**Background**

Niraparib is a once-daily oral, highly selective poly(ADP-ribose) polymerase (PARP)-1 inhibitor. Key secondary endpoints included as maintenance therapy in all patients with newly-diagnosed advanced epithelial high-grade ovarian, fallopian tube or primary peritoneal cancer following response to first-line (1L) platinum-based chemotherapy (CT) and in patients with BRCA wild-type/VUS BRCA1/2 mutations.

**Methods**

A retrospective study was conducted using the Edinburgh Ovarian Cancer Database at the Edinburgh Cancer Centre and Nicola Murray Centre for Ovarian Cancer Research (UK), which contains data collected since 1982 for >4,000 patients with OC.

- The database includes prospectively entered information as part of routine clinical care of patients with pathologically confirmed OC.
- The data cover diagnosis, baseline variables (including age, Eastern Cooperative Oncology Group performance status (ECOG PS), tumour stage, and histologic subtype), treatment, disease status, and outcome.

**Results**

**Patient population**

A total of 472 and 69 patients met the criteria for the S-PRIMA and S-NVRD after PDS cohorts, respectively (Figure 2), the S-broad cohort of 569 patients comprised these two cohorts plus 28 patients with Stage III no evaluable/available DNA.

**Patient demographics and baseline characteristics in the three cohorts were similar to those in the PRIMA trial (Table 1).**

**OS and PFS**

There was statistically significantly (P<0.001) longer OS and PFS in the S-NVRD after PDS cohort compared with the S-PRIMA cohort (Figure 3).

**Conclusions**

- Approximately 12% of the S-Broad population was made up of patients with Stage III OC who had received NVRD before first-line CT and who had a more favourable prognosis than other patients in the S-Broad cohort.
- The proportion of patients with the Stage III OC with NVRD after PDS randomisation was completed over time at this UK centre; the contemporary cohort (diagnosis 2010–2015) population of 12.8% was similar to the 12% observed with 16 years of follow-up.
- As expected, this analysis confirmed that patients with Stage III OC with NVRD after PDS had significantly better outcomes (HR: 0.43; P<0.001) for both OS and PFS compared with the S-PRIMA cohort.

**Implications for Field of OC**

Complete resection (NVRD) after primary surgery for Stage III patients is associated with improved outcomes. Despite this positive outcome to surgery, relapse may still occur.