



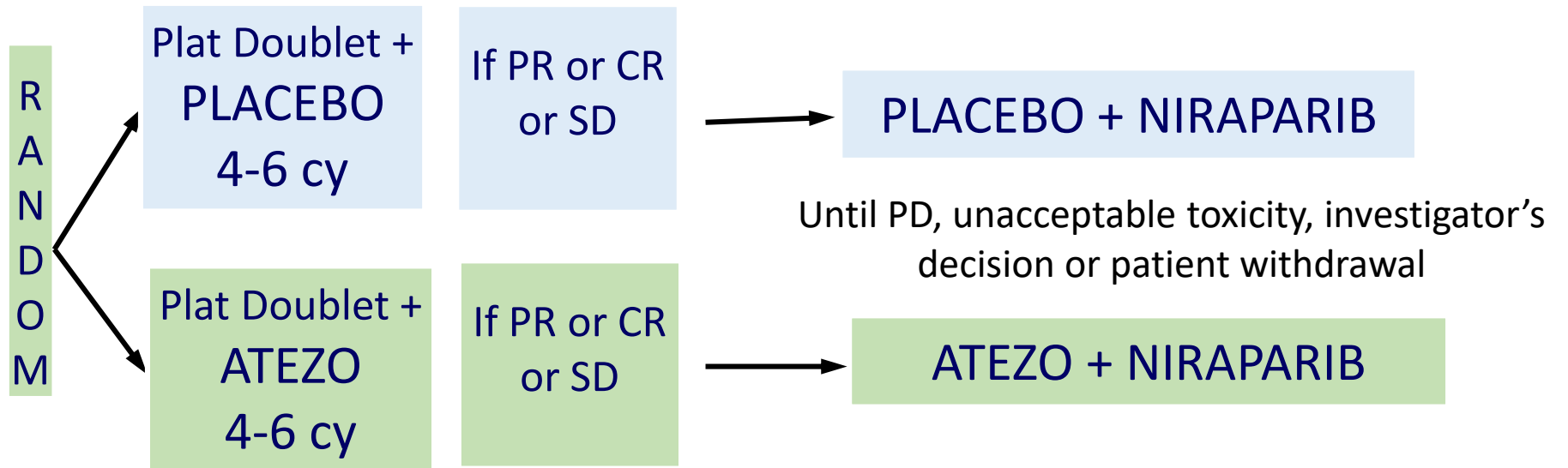
# ANITA

Atezolizumab and Niraparib Treatment Association  
in patients with recurrent ovarian cancer and  
platinum as option

Antonio González-Martín  
on behalf of GEICO  
ENGOT MODEL B

## ANITA Design

- High-grade serous or endometrioid
- Known gBRCA status
- TFIp > 6 months after the last platinum regimen
- 1-2 prior lines
- Platinum is still an option
- 1 measurable lesion



### Stratification

- TFIp 6-12 vs >12 months
- BRCAmut (germline or somatic if known) vs BRCAwt
- Platinum based regimen selected (paclitaxel-carboplatin vs gemcitabine-carboplatin vs PLD-carboplatin)

# ANITA Endpoints

- **Primary Endpoint:**
- Progression-free survival (PFS1) based on investigator assessment determined by RECIST (version 1.1).
- **Secondary Endpoints:**
- PFS according to irRECIST criteria
- Time from randomization to first subsequent therapy or death (TFST)
- Time from randomization to second subsequent therapy or death (TSST)
- Time from randomization to progression after first subsequent therapy or death (PFS2)
- Frequency and severity of adverse events as assessed by CTCAE version 4.03
- Patient reported outcomes (PROs) as measured by EORTC QLQ-C30, OV28 and EQ-5D-5L plus the visual scale EQ-5D VAS.
- Overall survival (OS)
- Objective Response Rate (ORR) as assessed by RECIST v1.1 and Immune related RECIST (irRECIST)
- PFS from the beginning of maintenance phase.
- PFS of patients with CR or PR at the end of chemotherapy from the beginning of the maintenance phase.
- PFS of patients with stable disease at the end of chemotherapy from the beginning of the maintenance phase.
- Assessment of primary and secondary endpoints according to stratification factors.

# ANITA Inclusion Criteria

- High grade serous or endometrioid ovarian, primary peritoneal or tubal cancer.
- BRCA status is known (germline or somatic).
- Relapsed disease more than 6 months after the last platinum dose.
- No other cytotoxic agent is allowed from last platinum dose, but maintenance with a biological agent is allowed if it is interrupted 21 days before randomization
- No more than 2 prior lines of chemotherapy are allowed, and the last one must contain a platinum-based regimen.
- At least one measurable lesion by RECIST criteria
- Archival tumor sample must be available.
- Performance status determined by ECOG score of 0-1
- Patients must have normal organ and bone marrow function

# ANITA Exclusion Criteria

- Patient has received prior treatment with a known PARP inhibitor or has participated in a study where any treatment arm included administration of a known PARP inhibitor in the recurrent setting.