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LBA44

Durvalumab + paclitaxel/carboplatin + bevacizumab followed by durvalumab, bevacizumab + olaparib maintenance in patients with newly diagnosed non-tBRCA-mutated advanced ovarian cancer: Final overall survival from DUO-O/ENGOT-ov46/GOG-3025

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Background

DUO-O showed statistically significant and clinically meaningful progression-free survival (PFS) benefit in both non-*tBRCA*m homologous recombination deficient (HRD+) and non-*tBRCA*m intent-to-treat (ITT) patients (pts) treated with paclitaxel/carboplatin (PC) + bevacizumab (B) + durvalumab (D) followed by B + D + olaparib (O) maintenance vs PC + B at the planned interim analysis (first data cutoff [DCO1] 5 Dec 2022). We report final overall survival (OS), updated PFS, and safety.

Methods

Following 1 cycle of PC ± B, 1130 non-*tBRCA*m pts were randomised 1:1:1 at Cycle 2 to PC + B followed by B (Arm 1; control), PC + B + D followed by B + D (Arm 2), or PC + B + D followed by B + D + O (Arm 3). Final OS was formally tested (DCO3 17 Mar 2025) in non-*tBRCA*m ITT pts (Arm 3 vs Arm 1) per predefined multiple testing procedure. Descriptive PFS analyses were updated.

Results

Median follow up was ⊠56 months. In non-*tBRCA*m ITT pts, final OS (53% maturity) demonstrated no statistically significant differences when comparing Arm 3 vs Arm 1 or Arm 2 vs Arm 1 (Table). PFS HRs (73% maturity) in all treatment comparisons were consistent with DCO1. In non-*tBRCA*m HRD+ pts, OS HR (36% maturity) was 0.80 (95% CI 0.54–1.18) for Arm 3 vs Arm 1 and 0.84 (95% CI 0.57–1.23) for Arm 2 vs Arm 1. PFS HRs (62% maturity) for Arm 3 vs Arm 1 and Arm 2 vs Arm 1 were consistent with DCO1 (Table). In non-*tBRCA*m HRD– (unstratified subgroup) pts, PFS and OS HRs were consistent with DCO1 in all treatment comparisons. Safety was generally consistent with prior DCOs and the known profile of each agent.

Conclusions

Final OS for B + D + O (Arm 3) vs control (Arm 1) was not statistically significant in non-*tBRCA*m ITT pts, and the OS HR showed numerical improvement in non-*tBRCA*m HRD+ pts. In non-*tBRCA*m HRD+ pts, PC + B + D, followed by B + D + O maintenance, resulted in a median PFS of 45.1 months with 47% of pts progression-free at 48 months.Table: LBA44

Non-*tBRCA*m	Arm 1 B (Control)	Arm 2 B + D	Arm 3 B + D + O
ITT, N	378	374	378
OS			
Events, n (%)	205 (54)	200 (53)	193 (51)
HR (95% CI)*		0.97 (0.80–1.18) p=0.785	0.92 (0.75–1.11) p=0.378†
PFS			
Events, n (%)	303 (80)	270 (72)	247 (65)
HR (95% CI)*		0.84 (0.71–0.99)	0.62 (0.52–0.73)
Non-*tBRCA*m HRD+, N	143	148	140
OS			
Events, n (%)	56 (39)	50 (34)	48 (34)
HR (95% CI)*		0.84 (0.57–1.23)	0.80 (0.54–1.18) p=0.263
PFS			
Events, n (%)	105 (73)	92 (62)	72 (51)
HR (95% CI)*		0.80 (0.60–1.05)	0.49 (0.36–0.66)
HRD–, N	216	199	211
OS			
Events, n (%)	135 (63)	133 (67)	128 (61)
HR (95% CI)*		1.08 (0.85–1.37)	0.97 (0.76–1.24)
PFS			
Events, n (%)	182 (84)	159 (80)	155 (73)
HR (95% CI)*		0.91 (0.73–1.12)	0.68 (0.55–0.85)

*vs Arm 1. †2-sided p<0.0209 for Arm 3 vs Arm 1.

Clinical trial identification

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