

Characterization of long-term responders to olaparib from study D0810C000019

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BACKGROUND

- Olaparib is the most studied PARP inhibitor
- Olaparib maintenance monotherapy significantly prolonged PFS in patients with platinum-sensitive relapsed serous ovarian cancer
 - Patients with a *BRCA* mutation (*BRCAm*) receive greater treatment benefit
 - Non-mutation carriers may also benefit from olaparib therapy

OBJECTIVES

- To clinically, molecularly and genomically characterize the long (>2 years) and short-term (<3 months) responders on olaparib maintenance

- Focus on the pivotal study D0810C000019: Phase II randomised, double blind, study of olaparib in patients with platinum sensitive relapsed serous ovarian cancer following treatment with two or more platinum containing regimens

METHODS

- Retrospective molecular analysis of prospectively collected specimens and data**
 - Clinical data:
 - Previous lines of chemotherapy, initial stage, platinum free interval
 - Response to platinum chemotherapy according RECIST 1.1 at the time of olaparib maintenance
 - Germline *BRCA1/2* testing by Myriad Genetics
 - Molecular variables from archival tumor samples
 - Myriad Genetics:
 - Homologous Recombination Deficiency (HRD) score (positive ≥42)
 - BRCA1* methylation
 - Foundation Medicine: FoundationOne® panel (entire coding sequence of 315 cancer-related genes plus select introns from 28 genes)
 - Statistical analysis**
 - Fisher's exact test to test the association between presence and absence of any factor comparing short-term vs long-term responders

RESULTS

Patients on olaparib maintenance therapy

Treatment duration	Clinical Status				BRCA Status		
	No prior chemo	Initial FIGO (n pts)	RECIST at baseline (n)	Platinum sensitivity status (n)	<i>BRCAm</i> (n=74)	<i>BRCA</i> wt/vus (n=57)	<i>BRCA</i> missing (n=5)
< 3 months 21 pts (15%)	2.8 [2-5]	1 IIB / 6 III 2 IIIB / 11 IIIC 1 IV	PR: 16 CR: 5	6-12 mths: 9 > 12 mths: 12	10 (14%) 7 <i>BRCA1</i>	9 (16%)	2
>2 years 32 pts (24%)	2.9 [2-8]	2 IC / 1 IIC 26 IIIC / IV 3	PR: 14 CR: 18	6-12 mths: 11 > 12 mths: 21	21 (28%) 9 <i>BRCA1</i>	11 (19%) 2 vus	0

CR: complete response; m, mutation; mths: months; No: number; PR: partial response; pts: patients; ud: undetermined; vus, variant unknown significance; wt, wild type

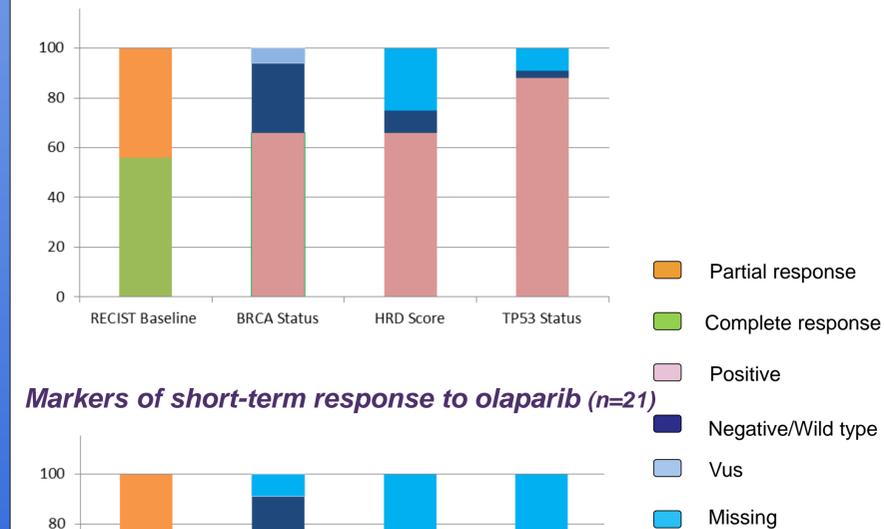
Short and long term responders	Short-term responders							Long-term responders						
	All pts (n=21)	HRD Score positive (n=9/ 43%)	HRD Score negative (n=5/ 24%)	HRD Score missing (n=7/ 33%)	TP53 mutations (n=12/ 57%)	TP53 wildtype (n=4/ 19%)	TP53 missing (n=5/ 24%)	All pts (n=32)	HRD Score positive (n=21/ 66%)	HRD Score negative (n=3/ 9%)	HRD Score Missing (n=8/ 25%)	TP53 mutations (n=28/ 88%)	TP53 wildtype (n=1/ 3%)	TP53 Missing (n=3/ 9%)
<i>BRCAm</i> (n=31)	10 (48%)	6 (67%)	1 (20%)	3 (43%)	7 (58%)	1 (25%)	2 (40%)	21 (66%)	17 (81%)	2 (67%)	2 (25%)	21 (75%)	0	0
<i>BRCA</i> vus (n=2)	0	-	-	-	-	-	-	2 (6%)	2 (9.5%)	0	0	2 (7%)	0	0
<i>BRCA</i> wr (n=18)	9 (43%)	2 (22%)	3 (60%)	4 (57%)	5 (42%)	3 (75%)	1 (20%)	9 (28%)	2 (9.5%)	1 (13%)	6 (75%)	5 (18%)	1 (100%)	3 (100%)
<i>BRCA</i> missing (n=2)	2 (9%)	1 (11%)	1 (20%)	0	0	0	2 (40%)	0	-	-	-	-	-	-

Patients on placebo maintenance therapy

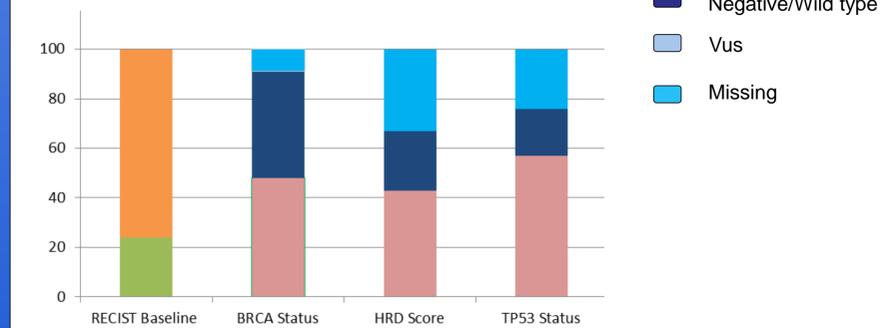
Treatment duration	Clinical Status				BRCA Status		
	No prior chemo	Initial FIGO (n pts)	RECIST at baseline (n)	Platinum sensitivity status (n)	<i>BRCAm</i> (n=62)	<i>BRCA</i> wt/vus (n=61)	<i>BRCA</i> missing (n=6)
< 3 months 40 pts (31%)	2.8 [2-8]	1 IC / 2 IIC 1 III / 5 IIIB 21 IIIC / 8 IV	PR: 25 CR: 15	6-12 mths: 22 > 12 mths: 18	19 (31%) 16 <i>BRCA1</i>	18 (30%)	3
>2 years 5 pts (4%)	2 [2]	5 IIIC	PR: 1 CR: 4	6-12 mths: 1 > 12 mths: 4	5 (8%) 4 <i>BRCA1</i>	0	0

Short and long term responders	Short-term responders							Long-term responders						
	All pts (n=40)	HRD Score positive (n=29/ 73%)	HRD Score negative (n=11/ 27.5%)	HRD Score missing (n=11/ 27.5%)	TP53 mutations (n=29/ 73%)	TP53 wildtype (n=1/ 2%)	TP53 missing (n=10/ 25%)	All pts (n=5)	HRD Score positive (n=4/ 80%)	HRD Score negative (n=0)	HRD Score Missing (n=1/ 20%)	TP53 mutations (n=4/ 80%)	TP53 wildtype (n=1/ 20%)	TP53 Missing (n=0)
<i>BRCAm</i> (n=24)	19 (48%)	13 (72%)	1 (9%)	5 (46%)	16 (55%)	0	3 (30%)	5 (100%)	4 (100%)	-	1 (100%)	4 (100%)	1 (100%)	0
<i>BRCA</i> wr (n=18)	18 (45%)	5 (28%)	10 (91%)	3 (27%)	13 (45%)	1 (100%)	4 (40%)	0	0	-	0	0	0	0
<i>BRCA</i> missing (n=3)	3 (7%)	0	0	3 (27%)	0	0	3 (30%)	0	-	-	-	-	-	-

Markers of long-term response to olaparib (n=32)



Markers of short-term response to olaparib (n=21)



Univariate analysis

- Predictive markers of long-term response to olaparib
 - Complete response at the time of olaparib maintenance (p=0.026)
 - HRD status (p=0.026) associated with long term responders
 - Long-term group: trend for the presence of *TP53* mutation (p=0.051)
 - Long term responders: 28/29 pts with *TP53* mutations (97%)
 - Short term responders: 12/16 pts with *TP53* mutations (75%)
- Pathology review on-going
- These factors did not discriminate the long versus short term responders in the placebo group

BRCA1 Methylation

All Patients on placebo/olaparib maintenance therapy

- Long-term responders: 27/37 long-term pts had *BRCA1* methylation status available and none were methylated
- Short-term responders: 42/61 short-term pts had *BRCA1* methylation status available and 8 (19%) had *BRCA1* methylation

Genome sequencing – Long-term responders to olaparib

Somatic mutations were found in all the long-term responder patients, with most of them identified with at least 2 mutations

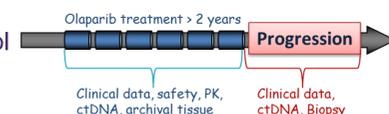
- Most commonly *TP53* and *BRCA* mutations
- Other type of mutations

ARID1A/PPP2R1A	NF2 / Rb1	BRIP1	VHL	FLT3
PIK3R1	PTEN	CDK12	NOTCH1	CDH1/ARID1A
ATM	NF1	AXL	MAP3K1/Rb1	CSF1R

- Amplification observed in at least 2 pts: *Myc* (4 pts), *CCNE1* (3 pts), *MCL1* (3 pts), *FGF* (3 pts) and *KRAS* (2 pts)

CONCLUSION

- A significant numbers of patients with recurrent advanced ovarian cancer have prolonged benefit from olaparib
- Markers of long-term sensitivity to olaparib maintenance
 - Complete response to platinum-based chemotherapy
 - m*BRCA* and HRD
- TP53* needs further investigations
- Methylation of *BRCA1* seems to not confer same degree of *BRCA* like phenotype
- Prospective evaluation: Olapa protocol



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