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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Poster #615TiP

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.

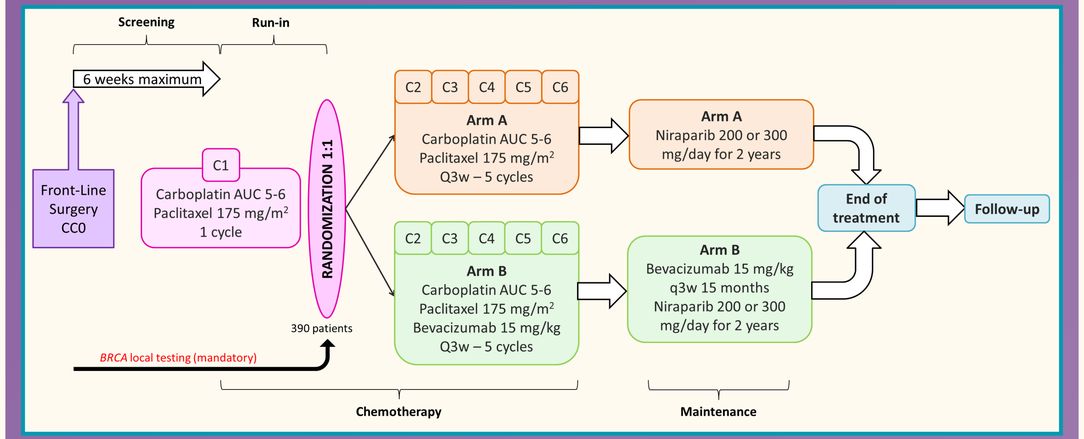
MAIN ENDPOINTS

- 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 24-months 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%.

STUDY DESIGN



POPULATION

- Stage IIIA/B/C
- High-grade non-mucinous and non-clear cell epithelial ovarian, fallopian tube or primary peritoneal carcinoma
- Complete cytoreduction
- *BRCA* status mandatory
- PS 0/1

STRATIFICATION

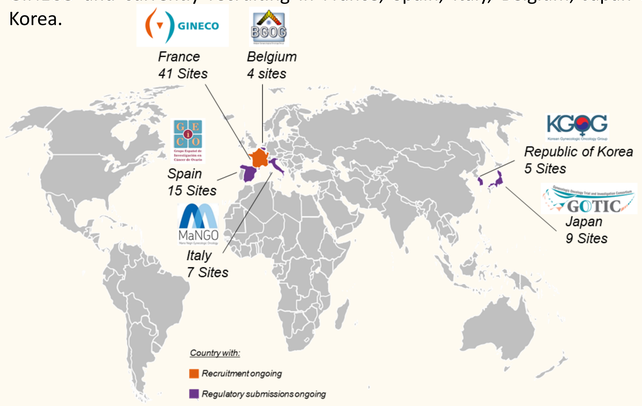
- Tumor *BRCA* status (local assessment)
- FIGO stage at diagnosis (IIIA versus IIIB/IIIC)
- Previous hyperthermic intraperitoneal chemotherapy (yes/no).

PARTICIPATING GROUPS

GINECO (Groupe des Investigateurs Nationaux pour l'Etude des Cancers de l'Ovaire et du sein)
ENGOT (European Network for Gynaecological Oncological Trial groups)

ACCRUAL AND STUDY CALENDAR

- The NIRVANA-1/GINECO-OV129b/ENGOT-ov63 trial is sponsored by the GINECO and currently recruiting in France, Spain, Italy, Belgium, Japan and Korea.



- The first patient was randomized in March 2022.
- NCT 05183984
- As of Aug. 24th 2022, **16 patients have been registered. 6 patients have been randomized.**
- The duration of the inclusion period is estimated around 24 months.

SUMMARY

NIRVANA-1 study will assess the potential benefit of combining bevacizumab and niraparib in patients with curable disease. In those patients, PFS and OS still can be considered as unmet needs to date.

ACKNOWLEDGMENTS

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