nonremunerated; past vice-president ESGO (2019-2021); ESMO editor Gynaecological Clinical Practice Guidelines; and BGCS past chair, nonsurgical subgroup and past council member. **Dr. Benigno** reports speakers' bureau fees from GSK. **Dr. Lindahl** reports personal fees from AstraZeneca and GSK. **Dr. Colombo** research support from AstraZeneca and Roche; speakers' bureau fees from AstraZeneca, Clovis Oncology, Eisai, GSK, Merck Sharp & Dohme Corp, Novartis, and Tesaro; and consultant fees from AstraZeneca, BIOCAD, Clovis Oncology, Eisai, GSK, ImmunoGen, Merck Sharp & Dohme Corp, Mersana Therapeutics, OncXerna Therapeutics, Inc, Pfizer, PharmaMar, Roche, and Tesaro. **Drs. Malinowska, Liu,** and **Schmitz** are employees of GSK. **Dr. Monk** reports consulting fees from Agenus, Akeso Bio, Amgen, Aravive, Bayer, Elevar, EMD Merck, Genmab/Seagen, GOG Foundation, Gradalis, ImmunoGen, Iovance, Karyopharm, Macrogenics, Mersana, Myriad, Novartis, Novocure, Pfizer, Puma, Regeneron, Sorrento, US Oncology Research, and VBL and speakers' bureau honoraria from AstraZeneca, Clovis, Eisai, Merck, Roche/Genentech, and Tesaro/GSK. **Dr. Mirza** reports consulting or advisory role at AstraZeneca, Biocad, GSK, Karyopharm, Merck, Roche, Zailab; speakers' bureau fees from AstraZeneca and GSK; research funding (to institution) from Apexigen, AstraZeneca, Deciphera (trial chair), GSK, and Ultimovacs; and personal financial interest in Karyopharm (stocks/shares, member of Board of Directors).

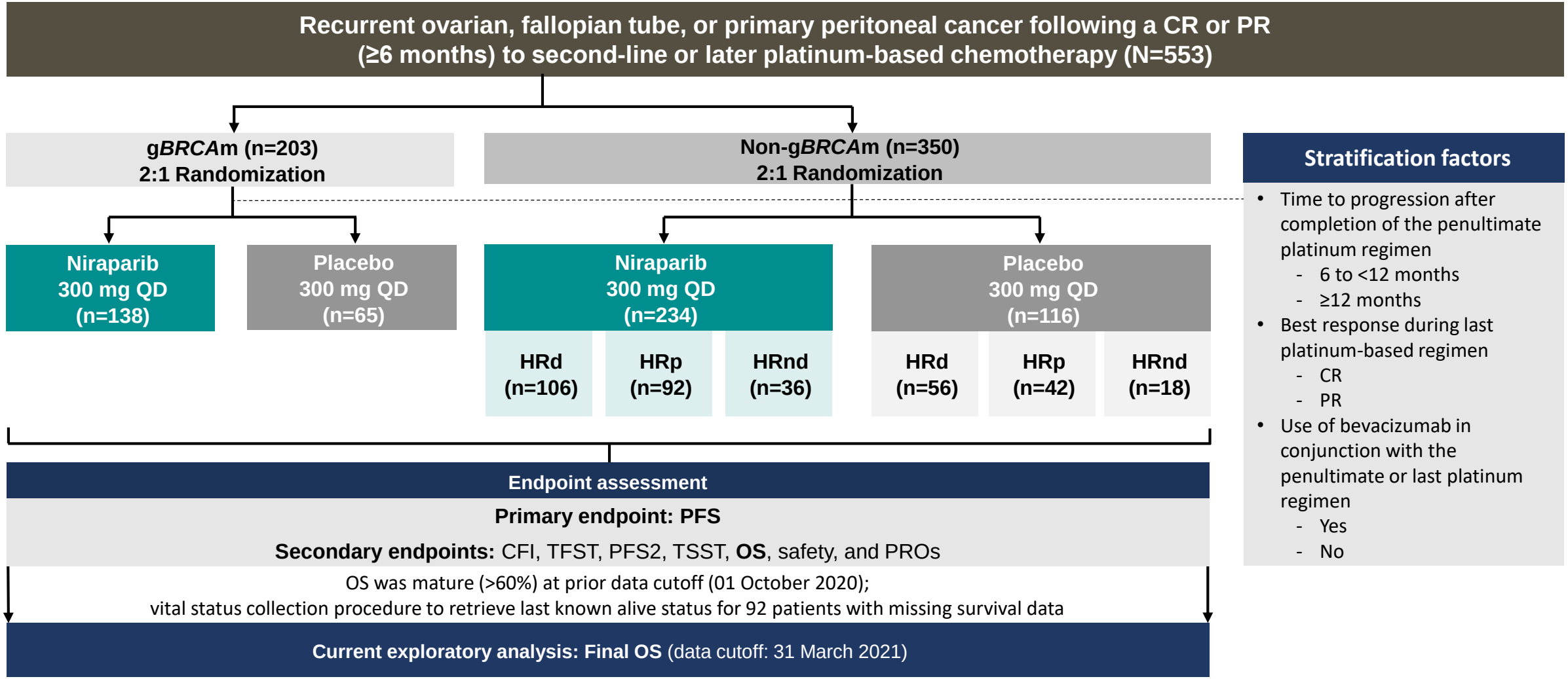
Scan for slides

Unlabeled/Investigational Uses

I will be discussing the unlabeled use (United States) of niraparib for the treatment of adult patients with non-germline *BRCA*-mutated recurrent ovarian, fallopian tube, or primary peritoneal cancer following a complete response or partial response (≥6 months) to second-line or later platinum-based chemotherapy.

Background: ENGOT-OV16/NOVA Study Design

Scan for slides



CFI, chemotherapy-free interval; CR, complete response; g*BRCA*m, germline *BRCA*-mutated; HRd, homologous recombination deficient; HRnd, homologous recombination not determined; HRp, homologous recombination proficient; OS, overall survival; PFS, progression-free survival; PFS2, time to second progression or death; PR, partial response; PRO, patient-reported outcome; QD, once daily; TFST, time to first subsequent therapy; TSST, time to second subsequent therapy.

SGO ANNUAL MEETING ON WOMEN'S CANCER TAMPA, FL • 2023 PATIENTS • PURPOSE • PROGRESS

Presented by Dr. Ursula A. Matulonis

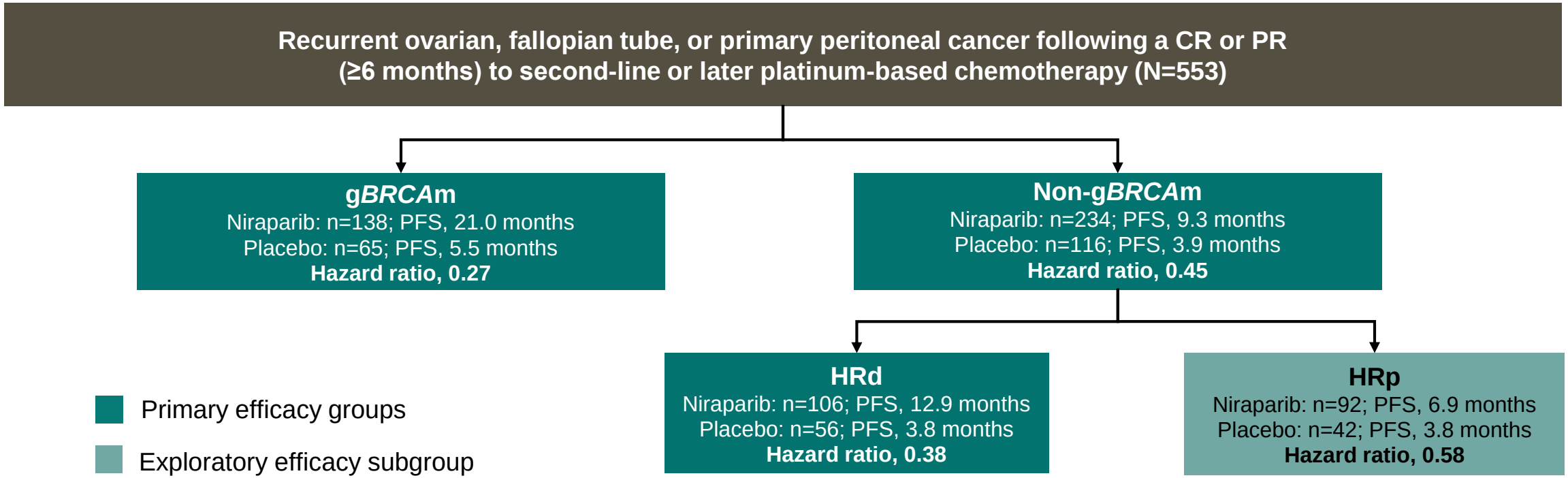
NSGO-CTU Nordic Society of Gynaecological Oncology - Clinical Trial Unit

ENGOT European Network of Gynaecological Oncological Trial groups

Background: ENGOT-OV16/NOVA Study Endpoints Summary

Scan for slides

- In the primary analysis, niraparib maintenance therapy significantly prolonged PFS regardless of g*BRCA*m or HRD biomarker status (median follow up, 16.9 months)



Data cutoff: 20 June 2016.

CR, complete response; g*BRCA*m, germline *BRCA* mutant; HRd, homologous recombination deficient; HRD, homologous recombination deficiency; HRp, homologous recombination proficient; PFS, progression-free survival; PR, partial response.

Mirza MR, et al. *N Engl J Med*. 2016;375:2154–2164.

SGO ANNUAL MEETING ON WOMEN'S CANCER TAMPA, FL • 2023 PATIENTS • PURPOSE • PROGRESS

Presented by Dr. Ursula A. Matulonis

NSGO-CTU Nordic Society of Gynaecological Oncology - Clinical Trial Unit

ENGOT European Network of Gynaecological Oncological Trial groups

Objectives and Methodology

Scan for slides

- **Objectives**
  - To report the final updated OS and long-term safety results from the phase 3 ENGOT-OV16/NOVA study of niraparib maintenance therapy in patients with platinum-sensitive recurrent ovarian cancer
- **Methods**
  - The pre-planned OS analysis for ENGOT-OV16/NOVA was presented previously (SGO 2021) but was associated with missing data on survival status and post-progression therapies
  - After the mature (>60%) OS analysis was presented to the FDA (data cutoff: 01 October 2020), the agency recommended further data retrieval
  - Data retrieval efforts reduced missing survival status from 17% to ≈ 2%, and the data cutoff was extended by 6 months, up to the date of study unblinding
  - Final OS was evaluated in both cohorts and was also evaluated in the non-g*BRCA*m cohort by HRD status as exploratory analyses

SGO ANNUAL MEETING ON WOMEN'S CANCER TAMPA, FL • 2023 PATIENTS • PURPOSE • PROGRESS

g*BRCA*m, germline *BRCA*-mutated; HRD, homologous recombination deficiency; OS, overall survival.

Presented by Dr. Ursula A. Matulonis

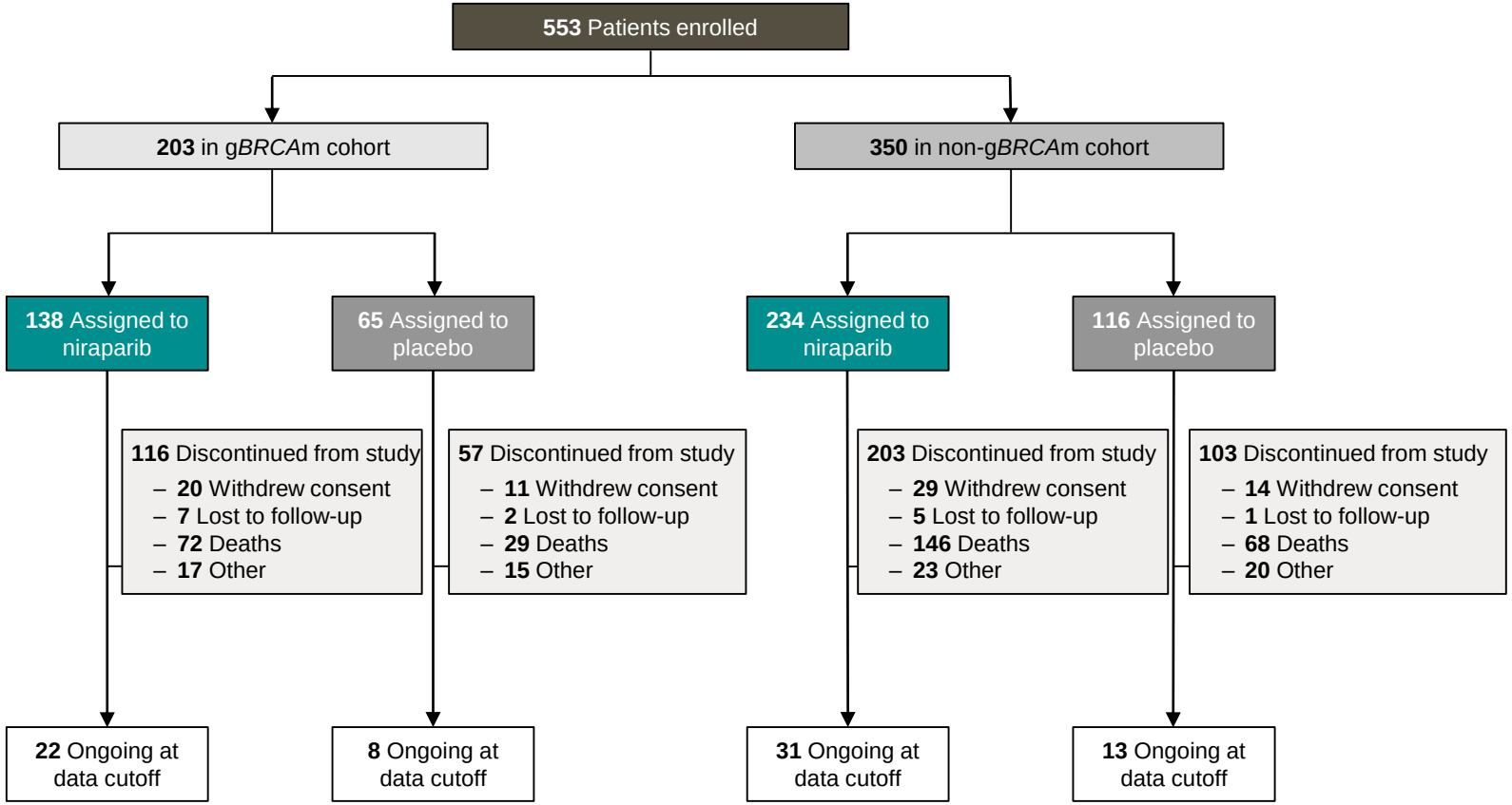
NSGO-CTU Nordic Society of Gynaecological Oncology - Clinical Trial Unit

ENGOT European Network of Gynaecological Oncological Trial groups

Patient Disposition and Survival Status

Scan for slides

- Median follow-up at the data cutoff (date of study unblinding) was >75 months across both cohorts and treatment arms
- Survival status was available for 97.6% of patients (540 of 553)



Data cutoff: 31 March 2021.
g*BRCA*m, germline *BRCA*-mutated; OS, overall survival.

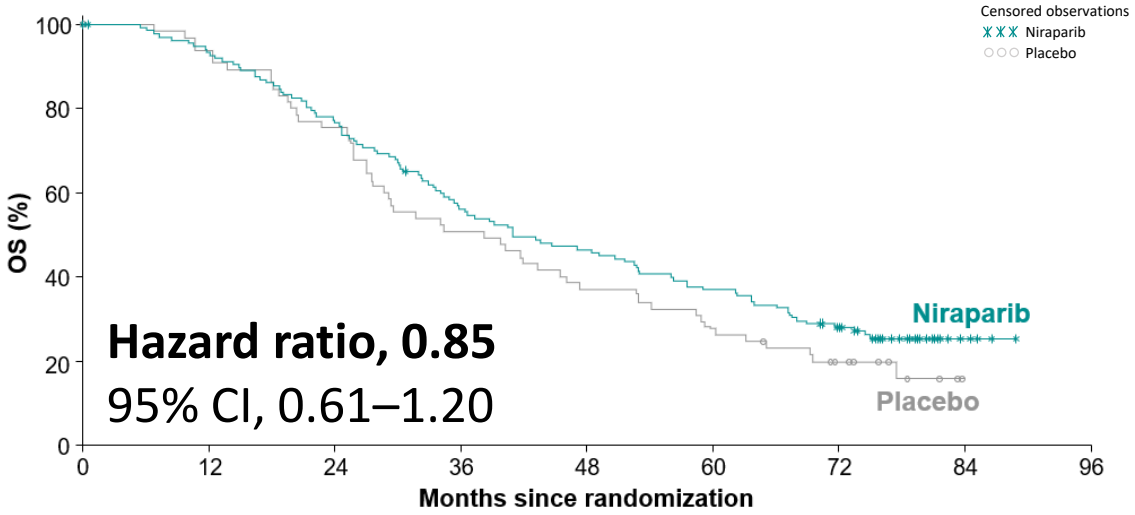
Presented by Dr. Ursula A. Matulonis

Final OS for the g*BRCA*m and Non-g*BRCA*m Cohorts

Scan for slides

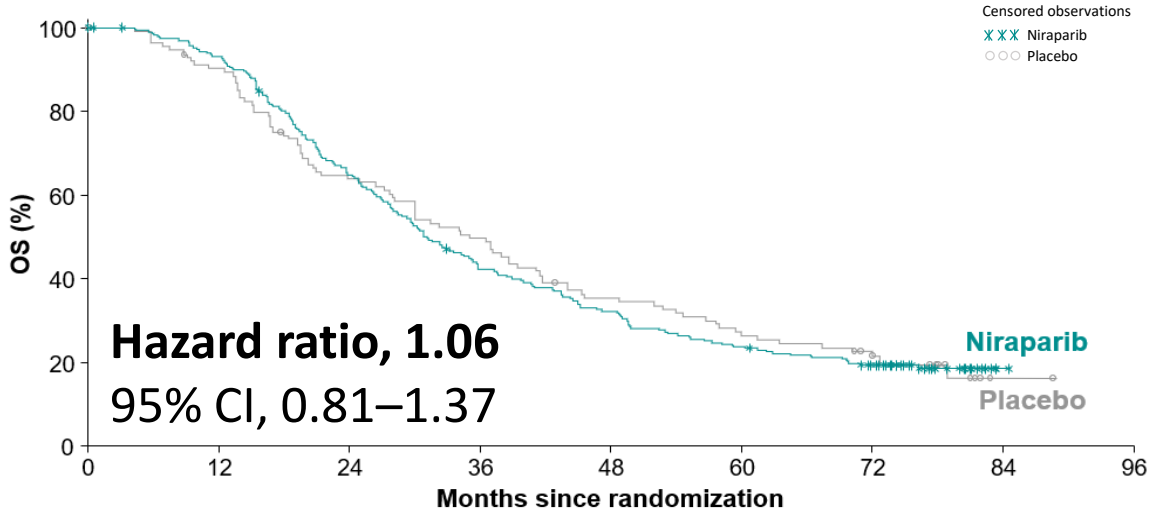
- Overall OS maturity was 77.9%

g*BRCA*m (75.9% maturity)



Patients at risk									
Niraparib	138	128	105	76	63	50	33	4	0
Placebo	65	61	49	33	24	18	10	0	

Non-g*BRCA*m (79.1% maturity)



Patients at risk									
Niraparib	234	215	149	96	73	54	36	1	0
Placebo	116	103	72	56	39	29	21	1	0

SGO ANNUAL MEETING ON WOMEN'S CANCER TAMPA, FL • 2023 PATIENTS • PURPOSE • PROGRESS

Data cutoff: 31 March 2021.

Hazard ratios presented in figures were based on stratified Cox proportional hazards model using randomization stratification factors.

CI: confidence interval; g*BRCA*m, germline *BRCA*-mutated; OS, overall survival.

Presented by Dr. Ursula A. Matulonis

NSGO-CTU Nordic Society of Gynaecological Oncology - Clinical Trial Unit

ENGOT European Network of Gynaecological Oncological Trial groups

Final OS for the g*BRCA*m and Non-g*BRCA*m Cohorts and by HRD Subgroup in the Non-g*BRCA*m Cohort

Scan for slides

Recurrent ovarian, fallopian tube, or primary peritoneal cancer following a CR or PR (≥6 months) to second-line or later platinum-based chemotherapy (N=553)

g*BRCA*m
Niraparib: n=138; mOS, 40.9 (34.9–52.9)
Placebo: n=65; mOS, 38.1 (27.6–47.3)
Hazard ratio, 0.85 (0.61–1.20)

Non-g*BRCA*m
Niraparib: n=234; mOS, 31.0 (27.8–35.6)
Placebo: n=116; mOS, 34.8 (27.9–41.4)
Hazard ratio, 1.06 (0.81–1.37)

HRd
Niraparib: n=106; mOS, 35.6 (28.3–43.4)
Placebo: n=56; mOS, 41.4 (33.9–57.6)
Hazard ratio, 1.29 (0.85–1.95)

HRp
Niraparib: n=92; mOS, 27.9 (22.6–32.8)
Placebo: n=42; mOS, 27.9 (19.2–44.0)
Hazard ratio, 0.93 (0.61–1.41)

HRnd
Niraparib: n=36; mOS, 29.8 (23.6–35.7)
Placebo: n=18; mOS, 20.2 (13.9–37.8)
Hazard ratio, 0.62 (0.29–1.35)

SGO ANNUAL MEETING ON WOMEN'S CANCER TAMPA, FL • 2023 PATIENTS • PURPOSE • PROGRESS

Data cutoff: 31 March 2021.
CI: confidence interval; g*BRCA*m, germline *BRCA*-mutated; HRd, homologous recombination deficient; HRnd, homologous recombination not determined; HRp, homologous recombination proficient; mOS, median overall survival.

Presented by Dr. Ursula A. Matulonis

NSGO-CTU Nordic Society of Gynaecological Oncology - Clinical Trial Unit

ENGOT European Network of Gynaecological Oncological Trial groups

CFI, TFST, PFS2, and TSST

Scan for slides

Secondary efficacy endpoint	g*BRCA*m	Non-g*BRCA*m
CFI		
Median in niraparib vs placebo, months	20.0 vs 9.4	13.4 vs 8.7
Hazard ratio (95% CI)	**0.39** (0.268–0.561)	**0.56** (0.428–0.727)
TFST		
Median in niraparib vs placebo, months	19.1 vs 8.6	12.4 vs 7.4
Hazard ratio (95% CI)	**0.57** (0.412–0.783)	**0.58** (0.454–0.740)
PFS2		
Median in niraparib vs placebo, months	29.9 vs 22.7	19.5 vs 16.1
Hazard ratio (95% CI)	**0.70** (0.500–0.968)	**0.80** (0.627–1.022)
TSST		
Median in niraparib vs placebo, months	29.7 vs 19.6	20.3 vs 16.7
Hazard ratio (95% CI)	**0.63** (0.451–0.878)	**0.84** (0.654–1.077)

SGO ANNUAL MEETING ON WOMEN'S CANCER TAMPA, FL • 2023 PATIENTS • PURPOSE • PROGRESS

Data cutoff: 31 March 2021 .
CI: confidence interval; CFI, chemotherapy-free interval; g*BRCA*m, germline *BRCA*-mutated; PFS2, time to second progression or death; TFST, time to first subsequent therapy; TSST, time to second subsequent therapy.

Presented by Dr. Ursula A. Matulonis

NSGO-CTU Nordic Society of Gynaecological Oncology - Clinical Trial Unit

ENGOT European Network of Gynaecological Oncological Trial groups

Follow-up Treatment by Cohort

Scan for slides

Type of treatment, n (%)	g*BRCA*m			Non-g*BRCA*m		
	Niraparib (n=138)	**Placebo** (n=65)	**Overall** (n=203)	**Niraparib** (n=234)	**Placebo** (n=116)	**Overall** (n=350)
Any follow-up anticancer therapy	102 (73.9)	50 (76.9)	152 (74.9)	175 (74.8)	97 (83.6)	272 (77.7)
Any PARP inhibitor	37 (26.8)	32 (49.2)	69 (34.0)	16 (6.8)	17 (14.7)	33 (9.4)
Any platinum therapies	81 (58.7)	40 (61.5)	121 (59.6)	134 (57.3)	69 (59.5)	203 (58.0)
Any bevacizumab therapy	26 (18.8)	10 (15.4)	36 (17.7)	55 (23.5)	29 (25.0)	84 (24.0)
Any taxane therapy	48 (34.8)	24 (36.9)	72 (35.5)	96 (41.0)	47 (40.5)	143 (40.9)
Any doxorubicin therapy	46 (33.3)	25 (38.5)	71 (35.0)	95 (40.6)	51 (44.0)	146 (41.7)
Any gemcitabine therapy	34 (24.6)	22 (33.8)	56 (27.6)	80 (34.2)	46 (39.7)	126 (36.0)
Any other therapy	53 (38.4)	24 (36.9)	77 (37.9)	100 (42.7)	58 (50.0)	158 (45.1)

SGO ANNUAL MEETING ON WOMEN'S CANCER TAMPA, FL • 2023 PATIENTS • PURPOSE • PROGRESS

Data cutoff: 31 March 2021 .
g*BRCA*m, germline *BRCA*-mutated; PARP, poly(ADP-ribose) polymerase.

Presented by Dr. Ursula A. Matulonis

NSGO-CTU Nordic Society of Gynaecological Oncology - Clinical Trial Unit

ENGOT European Network of Gynaecological Oncological Trial groups

Overall Safety Profile

Scan for slides

- The safety profile of niraparib in the ENGOT-OV16/NOVA study was consistent with that observed in previous data readouts.[1,2] No new safety signals were detected
- The incidence of grade ≥3 adverse events (including thrombocytopenia, anemia, neutropenia, hypertension, fatigue, and GI disorders) was consistent with that observed in previous data readouts[1,2]

Overall population, n (%)	**Niraparib** (n=367)	**Placebo** (n=179)
Any TEAE	367 (100.0)	172 (96.1)
Any TRAE	359 (97.8)	126 (70.4)
Any TEAE with CTCAE toxicity grade ≥3	281 (76.6)	43 (24.0)
Any TRAE with CTCAE toxicity grade ≥3	244 (66.5)	10 (5.6)
Any serious TEAE	127 (34.6)	29 (16.2)
Any serious TRAE	74 (20.2)	4 (2.2)
Any TEAE leading to dose interruption	255 (69.5)	27 (15.1)
Any TEAE leading to dose reduction	254 (69.2)	9 (5.0)
Any TEAE leading to treatment discontinuation	67 (18.3)	4 (2.2)
Any TEAE leading to death	5 (1.4)	2 (1.1)

Safety population. Data cutoff: 31 March 2021.

CTCAE, Common Terminology Criteria for Adverse Events; GI, gastrointestinal; TEAE, treatment-emergent adverse event; TRAE, treatment-related adverse event.

1. Mirza MR, et al. *N Engl J Med*, 2016;375:2154–2164; 2. Matulonis U, et al. *Gynecol Oncol*. 2021;162(suppl. 1):S24–S25.

Incidence of Myelodysplastic Syndrome/Acute Myeloid Leukemia

Scan for slides

- As of the 31 Mar 2021 data cutoff, 3.8% of patients (14/367) who received niraparib and 1.7% of patients (3/179) who received placebo developed MDS/AML
- One additional case was reported in the g*BRCA*m cohort since the 01 October 2020 data cutoff

Incidence of MDS/AML based on final DCO of 31 Mar 2021

Niraparib	Placebo
Overall	
(n=367)	(n=179)
14 (3.8)	3 (1.7)
g*BRCA*m	
(n=136)	(n=65)
10 (7.4)	2 (3.1)
non-g*BRCA*m	
(n=231)	(n=114)
4 (1.7)	1 (0.9)

Safety population. Data cutoff: 31 March 2021 .
AML, acute myeloid leukemia; DCO, data cutoff; g*BRCA*m, germline *BRCA*-mutated; MDS, myelodysplastic syndrome.

Conclusions

Scan for slides

- We provide an updated exploratory analysis of ENGOT-OV16/NOVA long-term follow-up data
- Analyses were confounded by imbalances in post-progression therapy (including subsequent PARP inhibitors) by treatment arm in both the g*BRCA*m and non-g*BRCA*m cohorts, including the HRD subgroups
  - Lack of biological plausibility in numerical OS outcomes in HRD subgroups
- The OS hazard ratio for the g*BRCA*m cohort was 0.85 and the OS hazard ratio for the non-g*BRCA*m cohort was 1.06, with expected wide CIs given that ENGOT-OV16/NOVA was not powered for formal OS analyses
- Secondary endpoints, including CFI, TFST, PFS2, and TSST, demonstrated a persistent treatment effect in favor of niraparib in both the g*BRCA*m and non-g*BRCA*m cohorts
- No new safety signals were observed with long-term follow-up

Acknowledgments

We sincerely thank the 553 patients and their families for participating in this trial, and all of the investigators and cooperative groups.

NSGO	AGO	GEICO	GINECO	NCRI	MITO MaNGO	BGOG	ISGO	CEEGOG	AGO	PM Consortium	
Denmark Norway Sweden	Germany	Spain	France	UK	Italy	Belgium	Israel	Poland	Austria	Hungary	Canada	USA
Mirza Herrstedt Dørum Lund Rosenberg Malander Woie Havsteen Hellman Nøttrup	Mahner du Bois Wölber Harter Sehouli Marmé Canzler Lück Meier Bauerschlag Heubner Emons Burges	González M Redondo S Bover B Gil Martin Palacio Casado H Del Campo F	Fabbro Follana Lesoin Berton-R N´Guyen Hardy-B	Ledermann Banerjee Lord Waters Montes Chan Williams Barlow Mullard	Lorusso Colombo Scambia Tognon Scolio	Vergote Kridelka Leroy Debruyne Huizing	Rosengarten Efrat Ben-B Levy Shapira F Fishman Edelmann Safra Amit	Madry Pikiel Suzin Mackowiak-M	Marth Reinthaller Petru	Csoszi	Oza Tinker Gilbert Bessette Provencher Lau Ellard Ghatage	Matulonis Monk Berek Benigno Rimel Buscema Wenham Pineda Moore Azodi Smaldone Cloven Bailey Lee Secord Patel Method	Callahan Veena Chan Zarwan Disilvestro Teneriello Gupta Geller Burris Slomovitz Wahner H McCormick Hanjani Blank Lentz Neidhart Miller

Study Sponsor: GSK

Scan for slides

This study (ENGOT-OV16/NOVA; NCT01847274) was funded by GSK (Waltham, MA, USA). Third-party medical writing support: Writing and editorial support, under the direction of the authors, was funded by GSK (Waltham, MA, USA); coordinated by Prudence Roaf, MPH, and Hasan Jamal, MSc, of GSK; and provided by Jessica M. Weems, PhD, and Mary C. Wiggin of Ashfield MedComms, an Inizio Company.

SGO ANNUAL MEETING ON WOMEN'S CANCER TAMPA, FL • 2023 PATIENTS • PURPOSE • PROGRESS

Presented by Dr. Ursula A. Matulonis

NSGO-CTU Nordic Society of Gynaecological Oncology - Clinical Trial Unit

ENGOT European Network of Gynaecological Oncological Trial groups