Effect of Response to Last Platinum-Based Chemotherapy in Patients with Recurrent Ovarian Carcinoma in the Phase 3 Study ARIEL3 of Rucaparib Maintenance Treatment

INTRODUCTION

• Rucaparib, a poly(ADP-ribose) polymerase (PARP) inhibitor, is approved in the United States for the maintenance treatment of patients with recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete response (CR) or partial response (PR) following response to platinum-based chemotherapy.

• Rucaparib is under investigation as a maintenance therapy in patients with ovarian, fallopian tube, or primary peritoneal cancers.

• Here we present results from exploratory analyses evaluating the efficacy of rucaparib maintenance treatment based on baseline response to platinum-based chemotherapy prior to enrollment.

METHODS

• Eligible patients were treated with weekly oral rucaparib (600 mg) or placebo after last platinum-based chemotherapy.

• Of the 261 patients who entered the study with measurable disease or disease that was neither measurable nor assessable at baseline, 105 patients had measurable disease and were evaluable for response.

• Response was also assessed for patients with measurable disease vs nonmeasurable disease.

RESULTS

Explanatory Background

• Exploratory stratification based on last platinum/cyclical chemotherapy.

• Measurable/assessable disease at baseline, high LOH, and (C) BID, twice daily; CA 125 within normal range.

• The most frequent grade ≥3 TEAE (rucaparib vs placebo) was anaemia/decreased haemoglobin.

CONCLUSIONS

• Based on exploratory post hoc analyses, rucaparib demonstrated clinical activity in patients with either measurable or nonmeasurable disease at baseline.

• Loading doses, split dose regimens, and new scheduling approaches may optimize patient benefit.

REFERENCES

• Rucaparib is being developed as 24 mg/kg loading dose, followed by 160 mg/kg and 60 mg/kg once daily (QD), or 60 mg/kg BID in combination with bevacizumab [1].

• We conducted exploratory post hoc analyses based on response to last platinum-based chemotherapy in patients with either measurable or nonmeasurable disease at baseline.

• The most frequent grade ≥3 TEAE (rucaparib vs placebo) was anaemia/decreased haemoglobin.

• The most frequent grade ≥3 TEAE (rucaparib vs placebo) was anaemia/decreased haemoglobin.

Figure 2: Investigator-assessed PFS

CR to last platinum-based chemotherapy

PR to last platinum-based chemotherapy

A. BRCA mutant

B. BRCA mutant plus BRCA wildtype high LOH

C. BRCA mutant plus BRCA wildtype low LOH

D. BRCA wildtype high LOH

E. BRCA wildtype low LOH

Table 2: BRCA-assessed PFS

Table 3: PFS in Patients with BRCA wild type or low LOH in Maintenance (ITT)

PFS curves at 30, 40, and 50 months (median PFS 26.8 months in the BRCA mutant/low LOH cohort).

The most frequent grade ≥3 adverse events (AEs) in rucaparib-treated patients were anaemia/tiredness and nausea/vomiting.

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.

DISCLOSURE

This research was sponsored by Clovis Oncology, Inc. Medical writing and editorial support funded by Clovis Oncology was provided by Ashfield Healthcare Communications.

BICR, Independent Central Review Committee.
Disclosures

Jonathan A. Ledermann has received lecture fees from Clovis Oncology, AstraZeneca, and Pfizer; served on advisory boards for Clovis Oncology, Artios Pharma, AstraZeneca, Cristal Therapeutics, Merck/Merck Sharp & Dohme, Pfizer, Regeneron, Roche, Seattle Genetics, and Tesaro; and received research grants from AstraZeneca and Merck/Merck Sharp & Dohme.

Amit M. Oza has served on advisory boards for Clovis Oncology, Amgen, Immunovaccine, and Verastem; received support for travel or accommodation from AstraZeneca; and received honoraria from WebRx.

Domenica Lorusso has served in a consulting or advisory role for Clovis Oncology, AstraZeneca, ImmunoGen, Merck, PharmaMar, Roche, Takeda, and Tesaro; and received support for travel or accommodation from PharmaMar and Roche.

Carol Aghajanian has served on steering committees for Clovis Oncology and Mateon Therapeutics; served on advisory boards for Clovis Oncology, Bayer, Cerulean Pharma, Tesaro, and VentfiRx; and received honoraria from Clovis Oncology, Bayer, Cerulean Pharma, Mateon Therapeutics, Tesaro, and VentfiRx.

Ana Oaknin has served on advisory boards for Clovis Oncology, AstraZeneca, ImmunoGen, Gennmab/Seattle Genetics, PharmaMar, Roche, and Tesaro and received support for travel or accommodation from AstraZeneca, PharmaMar, Roche, and Tesaro.

Andrew Dean has served in a consulting or advisory role for Precision Oncology Australia, Shire Pharmaceuticals, and Specialised Therapeutics Australia.

Niccolletta Colombo has served in a consulting or advisory role for Clovis Oncology, Advaxis, AstraZeneca, BIOCAD, Pfizer, PharmaMar, Roche, and Tesaro.

Johanne I. Weberpals has received research support from AbbVie and AstraZeneca and served on advisory boards for AstraZeneca.

Andrew R. Clamp has served on advisory boards for AstraZeneca and Roche; received research funding from AstraZeneca; and received support for travel and accommodation for congress attendance from Clovis Oncology and AstraZeneca.

Giovanni Scambia has served in a consulting or advisory role for Clovis Oncology, AstraZeneca, PharmaMar, Roche, and Tesaro.

Alexandra Leary has served on advisory boards for Clovis Oncology, Pfizer, and PharmaMar; reports institutional research grant support from GamaMabs and Merus; and reports boarding and travel expenses for congress activities from AstraZeneca.

Robert W. Holloway has served on speakers bureaus for Clovis Oncology, AstraZeneca, and PharmaMar and served on advisory boards for Clovis Oncology and AstraZeneca.

Margarita Amenedo Gancedo has served on speakers bureaus for Clovis Oncology, AstraZeneca, PharmaMar, and Roche.

Peter C. Fong has served on advisory boards for Clovis Oncology and AstraZeneca and received honoraria from AstraZeneca.

Jeffrey C. Goh has received honoraria from AstraZeneca and Bristol-Myers Squibb; served in a consulting or advisory role for AstraZeneca, Bristol-Myers Squibb, and Janssen; served on speakers bureaus for AstraZeneca, Ipsen, and Merck Sharp & Dohme; and received support for travel or accommodation from Astellas and Bristol-Myers Squibb.

David M. O'Malley has served on advisory boards for Clovis Oncology, AstraZeneca, Gynecologic Oncology Group, Janssen, Myriad, and Tesaro; has served on steering committees for Clovis Oncology, Amgen, and ImmunoGen; has served as a consultant to AbbVie, Ambry, AstraZeneca, Health Analytics, and Tesaro; and his institution has received research support from Clovis Oncology, Agenus, Ajinomoto, Array BioPharma, AstraZeneca, Bristol-Myers Squibb, ERGOMED Clinical Research, Exelixis, Genentech, GlaxoSmithKline, Gynecologic Oncology Group, ImmunoGen, INC Research, inVentiv Health Clinical, Janssen Research and Development, Ludwig Institute for Cancer Research, Novartis Pharmaceuticals, PRA International, Regeneron Pharmaceuticals, Sero, Stemcentrx, Tesaro, and TRACON Pharmaceuticals.

Terri Cameron, Lara Maloney, and Sandra Goble are employees of Clovis Oncology and may own stock or have stock options in that company.

Robert L. Coleman reports grants from Clovis Oncology, AbbVie, AstraZeneca, Esperance, Janssen, Merck, Millennium, OncoMed, and Roche/Genentech and has served as an advisor to Clovis Oncology, AbbVie, AstraZeneca, Bayer, Esperance, GamaMabs, Genmab, Gradalis, Janssen, Millennium, Merck, OncoMed, Pfizer, Roche/Genentech, and Tesaro.