Introduction

• Standard of care chemotherapy in patients with advanced ovarian cancer is the combination of carboplatin and paclitaxel.
• Data from the PRIMA trial has shown a significant benefit in patients by the addition of a maintenance treatment with niraparib irrespective of BRCA or HRD-status in high-grade ovarian cancers.
• The PAOLA-1 trial evaluated the maintenance treatment in patients with advanced ovarian cancer with the combination of olaparib and bevacizumab and has also shown a significant benefit compared to bevacizumab monotherapy.
• However, it is unclear if a PARP-inhibitor (PARPi) maintenance treatment as monotherapy is sufficient or if the addition of bevacizumab is needed.
• Therefore, we investigate, if the treatment strategy of carboplatin / paclitaxel / bevacizumab / niraparib for up to 3 years is superior to the treatment of carboplatin / paclitaxel / PARPi in an all-comer population.
• The AGO-OVAR 28 / ENGOT-ov57 study (NCT05090982) will evaluate the efficacy and safety of niraparib in combination with bevacizumab compared to niraparib alone in patients with carboplatin-taxane based chemotherapy in advanced ovarian cancer.

Study Objectives

Primary Objective
• Progression free survival (PFS)

Secondary Objectives
• Progression free survival according to BRCA status
• Overall survival (OS)
• Time to first subsequent therapy (TFST) / PFS 2
• Time to second subsequent therapy (TSST)
• Safety and tolerability
• Quality of life

Sample Size / Statistical Analysis

<table>
<thead>
<tr>
<th>Sample Size</th>
<th>970</th>
</tr>
</thead>
<tbody>
<tr>
<td>Randomization</td>
<td>1:1</td>
</tr>
<tr>
<td>alpha</td>
<td>two-sided 0.05 for PFS</td>
</tr>
<tr>
<td>Hazard Ratio</td>
<td>0.793 for PFS</td>
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</tbody>
</table>

All eligible patients should have completed the first cycle of chemotherapy as part of Study Run-In-Period. Prior to day 1 of cycle 2, patients with a valid central tumor BRCA (BRCA1) test result will be randomized 1:1 into either Arm 1 and will receive 5 additional cycles of chemotherapy, q21d followed by bevacizumab, q21d (for up to 1 year) and niraparib for up to 3 years.

Key In/Exclusion Criteria

Main Inclusion Criteria
• Newly diagnosed, advanced, high-grade epithelial ovarian cancer, primary peritoneal cancer, or fallopian tube cancer FIGO III/IV (except FIGO IIIA without nodal involvement).
• Previous upfront cytoreductive surgery or planned interval debulking surgery.
• Patients must have available tumor samples (FFPE sample) to be sent to central laboratory for determination of BRCA status prior to randomization for stratification.
• Adequate bone marrow function, coagulation parameters, as well as liver and kidney function.

Main Exclusion Criteria
• Non-epithelial tumor origin of the ovari.
• Ovarian tumors of low malignant potential (e.g. borderline tumors) and low grade tumors.
• Planned intraperitoneal cytotoxic chemotherapy.
• Prior systemic treatment for ovarian cancer.
• Prior treatment with PARPi inhibitor.
• Contra-indications for Bevacizumab or for Niraparib

Study Timelines / Status

<table>
<thead>
<tr>
<th>Countries in total</th>
<th>7 groups in 7 countries planned</th>
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</thead>
<tbody>
<tr>
<td>Total number of sites</td>
<td>Up to 200 sites</td>
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<tr>
<td>First Site Activation (DE)</td>
<td>September 13th, 2022</td>
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<tr>
<td>First Patient First Visit (DE)</td>
<td>September 13th, 2022</td>
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<td>Signature informed Consent Form</td>
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<td>Recruitment period</td>
<td>24 months</td>
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<tr>
<td>International study start</td>
<td>Expected in Q1/Q2 2023</td>
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<td>Last Patient First Visit</td>
<td>September 2024</td>
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<td>Last Patient Last Visit</td>
<td>Q2 2030</td>
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</table>

Acknowledgements

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Contact Information

Poster presentation at European Congress on Gynaecological Oncology 2022, Berlin, Germany

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References