Methods: Patients with platinum-sensitive (cohort 1) and platinum-resistant (cohort 2) aOC were enrolled. Patients with known/suspected deleterious germline *BRCA1/2* mutation and ≥2 prior lines of chemotherapy were eligible. The primary endpoint was objective response rate (ORR) assessed by an independent review committee (ORR_{IRC}) per RECIST v1.1.

Results: As of 2 Feb 2020, 113 pts (cohort 1, n=90; cohort 2, n=23) were enrolled. Median age was 54 yr (range: 34-79), 25.6% (n=29) of pts had received ≥4 prior systemic chemotherapy lines, and 54.0% (n=61) of pts had an ECOG score of 1 at study entry. At data cutoff, median follow-up was 12.2 mo (range: 0.2-21.5). Across both cohorts, pamiparib showed preliminary antitumor activity (Table). In cohort 1, confirmed ORR_{IRC} was 64.6%, median DoR was 14.5 mo (95% CI, 11.1-NE), progression-free survival (PFS) was 15.2 mo (95% CI, 10.35-NE), and median overall survival (OS) was not yet mature. In cohort 2, confirmed ORR_{IRC} was 31.6%, median DoR was 11.1 mo (95% CI, 4.21-NE), median PFS was 6.2 mo (95% CI, 4.11-NE), and median OS was 13.6 mo (95% CI, 7.13-NE). Overall, the most common treatment-related AE was anemia (any grade, 89%; grade ≥3, 42%); following a per-protocol proposed dose modification algorithm, the incidence of grade ≥3 anemia was reduced to 25.6%.

Table: 820P

Efficacy-evaluable population	Cohort 1 (n=82)	Cohort 2 (n=19)
Best overall response, n (%)		
Complete response	8 (9.8)	0 (0)
Partial response	45 (54.9)	6 (31.6)
Stable disease	25 (30.5)	12 (63.2)
Progressive disease	4 (4.9)	1 (5.3)
Objective response rate, % (95% CI)		
Confirmed	64.6 (53.3-74.9)	31.6 (12.6-56.6)
Disease control rate, % (95% CI)	95.1 (88.0-98.7)	94.7 (74.0-99.9)
Clinical benefit rate, % (95% CI)	74.4 (63.6-83.4)	52.6 (28.9-75.6)
Time to response, median mo (range)	1.68 (1.3-6.3)	1.38 (1.2-1.4)
Duration of response, median mo (95% CI)	14.5 (11.1-NE)	11.1 (4.21-NE)
PFS, median mo (95% CI)	15.2 (10.35-NE)	6.2 (4.11-NE)

Abbreviations: NE, not estimable; PFS, progression-free survival.

Conclusions: Promising antitumor activity was observed in pts with platinum-sensitive/resistant aOC. Pamiparib was generally tolerated, with no new safety signals. Pamiparib is being evaluated as monotherapy and combination therapy for other solid tumors.

Clinical trial identification: NCT03333915.

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821P Timing of adverse events during maintenance treatment with rucaparib for recurrent ovarian cancer in the phase III ARIEL3 study

A. Dean[1], A.M. Oza[2], D. Lorusso[3], C. Aghajanian[4], A. Oaknin[5], N. Colombo[6], J. Weberpals[7], A.R. Clamp[8], G. Scambia[9], A. Leary[10], R.W. Holloway[11], M. Amenedo Gancedo[12], P.C. Fong[13], J.C. Goh[14], D.M. O'Malley[15], T. Cameron[16], L. Maloney[17], S. Goble[18], R.L. Coleman[19], J.A. Ledermann[20]

[1]Department of Oncology, St John of God Subiaco Hospital, Subiaco, Australia; [2]Division of Medical Oncology and Hematology, Princess Margaret Cancer Centre, University Health Network, Toronto, ON, Canada; [3]Gynecologic Oncology Unit, Fondazione Policlinico Universitario A. Gemelli IRCCS, Milan, Italy; [4]Department of Medicine, Memorial Sloan Kettering Cancer Center, New York, NY, USA; [5]Medical Oncology Department, Vall d'Hebron University Hospital, Vall d'Hebron Institute of Oncology (VHIO), Barcelona, Spain; [6]Gynecologic Cancer Program, European Institute of Oncology IRCCS and University of Milan-Bicocca, Milan, Italy; [7]Division of Gynecologic Oncology, Ottawa Hospital Research Institute, Ottawa, ON, Canada; [8]Department of Medical Oncology, The Christie NHS Foundation Trust and University of Manchester, Manchester, UK; [9]Gynecologic Oncology Unit, Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, Italy; [10]Gynecological Unit, Gustave Roussy Cancer Center, INSERM U981, and Groupe d'Investigateurs Nationaux pour l'Etude des Cancers Ovariens (GINECO), Villejuif, France; [11]Department of Gynecologic Oncology, Florida Hospital Cancer Institute, Orlando, FL, USA; [12]Medical Oncology Department, Oncology Center of Galicia, A Coruña, Spain; [13]Medical Oncology Department, Auckland City Hospital and University of Auckland, Auckland, New Zealand; [14]Department of Oncology, Cancer Care Services, Royal Brisbane and Women's Hospital, Herston, and University of Queensland, St Lucia, Australia; [15]Division of Gynecologic Oncology, The Ohio State University, James Cancer Center, Columbus, OH, USA; [16]Clinical Science, Clovis Oncology UK Ltd., Cambridge, UK; [17]Clinical Development, Clovis Oncology, Inc., Boulder, CO, USA; [18]Biostatistics, Clovis Oncology, Inc., Boulder, CO, USA; [19]Gynecologic Oncology Department, US Oncology Research, Houston, TX, USA; [20]Department of Oncology, UCL Cancer Institute, University College London and UCL Hospitals, London, UK

Background: Maintenance treatment with the poly (ADP-ribose) polymerase (PARP) inhibitor rucaparib significantly improved progression-free survival vs placebo regardless of biomarker status in patients with recurrent ovarian cancer in the phase III ARIEL3 study (NCT01968213). This exploratory analysis evaluated the timing of treatment-emergent adverse events (TEAEs).

Methods: Patients were randomised 2:1 to receive oral rucaparib (600 mg twice daily) or placebo until disease progression, unacceptable toxicity or other reason for discontinuation. Time to onset of TEAEs was assessed.

Results: Of the 564 patients randomised in ARIEL3, 561 patients (372 for rucaparib and 189 for placebo) were included in the safety population (updated visit cut-off date, 31 December 2017). Median duration of treatment was 8.3 months for rucaparib and 5.5 months for placebo. Overall, 15.3% of patients receiving rucaparib and 1.6% of patients receiving placebo discontinued treatment due to TEAEs (excluding disease progression). Safety data, including median time to onset of the first event, for TEAEs occurring in ≥35% of patients are presented in the table.

Conclusions: In the rucaparib group, median time to first onset for most of the frequently reported non-haematological TEAEs was within 1 month of therapy. In the rucaparib and placebo groups, median time to first onset of anaemia/decreased haemoglobin occurred within 3 and 2 months of therapy, respectively.

Clinical trial identification: NCT01968213.

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Table: 821P

TEAE	Patients with TEAE, n (%)		Patients with dose reduction or treatment interruption due to TEAE, n (%)		Median time to first onset, days (95% CI)	
	Rucaparib	Placebo	Rucaparib	Placebo	Rucaparib	Placebo
Nausea	282 (75.8)	69 (36.5)	56 (15.1)	2 (1.1)	5 (4–6)	17 (7–57)
Asthenia/fatigue[a]	263 (70.7)	84 (44.4)	46 (12.4)	6 (3.2)	15 (15–20)	30 (16–37)
Dysgeusia	148 (39.8)	13 (6.9)	5 (1.3)	0	10 (6–15)	11 (3–29)
Anaemia/decreased haemoglobin[a]	145 (39.0)	10 (5.3)	66 (17.7)	1 (0.5)	67 (57–85)	54 (15–140)
Constipation	141 (37.9)	46 (24.3)	10 (2.7)	1 (0.5)	40 (29–55)	46 (23–81)
Vomiting	138 (37.1)	29 (15.3)	35 (9.4)	2 (1.1)	24 (15–39)	84 (36–129)

[a]Combined terms.
TEAE, treatment-emergent adverse events.

AstraZeneca; Advisory/Consultancy, Steering committee: Tesaro. D. Lorusso: Advisory/Consultancy: Clovis Oncology; Advisory/Consultancy: AstraZeneca; Advisory/Consultancy: ImmunoGen; Advisory/Consultancy: Merck; Advisory/Consultancy, Travel/Accommodation/Expenses: PharmaMar; Advisory/Consultancy, Travel/Accommodation/Expenses: Roche; Advisory/Consultancy: Takeda; Advisory/Consultancy: Tesaro. C. Aghajanian: Advisory/Consultancy, Research grant/Funding (self): AbbVie; Advisory/Consultancy, Research grant/Funding (self): Genentech; Advisory/Consultancy, Research grant/Funding (self): Clovis Oncology; Advisory/Consultancy: Eisai/Merck; Advisory/Consultancy: ImmunoGen; Advisory/Consultancy: Mersana Therapeutics; Advisory/Consultancy: Roche; Advisory/Consultancy: Tesaro; Research grant/Funding (self): AstraZeneca. A. Oaknin: Advisory/Consultancy, Research grant/Funding (institution), Travel/Accommodation/Expenses: Clovis Oncology; Advisory/Consultancy, Travel/Accommodation/Expenses: AstraZeneca; Advisory/Consultancy: Genmab/Seattle Genetics; Advisory/Consultancy, Research grant/Funding (institution): ImmunoGen; Advisory/Consultancy, Research grant/Funding (institution), Travel/Accommodation/Expenses: PharmaMar; Advisory/Consultancy, Research grant/Funding (institution), Travel/Accommodation/Expenses: Roche; Advisory/Consultancy, Research grant/Funding (institution): Tesaro; Research grant/Funding (institution): AbbVie Deutschland; Research grant/Funding (institution): Ability Pharmaceuticals; Research grant/Funding (institution): Advaxis; Research grant/Funding (institution): Aeterna Zentaris; Research grant/Funding (institution): Amgen; Research grant/Funding (institution): Aprea Therapeutics; Research grant/Funding (institution): Eisai; Research grant/Funding (institution): Merck/Merck Sharp & Dohme; Research grant/Funding (institution): Millennium Pharmaceuticals. N. Colombo: Advisory/Consultancy: Clovis Oncology; Advisory/Consultancy: Advaxis; Advisory/Consultancy: AstraZeneca; Advisory/Consultancy: Biocad; Advisory/Consultancy: GlaxoSmithKline; Advisory/Consultancy: Merck Sharp & Dohme; Advisory/Consultancy: Pfizer; Advisory/Consultancy: PharmaMar; Advisory/Consultancy: Roche; Advisory/Consultancy: Takeda; Advisory/Consultancy: Tesaro. J. Weberpals: Research grant/Funding (self): AbbVie; Advisory/Consultancy, Research grant/Funding (self): AstraZeneca. A.R. Clamp: Advisory/Consultancy, Research grant/Funding (self), Travel/Accommodation/Expenses: AstraZeneca; Advisory/Consultancy, Travel/Accommodation/Expenses: GlaxoSmithKline; Advisory/Consultancy: Roche; Travel/Accommodation/Expenses: Clovis Oncology. G. Scambia: Advisory/Consultancy: Clovis Oncology; Advisory/Consultancy: AstraZeneca; Advisory/Consultancy: PharmaMar; Advisory/Consultancy: Roche; Advisory/Consultancy: Tesaro. A. Leary: Advisory/Consultancy, Research grant/Funding (institution), Travel/Accommodation/Expenses: Clovis Oncology; Advisory/Consultancy, Research grant/Funding (institution): Ability Pharmaceuticals; Advisory/Consultancy, Research grant/Funding (institution), Travel/Accommodation/Expenses: AstraZeneca; Advisory/Consultancy: Biocad; Advisory/Consultancy: GamaMabs; Advisory/Consultancy: Genmab/Seattle Genetics; Advisory/Consultancy: Gritstone; Advisory/Consultancy: GlaxoSmithKline; Advisory/Consultancy: Merck Serono; Advisory/Consultancy, Research grant/Funding (institution): Merck Sharp & Dohme; Advisory/Consultancy, Research grant/Funding (institution): Tesaro; Research grant/Funding (institution): Agenus; Research grant/Funding (institution): Incyte; Research grant/Funding (institution): Inivata; Research grant/Funding (institution): Iovance; Research grant/Funding (institution): Pfizer; Research grant/Funding (institution), Travel/Accommodation/Expenses: Roche; Research grant/Funding (institution): Sanofi. R.W. Holloway: Advisory/Consultancy, Speaker Bureau/Expert testimony: Clovis Oncology; Advisory/Consultancy, Speaker Bureau/Expert testimony: AstraZeneca; Speaker Bureau/Expert testimony: Tesaro. M. Amenedo Gancedo: Speaker Bureau/Expert testimony: Clovis Oncology; Speaker Bureau/Expert testimony: AstraZeneca; Speaker Bureau/Expert testimony: PharmaMar; Speaker Bureau/Expert testimony: Roche. P.C. Fong: Advisory/Consultancy: Clovis Oncology; Honoraria (self), Advisory/Consultancy: AstraZeneca. J.C. Goh: Honoraria (self), Advisory/Consultancy, Speaker Bureau/Expert testimony, Travel/Accommodation/Expenses: AstraZeneca; Honoraria (self), Advisory/Consultancy, Travel/Accommodation/Expenses: Bristol-Myers Squibb; Advisory/Consultancy: Tesaro; Speaker Bureau/Expert testimony: Ipsen; Speaker Bureau/Expert testimony: Merck Sharp & Dohme; Travel/Accommodation/Expenses: Astellas. D.M. O'Malley: Advisory/Consultancy, Research grant/Funding (institution): Clovis Oncology; Advisory/Consultancy, Research grant/Funding (institution): AbbVie; Advisory/Consultancy, Research grant/Funding (institution): AstraZeneca; Advisory/Consultancy, Research grant/Funding (institution): Eisai; Advisory/Consultancy: Genentech/Roche; Advisory/Consultancy: Genelux; Advisory/Consultancy, Research grant/Funding (institution): Iovance Biotherapeutics; Advisory/Consultancy: Janssen; Advisory/Consultancy, Research grant/Funding (institution): Novocure; Advisory/Consultancy: Regeneron; Advisory/Consultancy, Research grant/Funding (institution): Tesaro; Advisory/Consultancy, Research grant/Funding (institution): Agenus; Advisory/Consultancy, Research grant/Funding (institution): Amgen; Advisory/Consultancy: Ambry; Advisory/Consultancy, Research grant/Funding (institution): Gynecologic Oncology Group Foundation; Speaker Bureau/Expert testimony: National Comprehensive Cancer Network; Research grant/Funding (institution): Ajinomoto; Research grant/Funding (institution): Array BioPharma; Research grant/Funding (institution): Bristol-Myers Squibb; Research grant/Funding (institution): Cerulean Pharma; Research grant/Funding (institution): EMD Serono; Research grant/Funding (institution): ERGOMED Clinical Research; Research grant/Funding (institution): Genentech; Research grant/Funding (institution): INC Research; Research grant/Funding (institution): inVentiv Health Clinical; Research grant/Funding (institution): Janssen Research and Development; Research grant/Funding (institution): Ludwig Institute for Cancer Research; Research grant/Funding (institution): New Mexico Cancer Care Alliance; Research grant/Funding (institution): PRA International; Research grant/Funding (institution): Regeneron Pharmaceuticals; Research grant/Funding (institution): Serono; Research grant/Funding (institution): Stemcentrx; Research grant/Funding (institution): Tracon Pharmaceuticals; Research grant/Funding (institution): VentiRx; Research grant/Funding (institution): Yale University. T. Cameron, L. Maloney, S. Goble: Shareholder/Stockholder/Stock options, Full/Part-time employment: Clovis Oncology. R.L. Coleman: Advisory/Consultancy, Research grant/Funding (self): Clovis Oncology; Advisory/Consultancy, Research grant/Funding (self): AstraZeneca; Research grant/Funding (self): Gateway Foundation; Advisory/Consultancy, Research grant/Funding (self): Janssen; Research grant/Funding (self): Judy Reis/Albert Pisani, MD, Ovarian Cancer Research Fund; Research grant/Funding (self): Merck; Research grant/Funding (self): National Institutes of Health; Advisory/Consultancy, Research grant/Funding (self): Roche/Genentech; Research grant/Funding (self): V-Foundation; Advisory/Consultancy: Agenus; Advisory/Consultancy: GamaMabs; Advisory/Consultancy: Genmab; Advisory/Consultancy: OncoQuest; Advisory/Consultancy: Pfizer (Medivation); Advisory/Consultancy: Regeneron; Advisory/Consultancy: Tesaro; Officer/Board of Directors, Endowment: Ann Rife Cox Chair in Gynecology. J.A. Ledermann: Honoraria (self), Advisory/Consultancy: Clovis Oncology; Honoraria (self), Advisory/Consultancy, Research grant/Funding (self): AstraZeneca; Honoraria (self), Advisory/Consultancy: Pfizer; Advisory/Consultancy: Artios Pharma; Advisory/Consultancy: Cristal Therapeutics; Advisory/Consultancy, Research grant/Funding (self): Merck/Merck Sharp & Dohme; Advisory/Consultancy: Regeneron; Advisory/Consultancy: Roche; Advisory/Consultancy: Seattle Genetics; Advisory/Consultancy: Tesaro.

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822P Comparison of toxicities of PARP inhibitors used in gynaecological cancers observed at a large cancer centre

B. Nagy[1], R.D. Morgan[1], G.C. Jayson[1], C. Mitchell[1], A.R. Clamp[1], J.H. Hasan[2]

[1]*Medical Oncology Department, The Christie NHS Foundation Trust, Manchester, UK;* [2]*General Medicine, The Christie NHS Foundation Trust, Manchester, UK*

Background: Olaparib (O) was first poly ADP-ribose polymerase inhibitor (PARPi) approved for use in the UK as maintenance therapy in relapsed BRCA mutated ovarian cancer in 2017. Since then Niraparib (N) and Rucaparib (R) have also been approved as maintenance therapy in patients with relapsed ovarian cancer with and without BRCA gene mutations. Though clinicians now have three drugs to choose from, a lack of head-to-head data means the choice is not a straight forward one. We aim to compare toxicities of the PARPi drugs in order to give clinicians a better idea of which drugs to use in certain scenarios. We report the real world experience of the three PARPi at a UK cancer centre.

Methods: Retrospective data was collected from every patient with a gynaecological cancer who had a PARPi up to the 19th of March 2020. Data lock was the 10th of May 2020.

Results: 119 patients with relapsed platinum-sensitive ovarian/fallopian tube or primary peritoneal cancer were included. The group contained 72 patients with BRCA wild-type (wtBRCA), 46 patients with germline mutated BRCA (gBRCA) and one patient with an unknown BRCA status. 71 patients received N, 37 received O and12 patients received R. gBRCA patients were more likely to receive O. wtBRCA patients were more likely to receive N or R. The median number of cycles was 5. The preliminary median PFS for the gBRACA population is 14.9 months. The preliminary median PFS for the wtBRACA population is 7.2 months. Treatment interruption, dose reduction and early stoppage all favoured O. The incidence of grade $\geq$3 cytopenia was similar across the three drugs. Derangement of liver function, abdominal pain, nausea, vomiting and diarrhoea was observed more often with R. Hypertension, insomnia, mucositis and dyspnoea were seen with more often with N. Evaluation of correlation between BRCA status and incidence of adverse events is ongoing. 41 patients have thus far completed chemotherapy post progression on PARPi. The myelosupressive effects of chemotherapy post-PARPi and its correlations with the individual drugs and BRCA status is being evaluated. Mature data will be presented at the meeting.

Conclusions: Efficacy of PARPi was superior in the gBRCA population compared to wtBRCA. O was the least toxic PARPi.

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823P Extended follow-up of a real-world cohort of patients (pts) with BRCA mutation (BRCAm) relapsed epithelial ovarian cancer (EOC) receiving olaparib maintenance therapy: The GINECO RETROLA study

T. de La Motte Rouge[1], L. Bengrine Lefevre[2], M-A. Mouret-Reynier[3], B. Asselain[4], B. Lucas[5], C. Gavoille[6], C. Cornila[7], D. Spaeth[8], E. Colomba[9], A. Patsouris[10], M. Fabbro[11], C. Chakiba[12], P. Toussaint[13], H. Simon[14], D. Berton[15], D. Garbay[16], C. Garnier Tixidre[17], D. Coeffic[18], O. Collard[19], C. Lefeuvre-Plesse[1]

[1]*Medical Oncology, Eugene Marquis Cancer Center, Rennes, France;* [2]*Medical Oncology, Centre Georges Francois Leclerc, Dijon, France;* [3]*Medical Oncology, Centre Jean Perrin, Clermont Ferrand, France;* [4]*Biostatistics, ARCAGY-GINECO, Paris, France;* [5]*Oncologie, Clinique Pasteur-CFRO, Brest, France;* [6]*Medical Oncology, Institut de Cancérologie de Lorraine, Vandoeuvre Les Nancy, France;* [7]*Medical Oncology, Centre Hospitalier Régional d'Orléans, Orléans, France;* [8]*Medical Oncology, Centre d'Oncologie de Gentilly, Nancy, France;* [9]*Cancer Medicine Department, Gustave Roussy Cancer Campus, Paris-Saclay University, Villejuif, France;* [10]*Medical Oncology Department, ICO Pays de Loire, Angers, France;* [11]*Medical Oncology, ICM Regional Cancer Institute of Montpellier, Montpellier, France;* [12]*Medical Oncology, Institut Bergonié, Bordeaux, France;* [13]*Département d'Oncologie Medicale, Centre Léon Bérard, Lyon, France;* [14]*Medical Oncology, Hôpital Morvan - Centre Hospitalier Universitaire, Brest, France;* [15]*Medical Oncology, Institut de Cancérologie de l'Ouest (ICO) René Gauducheau, Saint-Herblain, France;* [16]*Medical Oncology, Clinique Tivoli Ducos, Bordeaux, France;* [17]*Medical Oncology, Groupe Hospitalier Mutualiste de Grenoble, Grenoble, France;* [18]*Medical Oncology, Institut du Cancer Courlancy, Reims, France;* [19]*Medical Oncology, Institut de Cancérologie de la Loire -Lucien Neuwirth ICLN, Saint-Priest-en-Jarez, France*

Background: Olaparib was initially approved by the European Medicines Agency (EMA) as maintenance treatment for pts with BRCAm platinum-sensitive relapsed high-grade EOC, following the results of a randomized phase II trial (study 19). The RETROLA study aimed to evaluate whether the outcome observed in this clinical trial are reflected in routine clinical practice, in a real-world cohort of pts.

Methods: We planned to include 130 pts in this retrospective cohort. French centers (n=28) representative of French regions and of mode of practice were asked to