Registered Delegates will have access to all Trials in Progress posters in the E-Poster Gallery located within the Meeting Portal from September 28, 2022 (09:00 am EDT (New York)) until December 28, 2022.

Poster presenters were given the option to submit an audio file as well. The audio file will be located with the E-Poster within the Meeting Portal.
Objectives: Minimally invasive radical hysterectomy (MIRH) offers many perioperative advantages compared to the open approach. The Laparoscopic Approach to Cervical Cancer (LACC) trial, however, found that MIRH was associated with an increased risk of recurrence and death from disease. Subsequent studies suggest differences in outcomes are mitigated by avoidance of intracervical manipulators and performance of protective vaginal closure prior to colpotomy. ROCC seeks to re-examine the oncologic safety of MIRH when performed with robotic assistance utilizing comprehensive tumor containment.

Methods: ROCC is a multi-center prospective, randomized, non-inferiority trial. Patients with FIGO 2018 stage IA2-IB2 cervical cancer with squamous cell, adenocarcinoma, and adenosquamous carcinoma histology are eligible. Preoperative pelvic MRI confirming tumor size <4 cm without evidence of extracervical extension or metastases is required. No transcervical manipulators are allowed and tumor containment prior to colpotomy using pre-specified surgical techniques are mandatory. The primary objective is 3-year DFS. Secondary objectives include DSS, OS, patterns of recurrence, complications, patient reported outcome measures, and lymphedema. 420 patients will be enrolled in each arm which will provide 90% power to exclude an absolute decrease in DFS by 7% (HR <= 1.375) with a log-rank test for non-inferiority with a one-sided alpha of 0.05. Interim analysis for futility planned after 370/640 patients enrolled (correlates with estimated 11/32 events). 20 sites are activated/enrolling and 4 patients have been randomized at the time of submission.

Results: Trial in progress: There are no available results at time of submission.

Conclusions: Trial in progress: There are no available results at time of submission.
AN OPEN LABEL, SINGLE ARM, MULTICENTER TRIAL OF DURVALUMAB AND BVAC-C, IN PATIENTS WITH HPV 16 OR 18 POSITIVE RECURRENT CERVICAL CANCER

Chel Hun Choi¹, Byoung-Gie Kim¹, Jeong-Won Lee², Tae-Joong Kim¹, Yoo-Young Lee¹, Joseph Noh², Chi-Son Chang³, Sang Yong Song¹, Duck Cho², Byoung-Kwan Park³, Dae-Yeon Kim⁴, Ki Dong Kim⁵, Hee Seung Kim⁶, Jung-Yun Lee⁷, Myong Cheol Lim⁸, Insu Jeon⁹, Bo-Yeong Song⁰, Kwang-Soo Shin⁹, Wu-Hyun Kim⁹, Chang-Yuil Kang⁹
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Objectives: BVAC-C is a B cell- and monocyte-based immunotherapeutic vaccine transfected with recombinant HPV E6/E7, which was well tolerated in HPV positive recurrent cervical carcinoma in phase I study. We expect that combining BVAC-C with durvalumab (MEDI4736), an anti-PD-L1 therapy, will enhance the anti-tumor immune responses of an anti-PD-L1 agent.

Methods: This study is being evaluated in two parts. Part A explores the 3+3 dose-escalation of BVAC-C combined with durvalumab 1500 mg to identify the maximum tolerated dose (MTD) and recommended phase 2 dose. Once phase 2 dose is determined, the phase 2 expansion of up to 25 patients (part B) will evaluate the safety and clinical efficacy, as measured by 6-month PFS rate. Part A study began enrolling patients in Sep 2021 and is ongoing in 6 Korean centers. Low dose cohort (1.0x10⁷ cells/dose BVAC-C +1,500mg Durvalumab) has been completed, enrollment of high dose (5.0x10⁷ cells/dose BVAC-C +1,500mg Durvalumab) will begin in July 2022. AEs are assessed according to CTCAE v5. Tumor response is determined according to RECIST 1.1 criteria and iRECIST. Key eligibility criteria include 1) histologically confirmed HPV 16/18-positive cervical carcinoma, 2) only 1 prior first-line platinum-based chemotherapy +/- bevacizumab not amenable to local therapy, and 3) measurable disease per RECIST v1.1. An exploratory study is being conducted to identify biomarkers including PD-L1, TMB, and HLA typing using tumors and blood.

Results: Trial in progress: there are no available results at the time of submission.

Conclusions: Trial in progress: there are no available conclusions at the time of submission.
TP003 / #1533

E-Poster Viewing: Trials in Progress Topic: AS03 Cervical Cancer

MITO CERV3_PHASE II STUDY ON CARBOPLATIN-PACLITAXEL-PEMBROLIZUMAB IN NEOADJUVANT TREATMENT OF LOCALLY ADVANCED CERVICAL CANCER

Vanda Salutari1, Floriana Camarda2, Lucia Musacchio1, Simona Scaloni3, Antonella Savarese4, Stefania Gori5, Maria Vittoria Carbone1, Camilla Nero1, Patrizia Vici4, Alice Bergamini6, Claudio Zamagni7, Giovanni Scambia1, Domenica Lorusso1

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Objectives: The treatment choice in locally advanced cervical cancer (LACC) ranges from concurrent chemoradiation to neoadjuvant chemotherapy followed by radical surgery (RS); however, the rates of 5-year Progression Free Survival (PFS) (55%) and Overall Survival (OS) (63%) remain largely disappointing. Up to 92% of CC display high PD-L1 levels; therefore, the addition of anti-PD-1 immunotherapy may improve LACC prognosis. MITO CERV3 trial aims at exploring the addition of Pembrolizumab to standard chemotherapy in PD-L1 positive patients (PDL1>1%).

Methods: MITO CERV3 is a single arm multicenter phase II trial evaluating the role of Pembrolizumab in combination with chemotherapy in stage IB2-IIB (according to FIGO 2009 classification) CC patients. Patients will receive 3 cycles of neoadjuvant (NAD) Carboplatin AUC 5 + Paclitaxel 175 mg/mq + Pembrolizumab 200 mg q21, followed by RS in non-progressing patients. After surgery, only patients with clinicopathological high risk factors will receive 3 further cycles of adjuvant chemotherapy in combination with Pembrolizumab, followed by Pembrolizumab alone as maintenance until progression or unacceptabe toxicity or for up to 35 cycles. The primary endpoint will be PFS. An exploratory analysis on tumor biopsies before and after NAD will be performed, to identify immunogenic and genetic markers of responsiveness or resistance to NAD treatment.

Results: Trial in progress: there are no available results at the time of submission.

Conclusions: Trial in progress: there are no available conclusions at the time of submission.
TRIAL IN PROGRESS OF ENGOT-CX8/GOG-3024/INNOVATV 205: ADDITION OF A NEW COHORT USING FIRST-LINE TISOTUMAB VEDOTIN + PEMBROLIZUMAB + CARBOPLATIN ± BEVACIZUMAB IN RECURRENT/METASTATIC CERVICAL CANCER

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Objectives: A 2-part, multicohort, phase 1b/2 trial, ENGOT-cx8/GOG-3024/innovaTV 205 (NCT03786081), established the recommended phase 2 dose (RP2D) and feasibility of tisotumab vedotin (TV) in combination with bevacizumab, pembrolizumab, or carboplatin (Monk et al, IGCS 2021). The current report details a new, ongoing, innovaTV 205 dose-expansion cohort evaluating combinations of TV, pembrolizumab, and carboplatin ± bevacizumab.

Methods: The new cohort will include adult patients with recurrent or stage IVB squamous, adenosquamous, or adenocarcinoma of the cervix who received no prior systemic therapy and had an ECOG PS of 0 or 1. Patients will be treated with the RP2D of TV (2.0 mg/kg) + carboplatin (AUC 5 mg/mL), pembrolizumab (200 mg), and bevacizumab (15 mg/kg), or with TV + carboplatin (AUC 5 mg/mL) and pembrolizumab (200 mg), every 3 weeks. To assess the regimen’s initial tolerability, a dose-limiting toxicity evaluation period will consist of completion of 1 treatment cycle of 21 days for 6 patients to receive the quadruplet combination. The primary end point is confirmed objective response per RECIST v1.1; secondary end points are duration of response, time to response, progression-free survival, overall survival, and safety. Enrollment is ongoing in the US and Europe, with additional sites planned globally.

Results: Trial in progress: there are no available results at the time of submission.

Conclusions: Trial in progress: there are no available conclusions at the time of submission. ©2022 American Society of Clinical Oncology, Inc. Reused with permission. This abstract was accepted and previously presented at the 2022 ASCO Annual Meeting. All rights reserved.
CONTESSA/NEOCON-F TRIAL: NEOADJUVANT CHEMOTHERAPY FOLLOWED BY FERTILITY-SPARING SURGERY IN FIGO 2018 STAGE IB2 CERVICAL CANCER

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Objectives: The primary objective of the CONTESSA/NEOCON-F trial (NCT04016389) is to assess the feasibility of preserving fertility in women with FIGO 2018 stage IB2 cervical cancer by administering neo-adjuvant chemotherapy (NACT) followed by fertility sparing surgery (FSS).

Methods: This ongoing multi-center, phase II clinical trial will accrue 90 premenopausal women, aged between 18 and 40 years, who are diagnosed with lymph-node negative, FIGO 2018 stage IB2 cervical cancer and who have a desire to preserve fertility. Patients will receive three cycles paclitaxel and platinum-based chemotherapy. Following NACT the response will be evaluated by clinical examination and MRI. Patients with complete or partial response (residual lesion <2 cm) will be eligible for FSS: a conization or simple trachelectomy. Patients with suboptimal response (residual lesion ≥2 cm) will go off-study and receive definitive treatment as per local protocol. The follow-up is three years. The primary outcome is the rate of functional uterus defined as successful FSS and no adjuvant therapy. Secondary outcomes include the safety of NACT and FSS, the response rate to NACT, and the recurrence-free and overall survival after two and three years. Furthermore, this trial will evaluate patients’ quality of life and ovarian function, and will explore the possibilities for disease monitoring in blood plasma (HPV ctDNA) and cervical scrapes (DNA hypermethylation).

Results: “Trial in progress: there are no available results at the time of submission.”

Conclusions: The CONTESSA/NEOCON-F trial is opened for accrual in the Netherlands, Canada, and the United States. Currently, 10% of the target accrual has been reached.
ADDCHEMO CC TRIAL – ADJUVANT TREATMENT IN PLASMA HPV-DNA POSITIVE PATIENTS: A BIOMARKER FOR CHEMOTHERAPY IN LOCALLY ADVANCED CERVICAL CANCER.

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Objectives: This study hypothesizes that patients with locally advanced cervical cancer (CC) who persist with positive expression of plasma cell-free HPV-DNA (cfDNA-HPV) after standard chemoradiation treatment, may derive benefit of using adjuvant chemotherapy. Thus, the objectives are: - Primary Objectives: To assess the progression free survival (PFS) of patients with advanced CC undergoing adjuvant chemotherapy from a biomarker. - Secondary objectives: To assess response rate, overall survival, and treatment toxicity.

Methods: Multicentric, experimental, prospective study. The participants will receive the conventional treatment based on concomitant radiochemotherapy (ChRT), characterizing the descriptive phase of the research. In the second phase, the randomization of the study will be carried out, outlining an experimental study. Inclusion Criteria: Patients with CC FIGO 2018 IB3 to IVA, 18 years or older, immunocompetent, HPV types 16 or 18 positive in cervical tumor and plasma at diagnosis and adequate liver and kidney function. Patients should receive standard ChRT (EBRT 40-50Gy, brachytherapy 30-40Gy and weekly cisplatin). Four weeks after the end of treatment, plasma cfDNA-HPV will be performed. Those with a negative result will start an observation protocol, with imaging and clinical examination every four months in the first two years and every six months in the third year. Patients with positive cfDNA-HPV, will be randomized to receive two additional cycles of adjuvant chemotherapy with cisplatin 50mg/m2 D1 and gemcitabine 1000mg/m2 D1 and D8 every 21 days or observation.

Results: Trial in progress: there are no available results at the time of submission.

Conclusions: Trial in progress: there are no available conclusions at the time of submission.
TP007 / #1438

E-Poster Viewing: Trials in Progress Topic: AS03 Cervical Cancer

THERAPEUTIC EFFECT OF SURGICAL DEBULKING OF METASTATIC LYMPH NODES IN CERVICAL CANCER STAGE IIICR: A PHASE III, RANDOMIZED CONTROLLED CLINICAL TRIAL (DEBULK TRIAL)

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Objectives: Bulky or multiple lymph node (LN) metastasis has been reported to have poor prognosis in cervical cancer and the size or number of LN metastasis is not yet reflected in both the staging system and the treatment modality. The therapeutic effect of surgical resection of bulky lymph node before standard treatment has been reported in several retrospective studies. However, there are lack of well-planned randomized clinical study. Therefore, the aim of the Korean Gynecologic Oncology Group (KOGG) 1047/DEBULK trial is to investigate whether the debulking surgery of bulky or multiple LNs prior to concurrent chemoradiation therapy (CCRT) improves the survival rate in cervical cancer IIICr as diagnosed by imaging.

Methods: The KOGG 1047/DEBULK trial is a phase III, multi-centre, randomized clinical trial of patients with bulky or multiple LN metastasis in cervical cancer IIICr. This study included patients with a short-axis of a pelvic or paraaortic LN ≥ 2cm or more than 3 LNs with a short axis ≥ 1 cm and for whom CCRT is planned. The treatment arms will randomly be allocated to undergo either CCRT (control arm) or surgical debulking of bulky or multiple LNs prior to CCRT (experimental arm). Total 234 patients will be included from sixteen Korean institutions (117 patients per each group) within 4 years. The primary endpoint is 3-year progression free survival (PFS) rate.

Results: Trial in progress: there are no available results at the time of submission
Conclusions: Trial in progress: there are no available conclusions at the time of submission
Objectives: Cervical cancer is highly incident in Latin America (LATAM) and is frequently diagnosed in advanced stages. There is scarce information on clinical and epidemiological aspects of cervical cancer in LATAM. This study will provide data to develop comprehensive programs to improve cervical cancer prevention and treatment in the region.

Methods: LACOG 0820 (EVITA LATAM) is an observational retrospective and prospective study that aims to characterize cervical cancer in LATAM. Patients from 16 research sites in 7 LATAM countries (Argentina, Brazil, Costa Rica, Dominican Republic, Mexico, Peru, Colombia), diagnosed with cervical cancer of any histology, FIGO 2018 stage IB2 or greater, since Jan 2018 or newly diagnosed during recruitment will be included. The factors to be evaluated comprise demographic and socio-economic (patient's country, occupation, income, educational level, marital status, health insurance coverage) and clinical aspects (histology, stage at diagnosis, smoking history, hemoglobin level, renal function, time from diagnosis to initiation of definitive treatment for localized disease). Data will be collected from medical charts during 5 years from diagnosis. Tumor block will be collected from patients who agree at time of ICF signature for exploratory analyses. A biorepository will be established to perform next generation sequence tests and describe tumor molecular characteristics. Based on prevalence of locally advanced cervical cancer in LATAM, 482 patients are expected to be enrolled in this study. As of 30 June 2022, 131 patients had been enrolled. NCT04947605

Results: Trial in progress: no available results at submission.

Conclusions: Trial in progress: no available conclusions at submission.
COMPARE SURGICAL STAGING WITH IMAGING IN LOCALLY ADVANCED CERVICAL CANCER: A MULTICENTER, PHASE III TRIAL

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Objectives: Determining para-aortic lymph node (PALN) status is the most important prognostic factor and a key point for the therapeutic strategy in locally advanced cervical cancer (LACC). When positive PALN is diagnosis, radiotherapy is extended to the para-aortic area. The radiation planning may be based on image staging while others recommend to rely on surgical. The gold standard to identify para-aortic extension is histological evaluation of PALN, but the survival benefit of surgical staging remains controversial. This study is a national, prospective, multicenter and non-randomized clinical trial evaluating the survival impact of surgical staging in patients with LACC.

Methods: Eligible patients present with FIGO (2018) stage IB3, IIA2, IIB-IVA (excluded IIIC2r) and histologically confirmed cervical squamous cell carcinoma, adenocarcinoma, adeno-squamous cell carcinoma. According to patient's willing, 1956 patients will be non-randomized to receive either CCRT (Pelvic EBRT/Extended-field EBRT + cisplatin (40mg/m2) or carboplatin (AUC=2) every week for 5 cycles + brachytherapy) or Open/minimally invasive PALN dissection followed by CCRT. The primary endpoint is PFS. Secondary endpoints are OS, surgical complications, imaging sensitivity and specificity. The sample size calculation of 1663 patients provides 90% power to detect a difference in survival at the two-sided 1% significance level using the log-rank test, considering a 15% reduction, a total of 1956 patients are required. This study began in June 2022 and will be accrued within 5 years. Enrollment is ongoing.

Results: Trial in progress: there are no available results at the time of submission.

Conclusions: Trial in progress: there are no available conclusions at the time of submission.
E-Poster Viewing: Trials in Progress Topic: AS04 Endometrial/Uterine Corpus Cancers

AFT-50 ENDOMAP: A PHASE IB/II MULTICOHORT STUDY OF TARGETED AGENTS WITH ATEZOLIZUMAB (ATEZO) FOR PATIENTS (PTS) WITH RECURRENT OR PERSISTENT ENDOMETRIAL CANCER (EC)

Evelyn Cantillo1, Tyler Zemla2, John Moroney3, Edwin Alvarez4, Lauren Yauch5, Yvonne Lin5, Michelle Brockman5, Gillian Dilallo5, Joyce Liu6, Angeles Alvarez Secord7, Andrew Nixon8, Sumithra Mandrekar2, Ursula Matulonis9, David Kozono10, Brian Slomovitz11
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Objectives: The prognosis for women with recurrent or persistent EC after progressing on first-line chemotherapy is poor. The humanized monoclonal anti-programmed cell death ligand 1 (PD-L1) inhibitor, Atezo has demonstrated monotherapy antitumor activity with an acceptable safety profile in recurrent EC. The AFT-50 EndoMAP trial is a platform trial designed to evaluate the efficacy and safety of Atezo in combination with biomarker-defined targeted agents in pts with recurrent or persistent EC.

Methods: This is a phase IB/II non-randomized, multicenter, multicohort, biomarker-driven platform study for pts with recurrent/persistent EC having received no more than 2 prior lines of therapy. Based on genomic profile per FoundationOne® CDx (F1CDx) NGS assay, pts may be eligible for one of the following doublets: Atezo+ipatasertib (PIK3CA/PTEN/AKT1-altered cancers), Atezo+talazoparib (genomic loss of heterozygosity (LOH) ≥16%), Atezo+Trastuzumab emtansine (ERBB2/HER2 mutated and/or amplified tumors), Atezo+Tiragolumab (MSI-H and/or TMB>10 mut/MB), and Atezo+bevacizumab (biomarker unmatched). Pts will receive Atezo and the targeted agent until progression, unacceptable toxicity, withdrawal from the study, death, or study termination. The primary endpoint is confirmed overall response rate (ORR) for each biomarker. Secondary endpoints include 6-month PFS, disease control rate, duration of response, OS, and safety and tolerability. Additional arms may be added, as supported by evolving understanding of EC and molecular targets. EndoMAP is actively enrolling at 4 sites with a target of 25 sites in the US.

Results: Trial in progress: there are no available results at the time of submission

Conclusions: Trial in progress: there are no available conclusions at the time of submission
E-Poster Viewing: Trials in Progress Topic: AS04 Endometrial/Uterine Corpus Cancers

GOG 3039 A PHASE II STUDY OF ABEMACICLIB IN COMBINATION WITH LETROZOLE IN ADVANCED, RECURRENT OR METASTATIC ENDOMETRIOID ENDOMETRIAL CANCER

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Objectives: Primary Objective: To evaluate the efficacy in terms of the probability of surviving progression free for at least 6 months (PFS at 6 mo). Secondary Objective: To determine the proportion responding by RECIST v1.1 in patients with advanced, persistent, or recurrent endometrioid endometrial cancer. To estimate the time to disease progression or death (PFS and OS endpoints). To describe the toxicities in patients receiving combination therapy with letrozole and abemaciclib with advanced/metastatic endometrial cancer.

Methods: Key Eligibility Criteria: -Advanced (FIGO 2014 Stage III or IV), persistent, or recurrent endometrial carcinoma -Must have endometrioid histology (all grades allowed) (Hormone receptor status is not required for enrollment). -Must have measurable disease by RECIST v1.1. -Prior chemotherapy in the adjuvant setting for Stage I, II, or III is permitted. -Prior chemoradiotherapy for a pelvic recurrence is permitted. -Prior immunotherapy and/or targeted therapy is allowed in addition to, in combination with, in lieu of, or subsequent to prior chemotherapy. Regardless of circumstances, no more than one prior chemotherapy regimen (including chemo-radiotherapy) is permitted, and no more than one additional systemic therapy is permitted. Hence, eligible patient may have received 0, 1, or 2 prior lines of systemic therapy and for women who received two prior lines of therapy, only one of them may have included chemotherapy. -ECOG performance status of 0-1. -Must be able to swallow oral medications.

Results: Trial in progress: there are no available results at the time of submission.

Conclusions: Trial in progress: there are no available conclusions at the time of submission.
E-Poster Viewing: Trials in Progress Topic: AS04 Endometrial/Uterine Corpus Cancers

XMT-1660: A PHASE 1B TRIAL OF A B7-H4 TARGETING ANTIBODY DRUG CONJUGATE (ADC) IN ENDOMETRIAL, OVARIAN, AND BREAST CANCERS

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Objectives: Endometrial (EC) and ovarian cancers (OC) are some of the leading causes of cancer death in women. Despite therapeutic advances, many patients eventually develop resistance to available standard of care (SOC) therapies. B7-H4 is a poor prognostic factor and is overexpressed in several cancers including endometrial, ovarian, and breast. As a member of the CD28/B7 family of cell surface proteins, it promotes tumorigenesis by suppressing anti-tumor immunity XMT-1660 is a B7-H4-targeted Dolasynthen ADC with a precise, optimized drug-to-antibody ratio and a DolaLock microtubule inhibitor payload with controlled bystander effect. In the preclinical setting, XMT-1660 has demonstrated anti-tumor activity in EC and OC PDX models.

Methods: The Ph1 trial includes a first-in-human dose escalation (DES) portion followed by a dose expansion (EXP) evaluating XMT-1660 in patients with EC, OC, and BC following progression on SOC. In the DES, BOIN design will be used to determine the MTD. The DES will assess safety and preliminary efficacy, and establish recommended phase 2 dose (RP2D). In the EXP portion, cohorts enrolling EC/OC, TNBC, ER+/HER2- BC, are planned and additional patients may be enrolled based on emerging data. The primary endpoints are safety and tolerability, overall response rate, disease control rate, and duration of response. Patients are not selected by B7-H4 status but baseline tumors samples are collected for retrospective analysis. The trial is currently enrolling patients. NCT05377996

Results: Trial in progress

Conclusions: Trial in progress
ENGOT-EN19/NSGO-CTU/ALPACA: A RANDOMISED PHASE II TRIAL OF ALPELISIB IN COMBINATION WITH LETROZOLE FOR PATIENTS WITH ADVANCED OR RECURRENT ENDOMETRIAL CANCER.

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Objectives: Patients with advanced or recurrent EC have few treatment options and succumb to the cancer rapidly. Approximately 40% of patients with ER-positive, endometrial cancer have activating mutations in the gene PIK3CA, inducing hyperactivation of the alpha isoform of phosphatidylinositol 3-kinase (PI3K). Endocrine therapy is the standard treatment for patients with ER-positive advanced endometrial cancer. However, acquired resistance to endocrine-based therapy remains a challenge. Targeted therapies, such as PI3K inhibitors, have been developed to overcome resistance to existing therapies This prospective, multicenter, open-label, randomized phase II study is evaluating the activity of alpelisib, a PIK3CA inhibitor in combination with letrozole in relapsed endometrial cancer.

Methods: Patients with PIK3CA mutated, G1-2 endometrioid adenocarcinoma relapsed after first-line systemic therapy are eligible. Patients must have measurable disease and ECOG performance status 0-1. Patients are randomized into one of the two treatment arms, (A:B), in a 1:1 randomization (n=86):Arm A (letrozole): Arm B (letrozole plus alpelisib. Primary endpoint is investigator assessed progression-free survival. Study sponsor is the Nordic Society of Gynaecological Oncology - Clinical Trial Unit and is being conducted in six cooperative groups (MaNGO, BGOG, DGOG, PMHC, NOGGO & NSGO).

Results: Study is expected to start enrolment in Q4 2022

Conclusions: The positive outcome will further improve the outcome of our patients and phase III validation trial will follow.
RANDOMIZED COMPARISON BETWEEN SENTINEL LYMPH NODE MAPPING USING INDOCYANINE GREEN PLUS A FLUORESCENT CAMERA VERSUS LYMPH NODE DISSECTION IN CLINICAL STAGE I-II ENDOMETRIAL CANCER (KGOG2029/SELYE)

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Objectives: Sentinel lymph node (SLN) mapping has been suggested as an alternative surgical technique to lymph node dissection (LND) for early-stage endometrial cancer. However, the survival outcomes of SLN mapping compared with LND have not been established via prospective randomized controlled trials. The primary endpoint of the Gynecologic Oncology Group 2029 trial (KGOG2029/SELYE) is the 3-year disease-free survival (DFS) of SLN mapping versus LND. The secondary endpoints are 3-year overall survival (OS), 5-year DFS, 5-year OS, pattern of recurrence, immediate surgical outcomes, SLN mapping success rate, postoperative lymph-related complications, postoperative QOL, and the cost-effectiveness of SLN mapping versus LND.

Methods: The KGOG2029/SEYLE trial is a multi-center, single-blind, randomized controlled trial which has been designed to determine the prognostic value of SLN mapping alone compared with conventional lymphadenectomy for patients with clinical stage I-II endometrial cancer of any histologic type and any histologic grade. Study patients will be classified into low/intermediate-risk and high-risk groups according to the risk of lymph node metastasis. A low/intermediate-risk group will undergo pelvic SLN mapping in SLN group and will undergo pelvic lymph node dissection in LND group. A high-risk group will undergo a 2-step SLN mapping procedure consisting of para-aortic SLN mapping (first step) and pelvic SLN mapping (second step) in SLN group and will undergo pelvic and para-aortic lymph node dissection in LND group. Eighty-one of planned 810 patients have been enrolled at the time of submission.

Results: There are no available results at the time of submission.

Conclusions: There are no available conclusions at the time of submission.
A PHASE 2, TWO-STAGE, STUDY OF MIRVETUXIMAB SORAVTANSINE (IMGN853) IN COMBINATION WITH PEMBROLIZUMAB IN PATIENTS WITH MICROSATELLITE STABLE (MSS) RECURRENT OR PERSISTENT ENDOMETRIAL CANCER (EC)

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Objectives: Folate receptor-alpha (FRα) expression is associated with poor prognosis in endometrial cancer (EC). Mirvetuximab soravtansine (MIRV), an antibody drug conjugate (ADC) comprising a FRα-binding antibody, cleavable linker, and the tubulin-disrupting maytansinoid DM4, showed tolerability and single agent activity in a Phase 1 dose expansion study in FRα+ advanced/recurrent EC (NCT01609556). In addition to direct target-mediated cytotoxicity, MIRV activates monocytes and promotes phagocytosis of tumor cells through Fc-FcγR interactions. We hypothesized that addition of MIRV may improve the low response to immunotherapy in MSS EC.

Methods: This is a Phase 2, single cohort study of MIRV with pembrolizumab in recurrent/persistent EC (NCT03835819). Patients must have advanced or recurrent MSS serous EC with FRα expression (≥50% of cells with ≥2+ by IHC performed at Ventana, Inc) and have received 1-3 prior lines of therapy. Prior receipt of ICI is allowed. Patients receive MIRV 6 mg/kg AIBW and pembrolizumab 200 mg every 21 days. The co-primary endpoint is progression-free survival at 6 months and objective response rate by RECIST 1.1. Translational objectives include assessment of tumor-infiltrating immune cells, expression of immune checkpoint markers, and whole exome sequencing. Statistical considerations are for a Simon two-stage optimal design with 16 patients in Stage 1 and 19 patients in Stage 2, to a total of 35. Prespecified activity for the first stage of accrual was met; second stage accrual began November 2020.

Results: Trial in progress: no available results at time of submission.

Conclusions: Trial in progress: no available results at time of submission.
E-Poster Viewing: Trials in Progress Topic: AS04 Endometrial/Uterine Corpus Cancers

KEYNOTE-C93/GOG-3064/ENGOT-EN15: PHASE 3, RANDOMIZED, OPEN-LABEL STUDY OF FIRST-LINE PEMBROLIZUMAB VERSUS PLATINUM-DOUBLET CHEMOTHERAPY IN MISMATCH REPAIR DEFICIENT ADVANCED OR RECURRENT ENDOMETRIAL CARCINOMA

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Objectives: KEYNOTE-C93/GOG-3064/ENGOT-en15 (NCT05173987) is a phase 3, randomized, open-label study evaluating first-line pembrolizumab versus carboplatin-paclitaxel chemotherapy in patients with dMMR advanced or recurrent endometrial cancer (EC).

Methods: Patients aged ≥18 years with histologically confirmed stage III/IV recurrent EC including carcinosarcoma (mixed Mullerian tumor), radiographically evaluable disease (measurable or nonmeasurable per RECISTv1.1), no prior systemic therapy (prior radiation with or without radiosensitizing chemotherapy >2 weeks before first dose or prior hormonal therapy ≥1 week before randomization is permitted), and ECOG PS ≤1 are eligible. Patients must have central confirmation of dMMR status. ~350 patients will be randomized 1:1 to pembrolizumab 400 mg IV Q6W for 18 cycles (~2 years) or carboplatin AUC 5 or 6 mg/mL/min IV Q3W and paclitaxel 175 mg/m² IV Q3W for 6 cycles (with option for >6 cycles). Trastuzumab is permitted for patients in the chemotherapy arm with HER2+ serous EC. Randomization is stratified by disease status (newly-diagnosed advanced EC vs recurrent EC) and histology (endometrioid vs nonendometrioid). Treatment will continue for the specified number of cycles or until PD or unacceptable toxicity. Patients in the chemotherapy arm can receive pembrolizumab following confirmed PD by BICR. Dual primary endpoints are PFS per RECISTv1.1 by BICR and OS. Secondary endpoints are ORR, DCR, and DOR per RECISTv1.1 by BICR; PFS per RECISTv1.1 by investigator review; PFS2; safety; and PROs. Enrollment is ongoing.
Results: Trial in progress: there are no available results at the time of submission.

Conclusions: Trial in progress: there are no available conclusions at the time of submission.
E-Poster Viewing: Trials in Progress Topic: AS04 Endometrial/Uterine Corpus Cancers

A PHASE 2 UMBRELLA STUDY OF RETIFANLIMAB (INCMGA00012) ALONE OR IN COMBINATION WITH OTHER THERAPIES IN PATIENTS WITH ADVANCED OR METASTATIC ENDOMETRIAL CANCER (POD1UM-204)

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Objectives: Managing advanced endometrial cancer (EC) after platinum therapy remains a challenge. Retifanlimab is an investigational humanized monoclonal antibody against programmed cell death 1 (PD-1) with demonstrated efficacy in advanced tumors, including EC.

Methods: POD1UM-204 is a phase 2, multicenter, nonrandomized, open-label, umbrella study in women ≥18 years of age, with histologically confirmed advanced/metastatic EC which progressed on/after platinum-based chemotherapy, ECOG performance status ≤1, at least 1 measurable lesion by Response Evaluation Criteria in Solid Tumors v1.1, and baseline tumor tissue. Approximately 220 patients enroll into 4 treatment Groups: A—CPI-naive MSI-H EC receiving retifanlimab monotherapy (up to 100 patients); B—CPI-naive dMMR or POLE-positive EC receiving retifanlimab monotherapy (up to 40 patients); D—EC with activating fibroblast growth factor receptor (FGFR1, 2 or 3) mutations or alterations outside of the kinase domain and regardless of prior CPI treatment receiving retifanlimab plus pemigatinib (up to 40 patients); F—CPI-experienced MSI-H EC receiving retifanlimab, INCAGN02385 (LAG-3 inhibitor), and INCAGN02390 (TIM-3 inhibitor) (up to 40 patients). The primary endpoint is ORR of retifanlimab by independent central review (ICR) in Group A. Secondary endpoints include additional efficacy measures (DOR, DCR and PFS by ICR, and overall survival) in Group A; determining clinical activity (ORR by investigator) in Groups B, D and F; and safety and tolerability of retifanlimab in combination with other agents.

Results: Trial in progress: there are no available results at the time of submission.

Conclusions: Trial in progress: there are no available conclusions at the time of submission.
Objectives: Albumin-bound (nab)-sirolimus, a novel mechanistic target of rapamycin inhibitor (mTORi) that utilizes nanoparticle technology to preferentially target tumors, is approved in the US for the treatment of adult patients with locally advanced unresectable or metastatic malignant perivascular epithelioid cell tumor (PEComa). In an exploratory analysis of the registrational trial of nab-sirolimus in advanced malignant PEComa (PMID: 34637337), 8/9 (89%) and 1/5 (20%) patients with TSC1 and TSC2 inactivating alterations, respectively, had confirmed response.

Methods: PRECISION I (NCT05103358) is a phase 2, open-label, multi-institutional basket trial evaluating efficacy and safety of nab-sirolimus in patients with alterations in TSC1 (Arm A) and TSC2 (Arm B) (Figure 1).
Patients ≥12 years old with malignant solid tumors harboring pathogenic inactivating alterations in TSC1 or TSC2 (confirmed by central review of next generation sequencing reports) who have progressed on standard therapies and are mTORi-naïve will be eligible. nab-Sirolimus will be administered IV at 100 mg/m² weekly on Days 1 and 8 of each 21-day cycle. The primary endpoint is overall response rate determined by independent review using RECIST v1.1; other endpoints are shown in Figure 1. Enrollment is ongoing. The most frequent tumor types expected in this tissue-agnostic trial are lung, bladder, soft tissue sarcomas, uterine, colon, kidney, melanoma, liver, and esophageal, based on prevalence of TSC1 or TSC2 alterations (Table)
### Table 1. Incidence numbers estimate of US patients with definite impact TSC1 and TSC2 alterations available for first-line therapy in 2030

<table>
<thead>
<tr>
<th>Tumor Type</th>
<th>Definite Impact TSC1 Alterations</th>
<th>Definite Impact TSC2 Alterations</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Incidence(^a)</td>
<td>Estimated Number of US Patients(^b)</td>
<td>Incidence(^a)</td>
</tr>
<tr>
<td>Bladder</td>
<td>6.33%</td>
<td>1772</td>
<td>1.70%</td>
</tr>
<tr>
<td>Endometrial</td>
<td>2.10%</td>
<td>835</td>
<td>1.22%</td>
</tr>
<tr>
<td>Ovarian</td>
<td>1.85%</td>
<td>197</td>
<td>0.92%</td>
</tr>
<tr>
<td>Kidney</td>
<td>1.51%</td>
<td>318</td>
<td>--</td>
</tr>
<tr>
<td>Soft tissue sarcoma</td>
<td>1.28%</td>
<td>41</td>
<td>1.71%</td>
</tr>
<tr>
<td>Hepatobiliary</td>
<td>1.27%</td>
<td>445</td>
<td>3.31%</td>
</tr>
<tr>
<td>Melanoma</td>
<td>1.14%</td>
<td>197</td>
<td>0.68%</td>
</tr>
<tr>
<td>CRC</td>
<td>0.99%</td>
<td>157</td>
<td>0.39%</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.63%</td>
<td>170</td>
<td>--</td>
</tr>
<tr>
<td>NSCLC</td>
<td>0.77%</td>
<td>1297</td>
<td>1.16%</td>
</tr>
<tr>
<td>Esophageal</td>
<td>0.65%</td>
<td>18</td>
<td>1.46%</td>
</tr>
<tr>
<td>Pancreatic</td>
<td>0.57%</td>
<td>344</td>
<td>--</td>
</tr>
<tr>
<td>Breast</td>
<td>0.41%</td>
<td>20</td>
<td>0.10%</td>
</tr>
<tr>
<td>Cervix</td>
<td>--</td>
<td>--</td>
<td>0.71%</td>
</tr>
</tbody>
</table>

\(^a\)The proportion of patients with definite impact mutations (i.e., mutations known to have a biological impact, this includes frameshift, nonsense, and splice-site mutations and deep deletions) was derived from the NIH NCI Genomic Data Commons Data Portal (NIH NCI Genomic Data Commons).\(^b\)Estimated numbers were derived based on the total number of advanced cases of each disease type (Siegel et al. 2019) and Surveillance, Epidemiology, and End Results (SEER) database (https://seer.cancer.gov/statfacts/) and the proportion of patients with definite impact mutations (NIH NCI Genomic Data Commons). Estimates were calculated by applying tumor type–specific alteration incidence rates sourced from TCGA program to tumor type–specific SEER Program estimated newly diagnosed patient numbers for 2030. TCGA and SEER data were accessed September 27, 2021. CRC, colorectal carcinoma; NCI, National Cancer Institute; NIH, National Institutes of Health; NSCLC, non-small cell lung cancer; SEER, Surveillance, Epidemiology, and End Results; TCGA, The Cancer Genome Atlas.

**Results:** Trial in progress: there are no available results at the time of submission.

**Conclusions:** Trial in progress: there are no available results at the time of submission.
E-Poster Viewing: Trials in Progress Topic: AS11 Ovarian Cancer

PICCOLO: AN OPEN-LABEL, SINGLE ARM, PHASE 2 STUDY OF MIRVETUXIMAB SORAVTANSINE IN RECURRENT PLATINUM SENSITIVE, HIGH-GRADE EPITHELIAL OVARIAN CANCERS WITH HIGH FOLATE-ALPHA EXPRESSION.

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Objectives: Elevated FRα expression is a characteristic of epithelial ovarian cancer (EOC), thereby an attractive candidate for targeted therapeutic approaches. Mirvetuximab soravtansine is an antibody-drug conjugate (ADC) comprising a FRα-binding antibody, cleavable linker, and maytansinoid DM4, a potent tubulin-targeting agent that has consistently shown clinically meaningful single agent activity, along with favorable tolerability, in patients with high FRα expressing tumors.

Methods: PICCOLO is a single arm, phase 2 study designed to evaluate the efficacy of mirvetuximab soravtansine in patients with recurrent platinum-sensitive EOC (including primary peritoneal cancer, or fallopian tube cancer) who, in the opinion of the investigator, are candidates for a non-platinum, single agent therapy for their next line of therapy. Confirmation of high FRα positivity by immunohistochemistry using Ventana FOLR1CDx Assay (high expression; ≥ 75% of cells with PS2+ staining intensity) and 2 prior lines of platinum-based therapy are required for inclusion. Patients with documented platinum allergy require only one prior line of platinum. PICCOLO will enroll 75 patients who will receive intravenous mirvetuximab soravtansine at a dose of 6 mg/kg, calculated using adjusted ideal body weight, on Day 1 of a 21-day cycle. The primary efficacy endpoint is objective response rate (ORR; by investigator) and secondary endpoints include duration of response, progression-free survival, overall survival, CA-125 response, safety and tolerability. PICCOLO is a global study that opened for enrollment in August 2021.

Results: Trial in progress: there are no available results at the time of submission.

Conclusions: Trial in progress: there are no available conclusions at the time of submission.
BODY SURFACE AREA-BASED VS CONCENTRATION-BASED DOSING OF CISPLATIN FOR HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC) IN WOMEN WITH ADVANCED OVARIAN CANCER

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Objectives: Hyperthermic intraperitoneal chemotherapy (HIPEC) improves survival in women with stage III ovarian cancer when added to interval cytoreductive surgery (CRS). Two established strategies for dosing of cisplatin for HIPEC exist, which follow either a body surface area (BSA)-based or concentration-based approach. Systemic administration of oncology drugs traditionally uses BSA to minimize inter-patient variability in drug exposure. With intraperitoneal administration, however, a BSA-based approach may actually increase inter-patient variability in drug concentration due to the weak correlation between BSA and intra-abdominal volume. Concentration-based dosing might lead to more standardized drug exposure leading to higher intratumoral platinum concentrations and improved efficacy. Therefore, this study aims to compare both strategies, focusing on pharmacological differences and treatment-related toxicity.

Methods: This single-center, phase II, randomized trial will enroll 40 patients with FIGO stage III high grade serous ovarian cancer, treated with optimal or complete interval CRS and eligible for HIPEC. Patients are randomized to receive either BSA-based (cisplatin 100mg/m²) or concentration-based (cisplatin 40 mg/L) HIPEC. Biopsies of tumor and normal tissue will be collected before, during, and after HIPEC. Also, perfusate samples are taken during perfusion. Primary endpoint is intratumoral platinum concentration at the end of HIPEC using inductively coupled plasma-mass spectrometry (ICP-MS). Secondary endpoints are pharmacokinetic parameters ($C_{max}$, $t_{max}$, $t\frac{1}{2}$, AUC, clearance from perfusate), platinum concentration in normal tissue, 30-day toxicity (CTCAE 5.0), and overall survival. A modified intention-to-treat will be used for primary analysis. The trial started in July 2022 and primary analyses are anticipated in 2024.

Results: Trial in progress

Conclusions: Trial in progress
E-Poster Viewing: Trials in Progress Topic: AS11 Ovarian Cancer

FLORA-5/GOG3035: CHEMO-IMMUNOTHERAPY (PAACLITAXEL AND CARBOPLATIN +/- OREGOVOMAB) AS FRONT-LINE TREATMENT FOR PATIENTS WITH OVARIAN CANCER. A PHASE III DOUBLE BLIND PLACEBO CONTROLLED, GLOBAL MULTICENTER STUDY.

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Objectives: Oregovomab (O), a murine IgGκ monoclonal antibody binds to tumor-associated antigen, CA125, rendering target CA125 more immunogenic through enhanced antigen processing and presentation to specific T cells, bypassing tumor-associated suppression and resulting in enhanced efficacy of chemotherapy. In a randomized phase II study, oregovomab in combination with paclitaxel and carboplatin (PC) demonstrated significant improvement in PFS (median (months) 41.8 PCO vs 12.3 PC, HR=0.46, p=0.0027 and OS median N.E. PCO vs 43.2 PC, HR=0.35, p=0.043. FLORA-5/GOG-3035 is the confirmatory global registration trial.

Methods: Optimally debulked patients with FIGO III/IV epithelial ovarian cancer and serum CA125 > 50 U/ml randomized to PC +/- oregovomab. Patients with BRCA1/2 mutations are excluded. Chemotherapy will be administered every 3 weeks in two cohorts. In Cohort 1 (adjuvant), oregovomab/placebo is administered at cycles 1, 3, and 5 of chemotherapy and at 12 weeks following cycle 5. In Cohort 2 (neoadjuvant), oregovomab/placebo will be administered at cycles 4 and 6 of chemotherapy, and at 6- and 18-weeks following cycle 6. No other post front-line maintenance therapy is permitted. The primary objective is PFS by RECIST 1.1 criteria. Cohort 1 will recruit 372 patients and Cohort 2 will recruit 230 patients. Secondary objectives include OS, frequency and severity of adverse events, and quality of life. 137 sites in US, Canada Asia, Europe and South American are actively enrolling. 324 patients have been randomized.

Results: Trial in progress: there are no available results at time of submission.

Conclusions: Trial in progress: there are no available conclusions at time of submission.
E-Poster Viewing: Trials in Progress Topic: AS11 Ovarian Cancer

A PHASE I/II STUDY EVALUATING INTRAPERITONEAL GEN-1 IN COMBINATION WITH NEOADJUVANT CHEMOTHERAPY IN PATIENTS NEWLY DIAGNOSED WITH ADVANCED EPITHELIAL OVARIAN CANCER

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Objectives: GEN-1, an IL-12 DNA plasmid formulated with a synthetic carrier is being evaluated with neoadjuvant platinum-taxane chemotherapy (NACT) in patients with advanced epithelial ovarian cancer. OVATION 2 is a multi-center, randomized, open-label phase I/II study evaluating the safety, anti-tumor activity, and immunological response to GEN-1 at a dose of 100 mg/m2 intraperitoneal (IP) actively enrolling at 20 centers in USA and Canada.

Methods: Up to 130 patients will be randomized 1:1 to receive either NACT plus GEN-1 or NACT alone. The phase I portion will evaluate safety in at least 6 patients administered in 8 weekly infusions starting at cycle 1 week 2 in combination with three 21-day cycles of carboplatin AUC 6 with paclitaxel 175 mg/m2 (PC). Following interval cytoreductive surgery an additional 9 weekly GEN-1 IP infusions starting at cycle 4 week 1 with three 21-day cycles of PC. If no dose limiting toxicities are found, then the study will continue into the phase II portion. To evaluate biological activity a subgroup of patients will have tumor tissue at initial biopsy/ laparoscopy collected and at interval cytoreductive surgery. Tissue will be analyzed for the density of CD8, FoxP3, IDO-1, PD-1, and PDL-1 cells. Blood, peritoneal fluid/wash will be collected before and after treatment in a subgroup of patients to quantify for levels of IFN-g. The primary endpoint is PFS.

Results: Trial in progress: there are no available results at the time of submission.

Conclusions: Trial in progress: there are no available conclusions at the time of submission.
A PHASE 3, RANDOMIZED, DOUBLE-BLIND, PLACEBO/PACLITAXEL-CONTROLLED STUDY OF BATIRAXCEPT IN COMBINATION WITH WEEKLY PACLITAXEL IN PATIENTS WITH PLATINUM-RESISTANT RECURRENT OVARIAN CANCER (GOG-3059/ENGOT OV-66)

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Objectives: Introduction: The AXL receptor and its sole activating ligand, GAS6, are important drivers of metastasis and therapeutic resistance in human cancers. This signaling axis represents an attractive target for therapeutic intervention. The strong picomolar binding affinity between endogenous GAS6 and AXL and the promiscuity of small molecule AXL inhibitors have presented a barrier to specific and potent inhibition of AXL. Batiraxcept (AVB-S6-500) is a recombinant fusion protein with ~200-fold higher affinity for GAS6 than wild-type (WT) AXL. Batiraxcept binds GAS6, inhibiting its interaction with AXL thereby dramatically reducing AXL signaling invasion and migration of highly metastatic cells in vitro and inhibiting metastatic disease in nonclinical models of aggressive human cancers. The Phase 1b study showed no DLTs and established a RP2D of 15 mg/kg IV every 2 weeks with PAC/PLD. Longer PFS and OS times were observed in patients who had not been previously treated with bevacizumab (bev-naïve).

Methods: High-grade serous PROC, who received 1-4 prior lines randomized (1:1) batiraxcept/PAC or placebo/PAC; stratified by last platinum regimen, prior lines, and prior bevacizumab. The primary endpoint is PFS by RECIST v1.1 assessed by the investigator with OS a secondary endpoint. The primary PFS analysis will be triggered when 130 PFS events occur in the bev-naïve; with an interim analysis of OS. Recruitment began April 2021; 252 of ~350 patients have been randomized globally (132 sites) (NCT04729608).

Results: Trial in progress: there are no available results at the time of submission

Conclusions: Trial in progress: there are no available conclusions at the time of submission
Objectives: UpRi is a first-in-class NaPi2b ADC with a novel scaffold-linker-payload that enables high drug-to-antibody ratio and controlled bystander effect. NaPi2b is a sodium-dependent phosphate transporter protein broadly expressed in high-grade serous ovarian cancer (HGSOC), with limited expression in healthy tissues. Interim data from the Phase 1b study of heavily pretreated HGSOC patients reported clinical activity, notably in patients with NaPi2b-high tumors (TPS≥75). Based on the emerging single-agent safety and efficacy data, we hypothesize that UpRi in combination with other therapies may provide additional clinical benefit, offer improved tolerability over current approaches, and may provide patients with an option for earlier lines of treatment. UPGRADE was designed as a Ph1 dose escalation (DES) and expansion (EXP) umbrella study to evaluate UpRi combinations in recurrent OC. UPGRADE-A is the first cohort evaluating UpRi in combination with carboplatin in patients with PSOC who have received 1-2 prior lines of therapy.

Methods: UPGRADE-A is enrolling patients with recurrent PSOC. The trial consists of a DES and EXP portion. Participants will be treated with the carboplatin combination IV every 28 days for 6 cycles, followed by UpRi monotherapy until disease progression. ~18 patients will be enrolled in the DES; the primary endpoint is to identify the MTD and to assess the feasibility of the combination. ~30 patients will be enrolled in the expansion portion. Secondary endpoints include safety, pharmacokinetics, and preliminary activity. Patients are not selected by NaPi2b status, but baseline tumors samples (fresh or archived) are collected for central lab analysis. NCT04907968

Results: trialinprogress

Conclusions: trialinprogress
ARTISTRY-7: PHASE 3 MULTICENTER STUDY OF NEMVALEUKIN ALFA PLUS PEMBROLIZUMAB VERSUS CHEMOTHERAPY IN PATIENTS WITH PLATINUM-RESISTANT EPITHELIAL OVARIAN, FALLOPIAN TUBE, OR PRIMARY PERITONEAL CANCER

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Objectives: ARTISTRY-7 is evaluating the novel engineered cytokine nemvaleukin alfa (nemvaleukin, ALKS 4230) in patients with gynecological cancers. Nemvaleukin was designed to selectively bind to the intermediate-affinity interleukin-2 receptor, preferentially activating antitumor CD8⁺ T and NK cells, with minimal regulatory T cell expansion. This selectivity may provide enhanced tumor killing and improved safety/tolerability versus high-dose interleukin-2. In ARTISTRY-1, 4 responses (2 complete, 2 partial) were observed with nemvaleukin+pembrolizumab in patients with platinum-resistant ovarian cancer.

Methods: ARTISTRY-7 (NCT05092360) is a currently enrolling phase 3, multicenter, randomized study of nemvaleukin and/or pembrolizumab versus chemotherapy. Eligible patients have histologically confirmed epithelial ovarian (high-grade serous, endometrioid, clear cell), fallopian tube, or primary peritoneal cancer. Patients must have had ≥1 prior line of systemic therapy (platinum-sensitive setting), ≤5 prior lines (platinum-resistant setting), and prior bevacizumab, with radiographic progression on most recent therapy. Patients with primary platinum-refractory disease (progression on first-line platinum therapy) or primary platinum resistance (progression <3 months after first-line platinum therapy completion) are excluded. Approximately 376 patients are being randomized (3:1:1:3) to receive nemvaleukin 6 μg/kg intravenously (days 1-5) + pembrolizumab 200 mg intravenously (day 1) in 21-day cycles, pembrolizumab or nemvaleukin monotherapy, or chemotherapy. Primary endpoint is investigator-assessed progression-free survival (RECISt v1.1) in nemvaleukin+pembrolizumab versus chemotherapy arms. Secondary/exploratory endpoints include overall survival, other antitumor measures, safety, health-related quality of life, and pharmacokinetic/pharmacodynamic effects.

Results: Trial in progress: there are no available results at the time of submission

Conclusions: Trial in progress: there are no available conclusions at the time of submission
TP026 / #1435

E-Poster Viewing: Trials in Progress Topic: AS11 Ovarian Cancer

PHASE 3 STUDY OF EFFICACY & SAFETY OF OLVI-VEC AND PLATINUM-DOUBLET + BEVACIZUMAB COMPARED TO PLATINUM-DOUBLET + BEVACIZUMAB IN PLATINUM-RESISTANT/REFRACTORY OVARIAN CANCER (ONPRIME; GOG-3076 [NCT05281471])

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Objectives: Olvi-Vec (olvimulogene nanivacirepvec, aka GL-ONC1, laboratory name: GLV-1h68) is an oncolytic vaccinia virus-based immunotherapy. This Phase 3 study aims to test the hypothesis that the combination of Olvi-Vec followed by further platinum-doublet chemotherapy is particularly effective against tumors by virus-mediated immune activation and re-sensitization of tumor cells to chemotherapy in heavily pre-treated patients with platinum-resistant/refractory ovarian cancer (PRROC) as shown in the Phase 2 VIRO-15 study (Table 1). Primary objective is progression-free survival (PFS) by RECIST 1.1 in intent-to-treat population (ITT; all randomly assigned patients). Secondary objectives are: i) objective response rate (ORR) and duration of response (DOR) by RECIST 1.1, PFS by RECIST 1.1 (in modified ITT population), PFS by iRECIST, overall survival (OS), and safety; ii) to determine ORR by the Gynecological Cancer Intergroup (GCIG) CA-125 criteria, and Clinical Benefit Rate [CBR=(CR+PR+SD≥15 weeks)/total number of patients evaluated by RECIST 1.1 or iRECIST], RECIST & iRECIST response will be assessed by blinded central imaging review (BICR). Additional analyses of efficacy endpoints in modified population are
Methods: Phase 3 OnPrime Study design is summarized in Figure 1. The study is enrolling and will have 30 sites in the USA [NCT05281471].

Figure 1. Phase 3 OnPrime Study design.

Results: Trial in progress: there are no available results at the time of submission.

Conclusions: Trial in progress: there are no available conclusions at the time of submission.
A MULTICENTER STUDY OF NIRAPARIB MAINTENANCE THERAPY IN BRCA WILD-TYPE, NEWLY DIAGNOSED ADVANCED OVARIAN CANCER: POLO TRIAL

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Objectives: The POLO trial aims to investigate the efficacy of niraparib maintenance therapy in patients with BRCA wild-type, newly diagnosed advanced ovarian cancer who are not at high risk of recurrence.

Methods: The POLO is a multi-center, investigator-initiated, single-arm, phase IV trial of patients with FIGO stage III-IV high-grade serous or high-grade endometrioid ovarian cancer. This study includes patients having both germline and somatic wild-type BRCA1/2 genes, no visible residual tumor after primary cytoreductive surgery, and responses to the postoperative platinum-based combination chemotherapy. Meanwhile, patients who received neoadjuvant chemotherapy are excluded. All enrolled patients are treated with niraparib maintenance therapy for three years or until disease progression, unacceptable toxicity, or withdrawal of patient consent.

Results: The primary endpoint of this trial is the 12-month progression-free survival (PFS) rate. The secondary endpoints are overall survival, PFS, time to first subsequent treatment, time to second progression (PFS2), time to the second subsequent treatment, and safety. All patients should provide tumor slides obtained during cytoreductive surgery, for a prospective examination of somatic homologous recombination deficiency (HRD) and homologous recombination repair gene alterations. Pre- and post-niraparib (at the time of disease progression if available) blood samples will be collected for circulating cell-free DNA analyses. Molecular biomarkers that may indicate clinical response/resistance to niraparib will be identified.

Conclusions: In total, 102 patients will be recruited from five sites. An interim analysis is planned after recruitment of 68 participants. Accrual is expected to be completed in 2024, followed by presentation of results in 2025.
Objectives: Hyperthermic intraperitoneal chemotherapy (HIPEC) during cytoreductive surgery has emerged to achieve a higher concentration of chemotherapeutic agents and treat micro-metastases on peritoneal surfaces by overcoming chemo-resistance with hyperthermia. At advanced staged ovarian cancer treated with neoadjuvant chemotherapy, HIPEC with cisplatin 75-100mg/m² following interval cytoreductive surgery increases progression-free survival and overall survival (OV-HIPEC-01 and KOV-HIPEC-01). In chemotherapy-naïve ovarian cancer patients, survival benefit is not identified with HIPEC (KOV-HIPEC-01). In ovarian cancer, HIPEC is thought to overcome chemotherapy resistance.

Methods: This trial (KOV-HIPEC-02) is a multicenter, open-label, 1:1 randomized, phase III trial that will enroll 140 patients in platinum-resistant recurrent epithelial ovarian cancer. Institutional review board approval was obtained. The experimental arm will receive cytoreductive surgery and HIPEC followed by standard chemotherapy, and the control arm will receive standard chemotherapy without HIPEC until disease progression. If patients are assigned to the HIPEC group, the HIPEC procedure is carried out using the open or closed technique by infusing 41.5-42.0°C doxorubicin 35mg/m² and mitomycin 15mg/m² for 90 minutes. The primary objective of the trial is to evaluate progression-free survival (PFS) between the HIPEC group and the control group. Secondary objectives are overall survival (OS), cancer-specific survival, safety, and the quality of life according to whether HIPEC was performed during surgery in patients with platinum-resistant recurrent ovarian cancer. The first patient was enrolled in April 2020.

Randomized Phase III Trial of HIPEC in Platinum-Resistant Recurrent Ovarian Cancer (KOV-HIPEC-02)

ClinicalTrials.gov (NCT05316181)
Primary endpoint: Progression-free survival (PFS)

Stratification factors
1. Histology (HGSOC vs non-HGSOC)
2. Number of prior lines of chemotherapy (≤ 1 line vs ≥ 2 lines)

HIPEC regimen
- Doxorubicin 35mg/m² + Mitomycin C 15mg/m²
- 90 minutes, 41.5 °C (range, 41-42°C)

Results: There are no available results at the time of submission.

Conclusions: There are no available results at the time of submission.
TP029 / #1459

E-Poster Viewing: Trials in Progress Topic: AS11 Ovarian Cancer

PROSPECTIVE MULTI-INSTITUTIONAL PHASE III TRIAL OF STANDARD OF CARE THERAPY WITH OR WITHOUT STEROTACTIC ABLATIVE RADIATION THERAPY FOR RECURRENT OVARIAN CANCER (SABR-ROC, KGOG 3064/KROG 2204)

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Objectives: Stereotactic ablative radiotherapy (SABR) is the latest treatment that uses an intensity modulated technique to increase the fractional dose, reduces the number of treatments, and destroys the tumor with high accuracy. According to the result of the preliminary analysis of patients with recurrent ovarian cancer (ROC) treated with radiotherapy (RT), there might be a survival benefit, irrespective of favorable clinical features; such as no ascites, platinum-sensitive, normal CA-125 and good performance status.

Methods: This study aims to evaluate whether the addition of SABR improves 3-year overall survival in patients with ROC. The secondary objectives are to check whether it significantly affects quality of life, patient-reported outcome and to develop an AI-based predictive model for the treatment response using image genomic analysis. Patients with pathologically confirmed epithelial ovarian cancer who have completed standard treatment initially will be included in this study. The patients will be stratified by stratification factors; the number of no ascites, platinum-sensitive, normal CA125 and ECOG performance status, location of the lesion and the use of PARP inhibitor. The patients will be randomized into two groups and the experimental arm will be treated with standard salvage therapy plus SABR. With an alpha ratio of 0.05, power of 80%, the estimated 1-year drop-out rate of 5% in each arm and the compliance rate of 95%, a total of 270 patients will be required.
Results: Trial in progress: there are no available results at the time of submission.

Conclusions: Trial in progress: there are no available conclusions at the time of submission.
E-Poster Viewing: Trials in Progress Topic: AS11 Ovarian Cancer

EPIK-O/ENGOT-OV61: A PHASE 3, RANDOMIZED STUDY OF ALPELISIB + OLAPARIB IN PATIENTS WITH NO GERMLINE BRCA MUTATION DETECTED, PLATINUM-RESISTANT OR -REFRACTORY, HIGH-GRADE SEROUS OVARIAN CANCER

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Objectives: High-grade serous ovarian cancer (HGSOC) represents most epithelial ovarian cancers. Whilst initially responding to platinum-based therapy, ~75% of patients develop resistance, conferring poor prognosis. Homologous recombination repair proficiency is associated with platinum resistance and limited response to PARP inhibitors. PI3K pathway inhibition downregulates BRCA expression, abrogating homologous recombination repair proficiency, and may lead to (re)sensitization to PARP inhibitors. As alpelisib (PI3Kα inhibitor) + olaparib (PARP inhibitor) demonstrated preliminary evidence of synergism in platinum-resistant/refractory, BRCA-wild-type, recurrent HGSOC in a phase 1b study, the EPIK-O study is further evaluating this combination.

Methods: EPIK-O/ENGOT-OV61 (NCT04729387) is a phase 3, randomized (1:1), open-label, active-controlled trial evaluating the efficacy and safety of alpelisib + olaparib versus single-agent chemotherapy in patients (N=358) with no germline BRCA mutation and platinum-resistant/refractory HGSOC. Adult patients with platinum-resistant/refractory, histologically confirmed HGSOC, high-grade endometrioid ovarian, fallopian tube, or primary peritoneal cancer, with no germline BRCA1/2 mutation, are included; patients must have received 1-3 prior systemic therapies. In Arm 1, patients receive alpelisib 200 mg orally OD + olaparib 200 mg orally BID; in Arm 2, patients receive paclitaxel 80 mg/m² IV weekly or pegylated liposomal doxorubicin 40-50 mg/m² IV Q28D (investigator’s choice). The primary endpoint is progression-free survival per RECIST 1.1 assessment by a blinded independent review committee. Key secondary endpoint is overall survival. Other secondary endpoints include overall response rate, clinical benefit rate, safety, and quality of life. Enrollment is planned in 26 countries; completion of data collection for the primary endpoint is anticipated in 2023.

Results: No results

Conclusions: Trial in Progress
E-Poster Viewing: Trials in Progress Topic: AS11 Ovarian Cancer

A PHASE II TRIAL OF PEMBROLIZUMAB AND LENVATINIB IN RECURRENT OR PERSISTENT CLEAR CELL CARCINOMA OF THE OVARY

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Objectives: Clear cell ovarian carcinoma (CCOC) is an uncommon subtype of epithelial ovarian cancer that is inherently chemoresistant. Evidence suggests that immune checkpoint inhibition (ICI) may be more effective in CCOC compared to other ovarian cancer subtypes. Loss-of-function mutations in SWI/SNF complex members, PI3K pathway alterations, and IL6/STAT upregulation generate a hypoxia-mimic, pro-angiogenic phenotype, suggesting a role for anti-angiogenic agents. VEGFR/FGFR inhibition remodels the tumor microenvironment to promote anti-tumor immunity. Therefore, lenvatinib (anti-VEGFR/FGFR) may augment the activity of pembrolizumab (anti-PD1).

Methods: NCT05296512 is a single cohort two-stage phase 2 trial evaluating the safety and efficacy of pembrolizumab/lenvatinib in adult women (n=31) with recurrent or persistent histologically-confirmed CCOC (≥50% clear cell histology). At least 1 prior platinum-based chemotherapy is required. Use of prior ICI or prior lenvatinib is prohibited. Participants will receive lenvatinib 20 mg orally daily with pembrolizumab 200 mg IV every 3 weeks. Up to 35 cycles of pembrolizumab can be given; if disease is stable or better, lenvatinib can be continued alone. Participants progressing on lenvatinib alone may resume treatment with pembrolizumab for up to an additional 17 cycles of therapy. Co-primary endpoints are the objective response rate (ORR) and rate of PFS at 6 months (PFS6) per RECIST 1.1 radiologic tumor assessment. Key secondary endpoints include median progression free survival, median overall survival, and clinical benefit rate by RECIST 1.1 and immune-RECIST (iRECIST), and correlation of PD-L1 expression with response. Enrollment is ongoing.

Results: Trial in progress: Not applicable.

Conclusions: Trial in progress: Not applicable.
Objectives: Oregovomab is an investigational murine monoclonal antibody directed against Cancer Antigen 125(CA-125), currently in clinical trials for treatment of patients with ovarian cancer expressing the tumor-associated cancer antigen CA-125. Outcomes are poor with non-platinum single agent chemotherapy in Poly-ADP Ribose Polymerase (PARP) inhibitor and platinum resistant setting. The aim of this study is to determine the efficacy of the indirect immunization with oregovomab in combination with non-platinum single agent chemotherapy in PARP inhibitor-resistant recurrent ovarian cancer patients not candidate for platinum retreatment.

Methods: This is a prospective, multi-cohort, multicenter, phase II trial to evaluate the efficacy and safety of oregovomab in combination with non-platinum single agent chemotherapy in patients with recurrent epithelial ovarian cancer who have progressed with prior PARP inhibitor treatment and not candidate for platinum re-challenge. Patients were assigned to one of the followings: Cohort 1 (prior 1-3 lines of therapy), PLD (40 mg/m² q4w till PD) + Oregovomab 2 mg (C1,2,3,5,7 for 5 doses) or Cohort 2 (>3 prior lines of therapy), weekly paclitaxel (80 mg/m² D1,8,15 q4w till PD) + Oregovomab 2 mg (C1,2,3,5,7 for 5 doses). A total 56 subjected will be enrolled from 4 sites in South Korea. The primary endpoint is objective response rate. Accrual is expected to be started in July 2022.

Results: Trial in progress: there are no available results at the time of submission.

Conclusions: Trial in progress: there are no available results at the time of submission.
MITO 25.1: A RANDOMIZED, MOLECULAR DRIVEN PHASE II TRIAL OF CARBOPLATIN-PACLITAXEL-BEVACIZUMAB VS CARBOPLATIN-PACLITAXEL-BEVACIZUMAB-RUCAPARIB VS CARBOPLATIN-PACLITAXEL-RUCAPARIB, SELECTED ACCORDING TO HRD STATUS, IN PATIENTS WITH ADVANCED OVARIAN CANCER

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Objectives: PARP inhibitors alone and in combination with Bevacizumab have shown significant clinical benefit as maintenance therapy in ovarian cancer (OC) patients regardless BRCA mutations and in homologous-recombination deficiency (HRD) positive women, respectively. However, despite the improvements in the therapeutic algorithm of OC over the years, the best treatment in HRD positive patients and the preferred treatment in HRD negative tumors have not been well defined. MITO 25.1 aims to evaluate the best first line treatment in the different molecular subgroups, evaluated with Foundation Medicine LOH test.

Methods: MITO 25.1 is a multicenter, randomized, phase II study that will evaluate the effect of Carboplatin-Paclitaxel-Bevacizumab vs Carboplatin-Paclitaxel-Bevacizumab-Rucaparib vs Carboplatin-Paclitaxel-Rucaparib on progression-free survival (PFS) in OC patients treated according to HRD status. HRD negative patients will be randomized in ARM A to receive Carboplatin + Paclitaxel + Bevacizumab q21 followed by Bevacizumab q 21 or in ARM B to receive Carboplatin + Paclitaxel q 21 followed by Rucaparib as maintenance. HRD positive patients will be randomized in ARM B or in ARM C to receive Carboplatin + Paclitaxel + Bevacizumab q21 followed by Bevacizumab + Rucaparib as maintenance. The primary endpoint will be PFS.

Results: Trial in progress. there are no available results at the time of submission.

Conclusions: Trial in progress: there are no available conclusions at the time of submission
TP034 / #1534

**E-Poster Viewing: Trials in Progress Topic:** AS11 Ovarian Cancer

**RANDOMIZED PHASE III TRIAL ON NIRAPARIB-TSR-042 (DOSTARLIMAB) VERSUS PHYSICIAN’S CHOICE CHEMOTHERAPY IN RECURRENT OVARIAN, FALLOPIAN TUBE, PRIMARY PERITONEAL CANCER PLATINUM RESISTANT PATIENTS: NITCHE TRIAL (MITO 33)**

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**Objectives:** Platinum resistant ovarian cancer (OC) patients have a poor prognosis, and few treatment options are available. Preclinical and clinical data demonstrated that the combination PARP inhibitors with immune checkpoint inhibitors could have a synergistic antitumor activity in this setting of patients. MITO 33 trial will assess the hypothesis that the combination niraparib / dostarlimab therapy is effective in increasing overall survival (OS), progression free survival (PFS) and time to first subsequent therapy with respect to chemotherapy alone.

**Methods:** Recurrent platinum resistant OC will be randomized 1:1 to receive: -Arm A: pegylated liposomal doxorubicin 40 mg/m² d1q28, weekly paclitaxel 80 mg/m² d1,8,15q28, gemcitabine 1000 mg/m² d1,8,15q28 or topotecan 1.25 mg/m² d1-5q21; -Arm B: dostarlimab 500 mg every 3 weeks for 4 cycles, then 1000 mg every 6 weeks + niraparib 300 mg or 200 mg daily. Patients will be stratified according to homologous recombination deficiency status (positive vs negative) evaluated with Foundation One CDx LOH test, PD-L1 status, previous immunotherapy, previous PARPi treatment and Bevacizumab therapy. Endpoints Primary Endpoint: OS Secondary Endpoints: PFS; Time to First Subsequent Therapy and Objective Response Rate; Safety and Tolerability of Dostarlimab plus Niraparib Exploratory Objective: relationship between PD-L1 expression and the efficacy of niraparib/dostarlimab treatment; relationship between lymphoid or myeloid-derived suppression cells or T-regulatory cells (T-regs) and response to niraparib / dostarlimab treatment

**Results:** Trial in progress: there are no available results at the time of submission

**Conclusions:** Trial in progress: there are no available conclusions at the time of submission.
E-Poster Viewing: Trials in Progress Topic: AS11 Ovarian Cancer

PHASE 3 STUDY ASSESSING THE EFFICACY OF ADDING AL3818 (CATEQUENTINIB DIHYDROCHLORIDE, ANLOTINIB HYDROCHLORIDE) TO CHEMOTHERAPIES IN SUBJECTS WITH PLATINUM RESISTANT AND REFRACTORY OVARIAN CARCINOMA

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Objectives: AL 3818 is a novel, orally administered, small molecule tyrosine kinase inhibitor, that shows highly selective inhibition of fibroblast growth factor receptor (FGFR) and vascular endothelial growth factor receptor (VEGFR). The primary objective of this Phase 3 study is to evaluate the efficacy of AL3818 in combination with chemotherapy in patients with platinum resistant and refractory ovarian carcinoma.

Methods: The study is a phase 3, multi-center, randomized trial at 1:1 ratio with active control designed to evaluate the efficacy and safety of AL3818 plus background chemotherapy treatment (Active Arm) vs. background chemotherapy treatment alone (Control Arm), where one of three background treatments, weekly paclitaxel, pegylated liposomal doxorubicin (PLD), or topotecan is utilized. Patients with a diagnosis of platinum resistant or platinum refractory ovarian carcinoma requiring third line, or any further line treatment are eligible for enrollment. The regimen is a 21-day cycle with oral AL3818 at 8mg administered on days 8-21, with days 1-7 off combining with one of the three chemotherapies in Active Arm. Maintenance monotherapy with AL3818 is an option if chemotherapy is discontinued. The primary objective of this study is to evaluate the efficacy between the Active Arm and Control Arm as measured by the primary endpoint of Progression Free Survival (PFS). The study is opening in US, UK, ES, IT and Asia. Clinical trial information: NCT02584478.

Results: There are no available results at the time of submission.

Conclusions: There are no available results at the time of submission.
TP036 / #426

E-Poster Viewing: Trials in Progress Topic: AS11 Ovarian Cancer

UPLIFT (ENGOT-OV67/GOG-3048) A PIVOTAL COHORT OF THE XMT-1536-1 TRIAL OF UPFITAMAB RILSODOTIN (XMT-1536; UPRI), A NAPI2B-DIRECTED ANTIBODY DRUG CONJUGATE (ADC) IN PLATINUM-RESISTANT OVARIAN CANCER

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Objectives: UpRI is a first-in-class NaPi2b ADC with a novel scaffold-linker-payload that enables high drug-to-antibody ratio and controlled bystander effect. NaPi2b is a sodium-dependent phosphate transporter protein broadly expressed in high-grade serous ovarian cancer (HGSOC), with limited expression in healthy tissues. Interim data from the Phase 1b expansion cohort of heavily pretreated patients with recurrent HGSOC has been reported. These data demonstrated clinically meaningful activity, notably in patients with NaPi2b-high tumors (TPS≥75). Effective and well-tolerated treatments for PROC remains an unmet medical need. The standard of care, single-agent chemotherapy, has limited efficacy, significant toxicities, and short duration of response. UPLIFT was designed as a single-arm Ph2 registrational trial for UpRI monotherapy in PROC.

Methods: UPLIFT is enrolling patients with PROC with up to 4 prior LoT. Prior bevacizumab is required for patients with 1-2 prior LoT only; it's not required for patients with 3-4 prior LoT. Patients may enroll regardless of NaPi2b expression; ≤ Grade 2 peripheral neuropathy is permitted. Primary platinum refractory patients are excluded. UPLIFT will enroll ~180 patients globally, including ~100 patients with high NaPi2b expression. UpRI is dosed IV at 36 mg/m² up to ~80 mg dose maximum Q4W. Baseline tumor samples (fresh or archived) will be collected for central analysis of NaPi2b expression. The primary endpoint is ORR in NaPi2b-high expressing patients. The cut-off for high NaPi2b expression is TPS≥75. Secondary endpoints include ORR in the overall population, duration of response, and safety. UPLIFT is conducted in collaboration with ENGOT (ENGOT-ov67) and GOG (GOG-3048). NCT03319628
Results: trialinprogress

Conclusions: trialinprogress
E-Poster Viewing: Trials in Progress Topic: AS11 Ovarian Cancer

UP-NEXT (GOG-3049/ENGOT-OV71-NSGO-CTU): A STUDY OF UPFITAMAB RILSODOTIN (UPRI), A NAPI2B-DIRECTED ANTIBODY DRUG CONJUGATE (ADC) IN PLATINUM-SENSITIVE RECURRENT OVARIAN CANCER

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Objectives: UpRi is a first-in-class NaPi2b-targeting ADC with a novel scaffold-linker-payload that enables high drug-to-antibody ratio and controlled bystander effect. NaPi2b is a sodium-dependent phosphate transporter protein broadly expressed in high-grade serous ovarian cancer (HGSOC) with limited expression in healthy tissues. It’s estimated that about two-thirds of HGSOC patients are NaPi2b-high. Studies are being conducted to evaluate UpRi safety and efficacy in platinum-resistant ovarian cancer (PROC), but there remains an unmet need in the maintenance setting for patients with platinum-sensitive, recurrent ovarian cancer (PSOC), particularly patients who received standard-of-care treatment and are at high-risk of early relapse.

Methods: UP-NEXT is a Ph3 study evaluating UpRi monotherapy as post-platinum maintenance therapy in recurrent PSOC, enrolling patients with NaPi2b-high tumors (defined as TPS ≥75). Patients must have received 2-4 prior lines of platinum containing chemotherapy, achieved a partial or complete response in their penultimate platinum regimen, and progressed >6mo after completion of the last dose of platinum. Patients may be enrolled if their best response to the last line of treatment is no evidence of disease, complete or partial response, or stable disease. If patients have a known BRCA mutation, prior PARPi treatment is required. Patients who received bevacizumab in combination with their last platinum containing regimen are excluded. Patients are randomized 2:1 to UpRi or placebo, given IV Q4W. The primary endpoint is PFS assessed by BICR, with key secondary endpoint of OS. UP-NEXT is conducted in collaboration with GOG(3049) and ENGOT(Ov71-NSGO-CTU). ~350 patients will be enrolled globally. NCT05329545

Results: TrialinProgress

Conclusions: TrialinProgress
E-Poster Viewing: Trials in Progress Topic: AS11 Ovarian Cancer

RUCAPARIB MAINTENANCE AFTER BEVACIZUMAB MAINTENANCE FOLLOWING CARBOPLATIN BASED FIRST LINE CHEMOTHERAPY IN OVARIAN CANCER

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Objectives: Most patients with Ovarian cancer (OC) are diagnosed in advanced stages. In Germany; a current therapy option for advanced BRCAwt OC patients is debulking surgery; followed by platinum based chemotherapy and bevacizumab; followed by maintenance therapy with bev or monotherapy with PARP inhibitors. The anticancer effects of PARPi seem to be increased by the addition of antiangiogenic drugs. Preclinical data showed increased HRD in tumors pretreated with bev; and clinical trials showed a benefit of the combination of antiangiogenic drugs and PARPi vs. PARPi alone. Hence; in this study we will evaluate maintenance after maintenance for the treatment of advanced primary high grade BRCAwt OC.

Methods: 190 BRCAwt patients with advanced high grade OC; fallopian tube-; primary peritoneal cancer or clear cell carcinoma will be randomized 2:1 to receive either rucaparib or placebo as maintenance therapy following first line chemotherapy and at least 12 months of bevacizumab. Rucaparib therapy will continue for 24 months, until disease progression or unacceptable toxicity. Randomization is stratified by surgery timepoint (neoadjuvant vs. adjuvant); surgical outcome (no residual tumor vs. residual tumor) and response to chemotherapy/bevacizumab (CR/NED vs. PR/SD). Primary endpoint is PFS per RECIST v1.1. Secondary endpoints are PFS2; quality of life (validated questionnaires); daily activity; time to next medical intervention; time to next subsequent therapy; safety assessments and OS. 35 patients are randomized in the study.

Results: Trial in progress: there are no available results at the time of submission.

Conclusions: Trial in progress: there are no available conclusions at the time of submission.
TP039 / #1520

E-Poster Viewing: Trials in Progress Topic: AS11 Ovarian Cancer

PHASE 1B DOSE-ESCALATION STUDY OF ZN-C3 (WEE1 INHIBITOR) WITH CHEMOTHERAPY IN PATIENTS WITH PLATINUM-RESISTANT OVARIAN, PERITONEAL, OR FALLOPIAN TUBE CANCER: ZN-C3 PLUS GEMCITABINE ARM

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Objectives: ZN-c3 is a selective orally bioavailable Wee1 inhibitor that has demonstrated significant antitumor activity in in-vitro and in-vivo models. This phase 1b study (NCT04516447) combines ZN-c3 with carboplatin, PLD or paclitaxel, (interim results reported previously) and an arm combining ZN-c3 with gemcitabine has been added to the trial.

Methods: Subjects must have received 1-2 prior lines of therapy in the metastatic setting, females ≥18 years old with platinum-resistant, high-grade, serous epithelial ovarian carcinoma, fallopian tube carcinoma, or peritoneal carcinoma; and measurable disease (RECIST v1.1). The starting ZN-c3 dose is 200 mg once daily and gemcitabine is dosed at 800 mg/m² on Days 1 and 8 of each 21-day cycle. At least 3 and up to 6 evaluable subjects will be enrolled for each dose level assessed. This will be expanded from 3 to 6 subjects if one of the initial 3 subjects has a dose-limiting toxicity (DLT). When the maximum tolerated dose/recommended phase 2 dose is determined, ~15 additional subjects will be enrolled. The primary endpoints are the incidence and grade of adverse events (NCI CTCAE v5.0); and DLTs during Cycle 1. Secondary endpoints include clinical activity as defined by RECIST v1.1 and clinical criteria, including ORR, DOR, and PFS; and time to CA125 progression according to Gynecologic Cancer Intergroup criteria.

Results: Trial in progress: there are no available results at the time of submission.

Conclusions: Trial in progress: there are no available conclusions at the time of submission.
TP040 / #1418

E-Poster Viewing: Trials in Progress Topic: AS11 Ovarian Cancer

PALBOCICLIB PLUS LETROZOLE COMBINATION AFTER PROGRESSION ON SECOND-LINE CHEMOTHERAPY FOR WOMEN WITH ER/PR-POSITIVE HIGH-GRADE SEROUS OR ENDOMETRIOID OVARIAN, FALLOPIAN TUBE OR PERITONEAL CANCER (LACOG 1018)

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Objectives: Limited treatment options are available for patients with ovarian high-grade serous carcinoma (HGSC) or endometrioid carcinoma (EC) who progress after receiving chemotherapy for locoregional recurrence or metastatic disease. About 38-60% of these cases are ER/PR-positive. LACOG 1018 aims to evaluate the efficacy of palbociclib plus letrozole in this scenario.

Methods: LACOG 1018 is a phase 2, single-arm, multicentric trial evaluating the efficacy of letrozole 2.5mg/day plus palbociclib 125mg/day for 21 days in 28-day cycles in patients with: 1) histologically proven ovarian HGSC or EC, fallopian tube or peritoneal cancer with locoregional recurrence (not amenable to curative therapy) or metastatic disease; 2) prior chemotherapy for locoregional recurrence or metastatic disease (≥1 platinum-based regimen and ≤3 prior chemotherapy regimens). Previous PARP inhibitors, bevacizumab and immunotherapy are allowed; 3) ER and/or PR-positive > 10% by immunohistochemistry (centrally confirmed); 4) ECOG PS 0–2; 5) measurable disease by RECIST 1.1. The primary endpoint is PFS at 12 weeks. Secondary endpoints are overall survival, overall response rate, duration of response, clinical benefit rate, CA-125 response and time to progression, quality of life, safety, and predictive biomarkers of response/survival. Tumor evaluations are performed every 6 weeks until week 24. Sample size was calculated as 31 patients for the primary endpoint (90% power to detect 45% PFS at 12 weeks) and 39 patients for secondary endpoints considering 10% drop-out. From Feb2020 – Jan2022, 43 patients were enrolled in 5 Brazilian centers. NCT03936270.

Results: Trial in progress: no available results at submission.

Conclusions: Trial in progress: no available conclusions at submission.
THE CULTURE OF ADVANCED OR RECURRENT OVARIAN CANCER ORGANOIDS AND DRUG SCREENING

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Objectives: Ovarian cancer (OC) is a highly heterogeneous disease usually diagnosed at advanced stage. Although most patients with advanced disease respond well to initial treatment, the majority develop recurrent disease, become resistant to chemotherapy, and succumb to the disease. Organoid, a rapidly emerging technology, can faithfully recapitulate the architectures and distinctive functions of a specific organ, has been used to elucidate crucial scientific questions including the relationships between genetic/epigenetic alterations and drug responses, and mechanisms of drug resistances. In the previous study, we have successfully established organoids derived from newly diagnosed OC which can be performed optimal cytoreductive surgery. The study (CQGOG0202) is to explore whether organoids can be established from advanced or recurrent OC which cannot be completely removed by surgery, and to evaluate whether it can guide personalized medicine.

Methods: The CQGOG0202 study is a single-center, prospective, observational clinical trial. Eligible patients are aged 18-70 years with advanced or recurrent epithelial ovarian cancer whose tumors can't be completely removed after comprehensive evaluation. Organoids from 30 patients will be established. Morphological and histological characterization, and genomic landscape of OC organoids will be compared to their parent tumor. Drug screening was also performed on organoids to access whether organoids can be a useful predictor of patient response to therapy. Primary endpoint is the similarity between organoids and their corresponding tumor tissue. Secondary endpoint is the reliability (yes/no) of organoids obtained from advanced or recurrent OC as a model for the patient's response to treatments.

Results: Trial in progress: there are no available results at the time of submission.

Conclusions: Trial in progress: there are no available conclusions at the time of submission.
A SINGLE ARM PHASE II STUDY ON PEMBROLIZUMAB IN PRE-NEOPLASTIC HIGH GRADE HPV-RELATED VULVAR AND CERVICAL LESIONS

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Objectives: This is a single arm phase II trial evaluating Pembrolizumab as neoadjuvant treatment before surgical conization and/or partial or radical vulvectomy in patients with pre-neoplastic cervical and vulvar HPV-related high grade lesions. Primary objective of the study is to determine the efficacy of Pembrolizumab in leading histopathologic complete regression of cervical HSIL. Secondary objectives are: to determine the efficacy of Pembrolizumab in leading histopathologic complete regression of VIN 2-3; to evaluate the safety and tolerability of Pembrolizumab in patients with HPV-related pre-neoplastic vulvar and cervical lesions; to determine Pembrolizumab efficacy in the virologic clearance of HPV. Exploratory objectives are: to evaluate tissue immune responses to pembrolizumab in cervical and vulvar samples and to evaluate the influence of vaginal microbiome on Pembrolizumab response.

Methods: Patients with histologically confirmed H-SIL and/or VIN 2-3 will be treated with Pembrolizumab 200 mg flat dose every 3 weeks for 5 cycles. Within 4 weeks from the last Pembrolizumab administration patients will be submitted to surgical conization (either cold knife conization or LEEP) and/or partial or radical vulvectomy. During the screening phase patients will receive blood and stool specimen’s collection. Genotyping for HPV will be performed at baseline, surgery and at safety follow up visit.

Results: Trial in progress: there are no available results at the time of submission.

Conclusions: Trial in progress: there are no available conclusions at the time of submission.
**PHASE II ACTIVITY TRIAL OF HIGH DOSE RADIATION AND CHEMOSENSITIZATION IN PATIENTS WITH MACROMETASTATIC LYMPH NODE SPREAD AFTER SENTINEL NODE BIOPSY IN VULVAR CANCER: GRONINGEN INTERNATIONAL STUDY ON SENTINEL NODES IN VULVAR CANCER III (GROINSS-V III/NRG-GY024)**

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**Objectives:** To investigate the safety of replacing inguinofemoral lymphadenectomy (IFL) by chemoradiation in early-stage vulvar cancer patients with a macrometastasis (>2mm) and/or extracapsular extension in the sentinel node (SN).

**Methods:** This is an international multicenter single-arm phase II prospective clinical trial. Primary endpoint is groin recurrence rate in the first two years after primary treatment. Secondary endpoints are short and long-term morbidity associated with the SN procedure and chemoradiation and quality of life as measured by EORTC-QLQc30. Patients with invasive (>1mm) squamous cell carcinoma of the vulva, stage T1, tumor size <4 cm diameter and no suspicious lymph nodes by imaging will proceed with SN detection. Institutions enrolling patients must demonstrate prior surgical experience with the submission of at least 10 successfully completed SN cases in vulvar cancer. Patients with SN metastases > 2mm and/or with extracapsular extension or those with >1 SN with micrometastases are eligible. Treatment consists of chemoradiation with a dose of 56 Gy to the groin combined with weekly cisplatin 40 mg/m2 IV on days 1, 8, 15, 21 and 29 of radiotherapy. One hundred and fifty-seven patients in Europe, United States and Canada will be enrolled. The study includes continuous monitoring of groin recurrences with stopping rules. Results of this trial may be practice changing and eliminate the need for IFL in all women with clinically early stage vulvar cancer. The study is currently open for enrollment. NCT05076942.

**Results:** Trial in progress: there are no available results/conclusions at the time of submission.

**Conclusions:** N/A