INTRODUCTION / BACKGROUND

- We have shown that neoadjuvant carobatin and paclitaxel (NAC) increased tumor infiltrating lymphocytes and PDL1 expression in OC pts. INEOV evaluated NAC with durvalumab (D) +/- tremelimumab (T) in pts with unresectable OC. We previously reported that NAC with D+/T was feasible and safe but the addition of T did not improve interval debulking surgery (IDS) rates after 3 cycles (C3) (ESMO 2021). Here we provide an update with longer follow up including data on delayed IDS performed after 6 cycles of neoadjuvant treatment.

- AIMS: Describe complete resection (CC0) and complete pathological response (pCR) rates after neoadjuvant chemotherapy with D+/T in pts with unresectable OC.

METHODOLOGY

- Pts with stage IIC/IV OC were randomized to NAC + D (1125mg) alone (arm A) or with T (75mg once at C2) (arm B).
- Interval debulking surgery (IDS) was planned after C3, or delayed after C6.
- Pts in arm A not operable after C3 crossed over to arm B, pts in arm B crossed over to standard of care (SOC). Pts were assessed for delayed IDS after C6.
- Macroscopic complete resection (CC0) was defined as no visible residual disease at IDS after C3 or C6 of neoadjuvant treatment.
- Complete pathological response (pCR) was defined as no residual tumor cells found on any surgical specimen, or no residual tumor cells on any samples outside the ovary at IDS.

KEYS CONCLUSIONS

We have shown that in patients with unresectable OC neoadjuvant CP with D+/ T results in encouraging CC0 (70%) and pCR (18%) rates. However there was no apparent benefit to the addition of T to D. Studies are ongoing to describe the immune features predictive of pCR as well as the impact of treatment on the immune microenvironment.

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