<table>
<thead>
<tr>
<th>NCT01968213</th>
<th>Phase 3 Study of Rucaparib as Switch Maintenance After Platinum in Relapsed High Grade Serous and Endometrioid Ovarian Cancer (ARIEL3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase</td>
<td>III</td>
</tr>
<tr>
<td>Drug Class</td>
<td>PARP Inhibitors</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Rucaparib</td>
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<tr>
<td>Alternate Drug Names</td>
<td>CO-338, PF-01367338, AG014699, Rubraca™</td>
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<tr>
<td>Eligible Participant</td>
<td>Platinum-sensitive recurrence and CR or PR in most recent Pt-based therapy, ≥ 2 Pt-based regimens</td>
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<tr>
<td>Patients Enrolled</td>
<td>564</td>
</tr>
<tr>
<td>Therapy Setting</td>
<td>Maintenance</td>
</tr>
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<td>Study Design</td>
<td>Randomized, Double Blind</td>
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<td>Endpoints</td>
<td><strong>PFS</strong> evaluated per <strong>RECIST</strong> (analysis by step-down procedure for 3 nested groups)</td>
</tr>
<tr>
<td>Biomarkers</td>
<td>BRCA1/2 status; Loss Of Heterozygosity (LOH) status (by FoundationFocus™ CDx_{BRCA LOH})</td>
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</tbody>
</table>

**Efficacy**
- Maintenance rucaparib vs placebo (2:1):
  - BRCA MUT (n=196): **PFS**: 16.6 months vs 5.4 months, **HR**: 0.23 (0.16-0.34, p<0.0001)
  - BRCA MUT or BRCA WT LOH high (n=354): **PFS**: 13.6 months vs 5.4 months, **HR**: 0.32 (0.24-0.42, p<0.0001)
- Intent to treat (n=564): **PFS**: 10.8 months vs 5.4 months, **HR**: 0.36 (0.30-0.45, p<0.0001)

**Exploratory analysis BRCA WT patients:**
- BRCA WT/LOH high (n=158): **PFS**: 9.7 months vs 5.4 months, **HR**: 0.44 (0.29-0.66, p<0.0001)
- BRCA WT/LOH low (n=161): **PFS**: 6.7 months vs 5.4 months, **HR**: 0.58 (0.40-0.85, p=0.0049)

**Clinically Significant Adverse Events**
- Serious AE: rucaparib vs placebo: overall (21% vs 11%), two treatment related deaths in rucaparib arm (1 AML, 1 MDS)
- Grade 3-4 AE: rucaparib vs placebo: overall (54% vs 14%), anemia (21% vs 1%), elevated liver enzymes (11% vs 0%)

**Conclusion**
- Improved **PFS** for all patients with rucaparib maintenance treatment

**Reference**
- Coleman RL et al., *Rucaparib maintenance treatment for recurrent ovarian carcinoma after response to platinum therapy (ARIEL3): a randomised, double-blind, placebo-controlled, phase 3 trial.*
Legend

Therapy Setting
First-line – Therapy given to patients on initial diagnosis of disease as the first, best treatment option.
Maintenance – Therapy given to patients to help keep cancer from coming back after it has responded to therapy.
Recurrence – Therapy given to patients in whom disease has returned after prior therapy.

Study Design
Randomized -- A study in which participants are assigned by chance to the separate study groups.
Non-randomized -- A study in which participants are NOT assigned by chance to the separate study groups.

Efficacy Endpoints
PFS: Progression-Free Survival—length of time during and after treatment during which the cancer does not get worse (usually reported as the time when the cancer for half—or median-- of the people in the treatment group gets worse).
OS: Overall Survival—length of time from the start of treatment that patients are still alive (usually reported as the time when half--or median-- of the people in the treatment group are still alive).
CR: Complete Response -- The disappearance of all signs of cancer in response to treatment.
SD: Stable Disease Response -- Cancer that is neither decreasing nor increasing in extent or severity.
ORR: Objective Response Rate -- Sum of complete and partial tumor responses to treatment, divided by the number of patients evaluated.
DCR: Disease Control Rate -- Sum of complete, partial and stable disease tumor responses to treatment, divided by the number of patients evaluated.
HR: Hazard Ratio--measures survival in the treatment group compared to the control group. An HR = 1 means that there is no difference in survival between the groups. An HR < 1 means that the treatment group has a lower risk of death compared to the control group. Range in parentheses is 95% Confidence Interval (CI).
RECIST: Response Evaluation Criteria in Solid Tumors -- Set of rules, based on measurements of the change in tumor size that define when cancer patients improve, stabilize, or worsen during a treatment regimen.
CA125: GCIG CA125 Criteria -- Set of rules, based on measurements of the CA125 biomarker level that define when cancer patients improve, stabilize, or worsen during a treatment regimen

Clinically Significant Adverse Events (Based on National Cancer Institute--Common Terminology Criteria for Adverse Events (CTCAE)
AE: Adverse events-- any undesirable experience associated with the use of a drug
SAE: Serious adverse events – untoward event associated with drug treatment e.g., death, life-threatening, requiring of hospitalization, persistent or significant incapacity; usually graded from 1-5.