(anti-angiogenic agent plus PARPi) in epithelial ovarian cancer (EOC) patients was approved in many previous studies, but there were few data in patients after PARPi progression. The aim of the Korean Gynecologic Oncology Group (KGOG) 3056/NIRVANA-R trial is to investigate the efficacy of niraparib in combination with bevacizumab as a maintenance therapy in platinum-sensitive ovarian cancer patients who were previously treated with a PARPi.

Methods: The KGOG3056/NIRVANA-R is a multi-centre, investigator-initiated, single-arm, phase II trial recruiting recurrent EOC patients from seven KGOG sites. This study included patients with platinum-sensitive recurrent EOC who received at least two previous courses of platinum-containing therapy and had been treated with a PARPi. Mucinous histology type was excluded. Patients who had responded to the last platinum regimen (either complete or partial response) were eligible to participate in this study. Forty-four patients will be recruited and treated with niraparib and bevacizumab for maintenance therapy until disease progression, unacceptable toxicity, or withdrawal of patient consent. The primary endpoint is progression-free survival (PFS, 6-month PFS rate) according to the Response Evaluation Criteria in Solid Tumors guidelines. Accrual is expected to be completed in 2022, followed by presentation of results in 2023.

Poster (O41)

Epithelial Ovarian Cancer including Borderline Tumor

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Trial in progress: a phase II trial of lenvatinib plus pembrolizumab in recurrent gynecological clear cell adenocarcinomas (LARA) - APGOT OV3

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Background: Advanced and recurrent clear cell gynecologic cancers (CCGCs) remain an area of significant unmet need. CCGCs are associated with lower response rates to platinum-based chemotherapy compared to high-grade serous ovarian cancers, and worse 5-year stage-adjusted disease-specific survival. CCGCs are more prevalent in East Asia, constituting up to 25% of all epithelial ovarian cancers. CCGCs bear remarkably

similar gene expression profiles to clear cell renal cell cancers—they have an immune-suppressive microenvironment, prominent upregulation of HIF-1 α and a hypoxia-like mRNA expression signature. This provides rationale for the use of lenvatinib plus pembrolizumab in CCGCs.

Methods: This is a phase II, international, multi-center, single-arm trial of continuous daily oral lenvatinib 20 mg plus intravenous pembrolizumab 200 mg 3-weekly. Patients with recurrent CCGC of either ovarian or endometrial origin after progression on at least one line of platinum-based chemotherapy, who have measurable disease and no prior immune checkpoint blockade are eligible. The primary endpoint of the trial is the objective response rate (ORR) by RECIST v1.1 criteria at 24 weeks. Secondary endpoints include ORR by iRECIST at 24 weeks, biochemical response rate, progression-free survival rate at 24 weeks, clinical benefit rate at 24 weeks, duration of response, overall survival and adverse event profile. Translational multi-parametric immune analysis on archival tissue, pre-, on-treatment and post-progression tumor biopsies as well as blood samples will seek to explore prognostic and predictive biomarkers of response and resistance to this combination. Sample size calculations were based on the Simon 2-stage minimax design. Based on ORR up to 10% (H0) in recurrent CCGC treated with chemotherapy and an alternate hypothesis of ORR up to 30%, at a 5% significance level (one-sided alpha) and 80% power of rejecting H0, 15 patients will be recruited to the first stage. If 2 or more patients demonstrate objective response, the study may proceed to full recruitment of 25 patients. LARA is currently open for accrual at three sites in Singapore and South Korea, and has 6 patients enrolled at the time of submission (NCT04699071, APGOT OV3).

Trial Registration: ClinicalTrials.gov Identifier: [NCT04699071](https://clinicaltrials.gov/ct2/show/study/NCT04699071)

Poster (O42)

Surgical Techniques & perioperative Management

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Morbidity and mortality outcomes after cytoreductive surgery with hyperthermic intraperitoneal chemotherapy in a treatment of gynecologic malignancies

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Objective: It has been reported that hyperthermic intraperitoneal chemotherapy (HIPEC) with cytoreductive