What I Tell My Patients:
Faculty Physicians and Nurses Discuss Patient Education About New Treatments and Clinical Trials

Fifteenth Annual RTP Symposium Series Held During the Annual ONS Congress

Ovarian Cancer

Friday, April 28, 2023
12:15 PM – 1:45 PM

Faculty

Courtney Arn, CNP
David M O'Malley, MD
Richard T Penson, MD, MRCP
Jaclyn Shaver, MS, APRN, CNP, WHNP

Moderator

Neil Love, MD

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Faculty

Courtney Arn, CNP
The James Cancer Hospital and Solove Research Institute
The Ohio State University
Columbus, Ohio

David M O'Malley, MD
Professor
Division Director, Gynecologic Oncology
The Ohio State University and The James Cancer Center
Columbus, Ohio

Richard T Penson, MD, MRCP
Associate Professor of Medicine
Harvard Medical School
Clinical Director, Medical Gynecologic Oncology
Massachusetts General Hospital
Boston, Massachusetts

Jaclyn Shaver, MS, APRN, CNP, WHNP
Section of Gynecologic Oncology
Stephenson Cancer Center
OU Health
Oklahoma City, Oklahoma

Moderator

Neil Love, MD
Research To Practice
Miami, Florida

Ms Arn — Disclosures

Speakers Bureau	AstraZeneca Pharmaceuticals LP, Eisai Inc, Genmab US Inc, ImmunoGen Inc, Merck, Seagen Inc

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Dr O'Malley — Disclosures

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Dr Penson — Disclosures

Advisory Committee	AstraZeneca Pharmaceuticals LP, Eisai Inc, GSK, ImmunoGen Inc, Merck, Mersana Therapeutics Inc, Novocure Inc, Roche Laboratories Inc, Sutro Biopharma, VBL Therapeutics
Contracted Research	Array BioPharma Inc, a subsidiary of Pfizer Inc, AstraZeneca Pharmaceuticals LP, Eisai Inc, Genentech, a member of the Roche Group, Regeneron Pharmaceuticals Inc, Sanofi, Tesaro, A GSK Company, VBL Therapeutics
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Nonrelevant Financial Relationship	BMJ Publishing Group Ltd, Elsevier, UptoDate, Wiley-Blackwell, Wolters Kluwer Health

Ms Shaver — Disclosures

No relevant conflicts of interest to disclose

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Commercial Support

This activity is supported by educational grants from AstraZeneca Pharmaceuticals LP, GSK, Merck, Mersana Therapeutics Inc, and Novocure Inc.

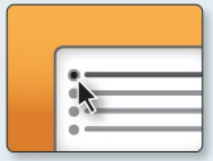
Research To Practice NCPD Planning Committee Members, Staff and Reviewers

Planners, scientific staff and independent reviewers for Research To Practice have no relevant conflicts of interest to disclose.

Clinicians in the Meeting Room

Networked iPads are available.

Review Program Slides: Tap the Program Slides button to review speaker presentations and other program content.



Answer Survey Questions: Complete the pre- and postmeeting surveys. Survey questions will be discussed throughout the meeting.

Ask a Question: Tap Ask a Question to submit a challenging case or question for discussion. We will aim to address as many questions as possible during the program.

Complete Your Evaluation: Tap the NCPD Evaluation button to complete your evaluation electronically to receive credit for your participation.

For assistance, please raise your hand. Devices will be collected at the conclusion of the activity.

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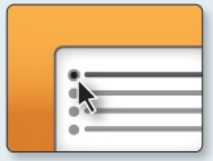
Clinicians Attending via Zoom

Review Program Slides: A link to the program slides will be posted in the chat room at the start of the program.



Answer Survey Questions: Complete the pre- and postmeeting surveys. Survey questions will be discussed throughout the meeting.

Ask a Question: Submit a challenging case or question for discussion using the Zoom chat room.

Get NCPD Credit: An NCPD credit link will be provided in the chat room at the conclusion of the program.

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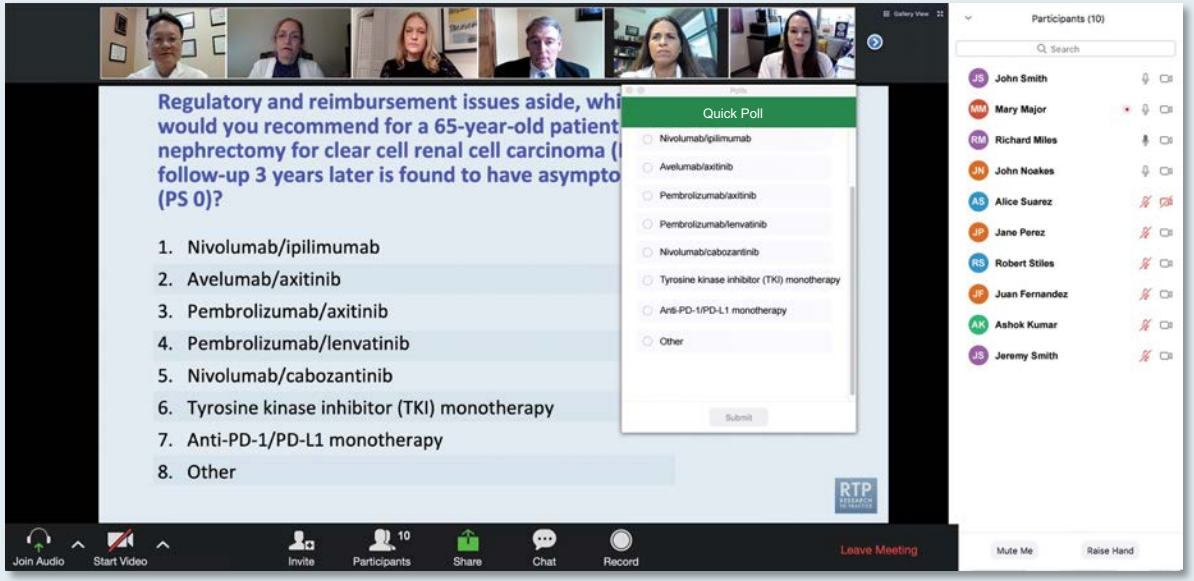
Clinicians, Please Complete the Pre- and Postmeeting Surveys



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About the Enduring Program

- The live meeting is being video and audio recorded.
- The proceedings from today will be edited and developed into an enduring web-based video/PowerPoint program.
  An email will be sent to all attendees when the activity is available.
- To learn more about our education programs, visit our website, **www.ResearchToPractice.com**

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“What I Tell My Patients”
Fifteenth Annual RTP-ONS NCPD Symposium Series
ONS Congress, San Antonio, Texas — April 26 to 29, 2023

Wednesday April 26	**Cervical and Endometrial Cancer** 11:15 AM – 12:45 PM CT (12:15 PM – 1:45 PM ET)
	Breast Cancer 6:00 PM – 8:00 PM CT (7:00 PM – 9:00 PM ET)
Thursday April 27	**Diffuse Large B-Cell Lymphoma** 6:00 AM – 7:30 AM CT (7:00 AM – 8:30 AM ET)
	Chronic Lymphocytic Leukemia 12:15 PM – 1:45 PM CT (1:15 PM – 2:45 PM ET)
	HER2-Targeted Antibody-Drug Conjugates 6:00 PM – 7:30 PM CT (7:00 PM – 8:30 PM ET)
Friday April 28	**Hepatobiliary Cancers** 6:00 AM – 7:30 AM CT (7:00 AM – 8:30 AM ET)
	Ovarian Cancer 12:15 PM – 1:45 PM CT (1:15 PM – 2:45 PM ET)
	Lung Cancer 6:00 PM – 8:00 PM CT (7:00 PM – 9:00 PM ET)
Saturday April 29	**Acute Myeloid Leukemia, Myelodysplastic Syndromes and Myelofibrosis** 6:00 AM – 7:30 AM CT (7:00 AM – 8:30 AM ET)
	Prostate Cancer 12:15 PM – 1:45 PM CT (1:15 PM – 2:45 PM ET)

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What I Tell My Patients

2023 ONS Congress

San Antonio, Texas

Symposia Themes

- New agents and therapies; ongoing trials related to specific clinical scenarios
- Patient education: Preparing to receive new therapies
- The bond that heals
- THANKS! (Great job)

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How was it different to take care of this patient versus another patient in the same oncologic setting?

What unique biopsychosocial factors (eg, attitude, comorbidities, social support) were considered in the overall management of this case?

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Research To Practice
Miami, Florida

Agenda

Module 1: Overview of Ovarian Cancer

Module 2: Initial Management of Advanced Ovarian Cancer

Module 3: Up-Front PARP Inhibitor Maintenance Therapy

Module 4: Side Effects and Toxicities of PARP Inhibitors

Module 5: Antibody-Drug Conjugates

Module 6: Future Directions — Tumor Treating Fields

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Module 6: Future Directions — Tumor Treating Fields

Jaclyn Shaver, MS, APRN, CNP, WHNP

46-year-old woman with gBRCA1 mutation-positive ovarian cancer who received carboplatin/paclitaxel followed by maintenance olaparib s/p resection

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Dr O'Malley
Columbus, Ohio

Clinical Research Background

Dr Penson
Boston, Massachusetts

- **Overview of ovarian cancer**
  - **Staging**
  - **Symptoms**
  - **Palliation**

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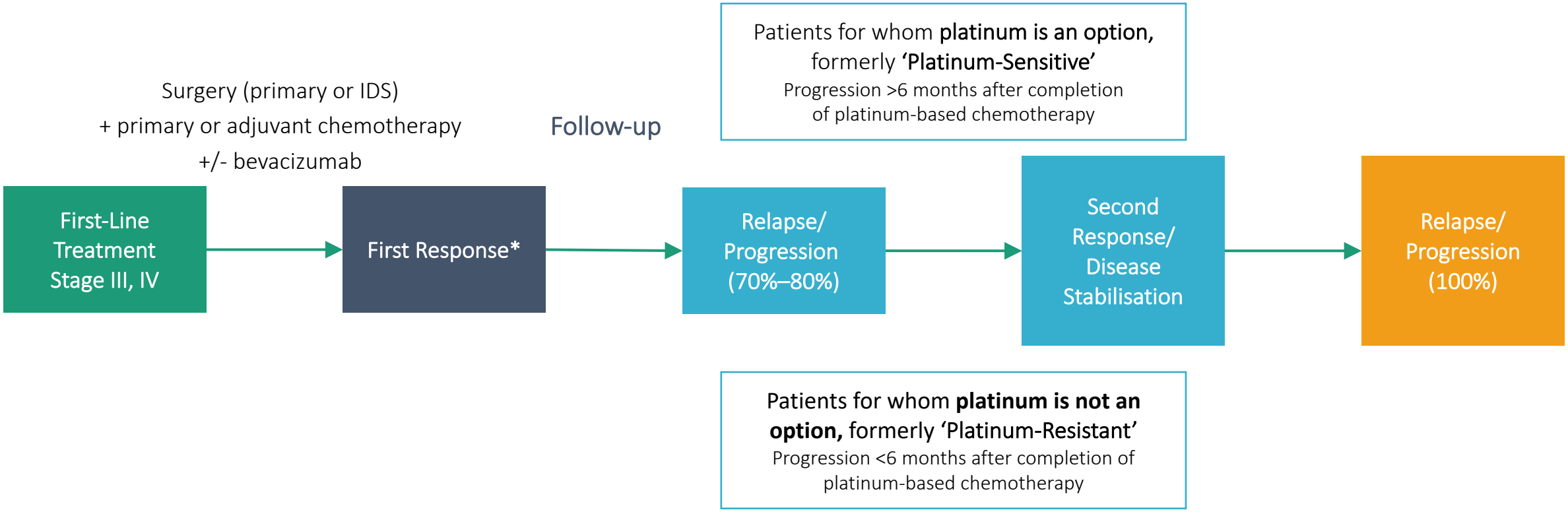
The Typical Course of Advanced Ovarian Cancer

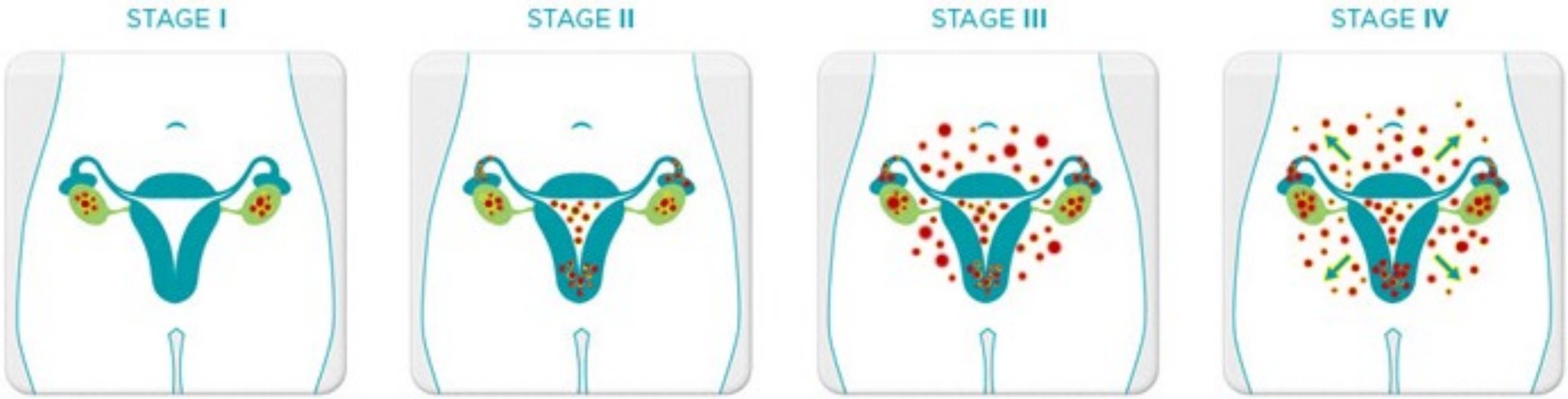


*Around 5% of patients are primary treatment-refractory, meaning disease progressed during therapy or within 4 weeks after the last dose.
IDS=interval debulking surgery.

1. Ledermann JA et al. *Ann Oncol.* 2013;24(Suppl 6):vi24-vi32. 2. Giornelli GH. *Springerplus*. 2016;5(1):1197. 3. Pignata S et al. *Ann Oncol.* 2017;28(suppl_8):viii51-viii56. 4. du Bois A et al. *Cancer*. 2009;115(6):1234-1244.
5. Wilson MK et al. *Ann Oncol*. 2017;28(4):727-732.

Courtesy of Kathleen N Moore, MD, MS

Stages of Epithelial OC



Confined to ovaries | Spread to pelvis | Spread to abdomen | Spread to distant sites

15% of patients present with Stage I

85% of patients present with Stage II-IV

5 y survival: 90% 70% 39% 17%

http://ovarian.org/about-ovarian-cancer/what-is-ovarian-cancer/types-a-stages; https://www.cancer.org/cancer/ovarian-cancer/detection-diagnosis-staging/survival-rates.html;
Howlander N et al. SEER Cancer Statistics Review 1975-2014, http://seer.cancer.gov/csr/1975_2014/

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Module 4: Side Effects and Toxicities of PARP Inhibitors

Module 5: Antibody-Drug Conjugates

Module 6: Future Directions — Tumor Treating Fields

Courtney Arn, CNP

50-year-old woman with gBRCA1 mutation-positive ovarian cancer who received first-line maintenance niraparib

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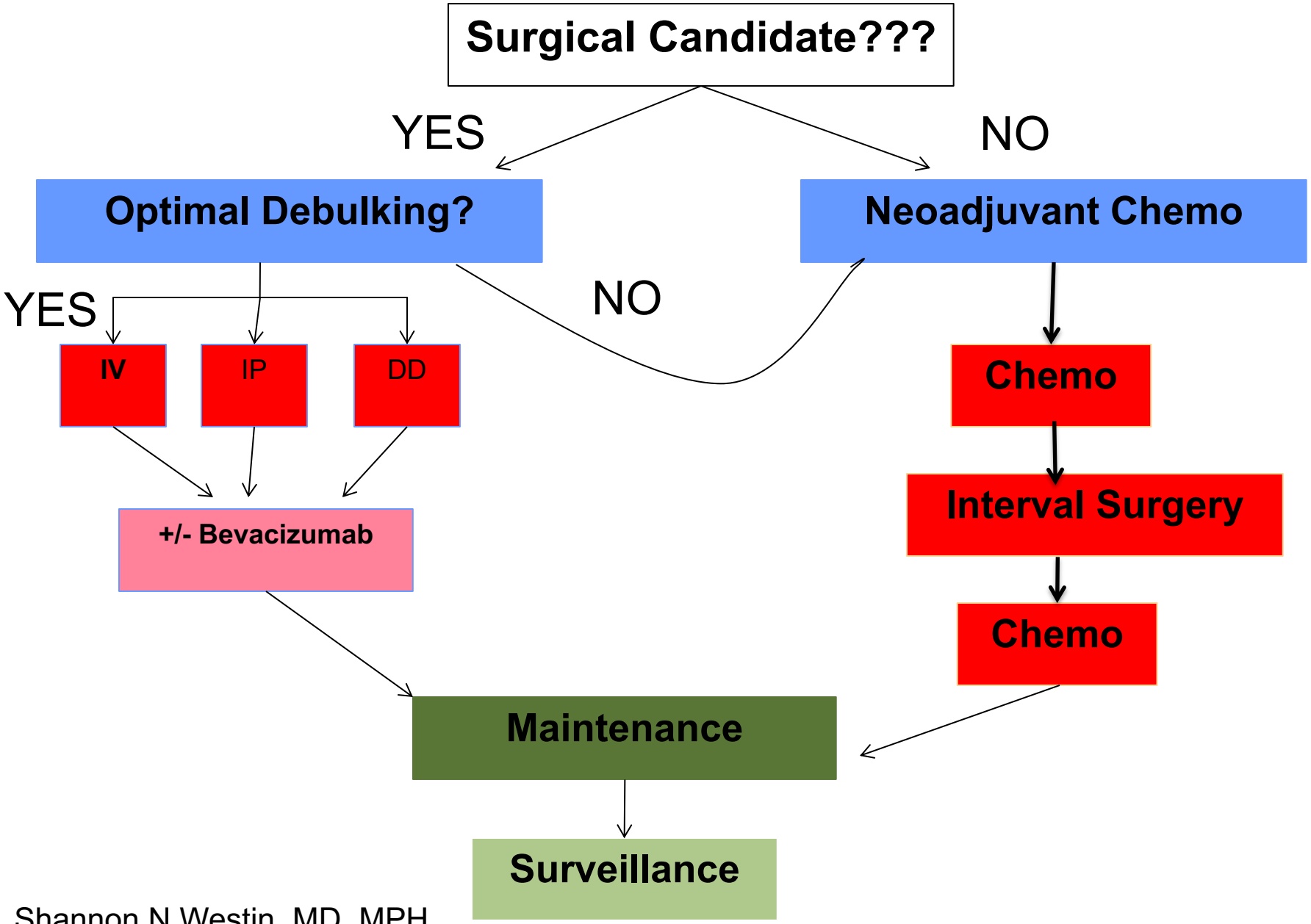
Dr O'Malley
Columbus, Ohio

Clinical Research Background

Dr Penson
Boston, Massachusetts

- **Initial management of advanced ovarian cancer**
  - **Surgical debulking**
  - **Genomic subsets**

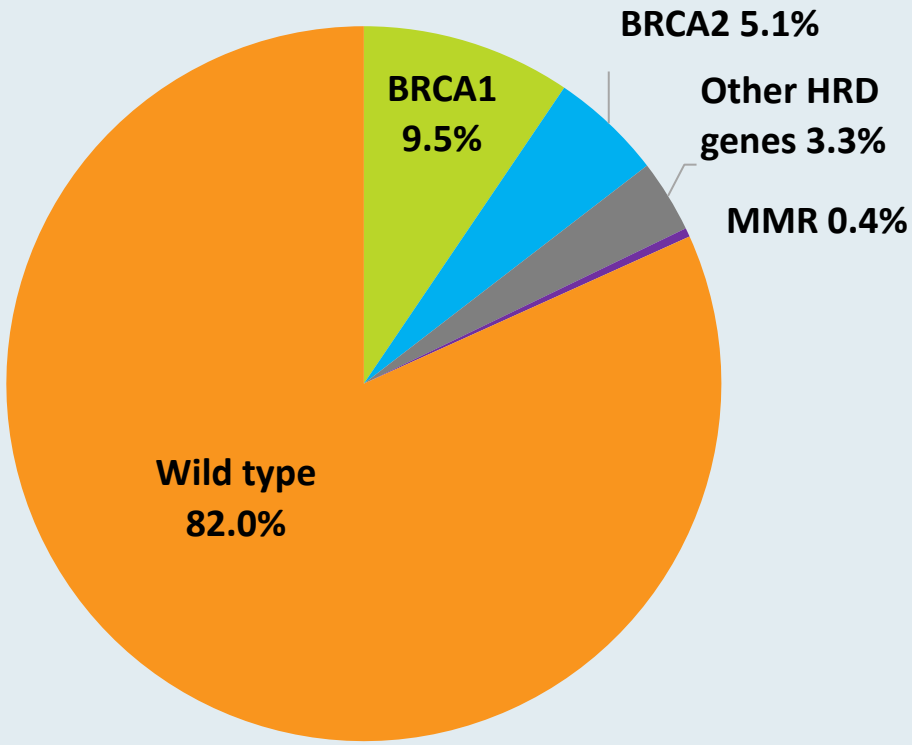
New Advanced Ovarian Cancer



Courtesy, Shannon N Westin, MD, MPH

Genetic Mutations in Ovarian Cancer

- Germline mutations in women with OC
  - Germline DNA sequenced from women with OC (N = 1,915) using a targeted capture and multiplex sequencing assay
- Homologous recombination deficiency (HRD) gene mutations may be a risk for OC
- Somatic mutations: BRCA1/2: 6%, HRD genes: 17%
- Patients with mutations in HRD genes are more sensitive to platinum-based chemotherapy, PARP inhibitors



MMR = mismatch repair

Norquist BM et al. *JAMA Oncol* 2016;2(4):482-90; Aghajanian C et al. ASCO 2017;Abstract 5545; Hennessy B et al. *J Clin Oncol* 2010;28(22):3570-6.

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Jaclyn Shaver, MS, APRN, CNP, WHNP

67-year-old morbidly obese woman with sBRCA1 mutation-positive ovarian cancer who received carboplatin/paclitaxel followed by maintenance olaparib s/p resection

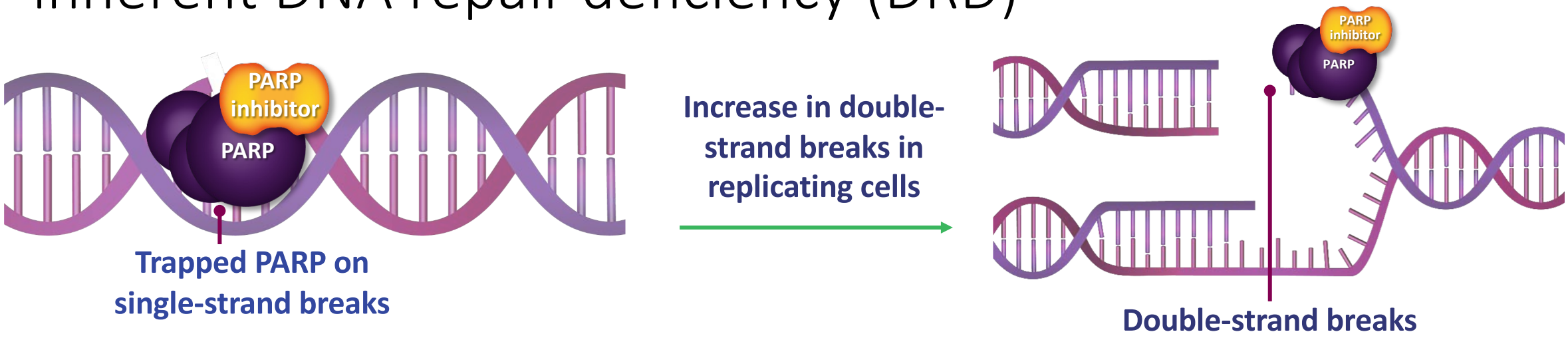
Dr O'Malley
Columbus, Ohio

Clinical Research Background

Dr Penson
Boston, Massachusetts

- **Up-front PARP inhibitor maintenance therapy**
  - **Olaparib**
  - **Niraparib**
  - **Olaparib/bevacizumab**

PARPi Exploits the baseline vulnerability of cells with inherent DNA repair deficiency (DRD)



HRR, homologous recombination repair.

O'Connor MJ. *Mol Cell*. 2015.

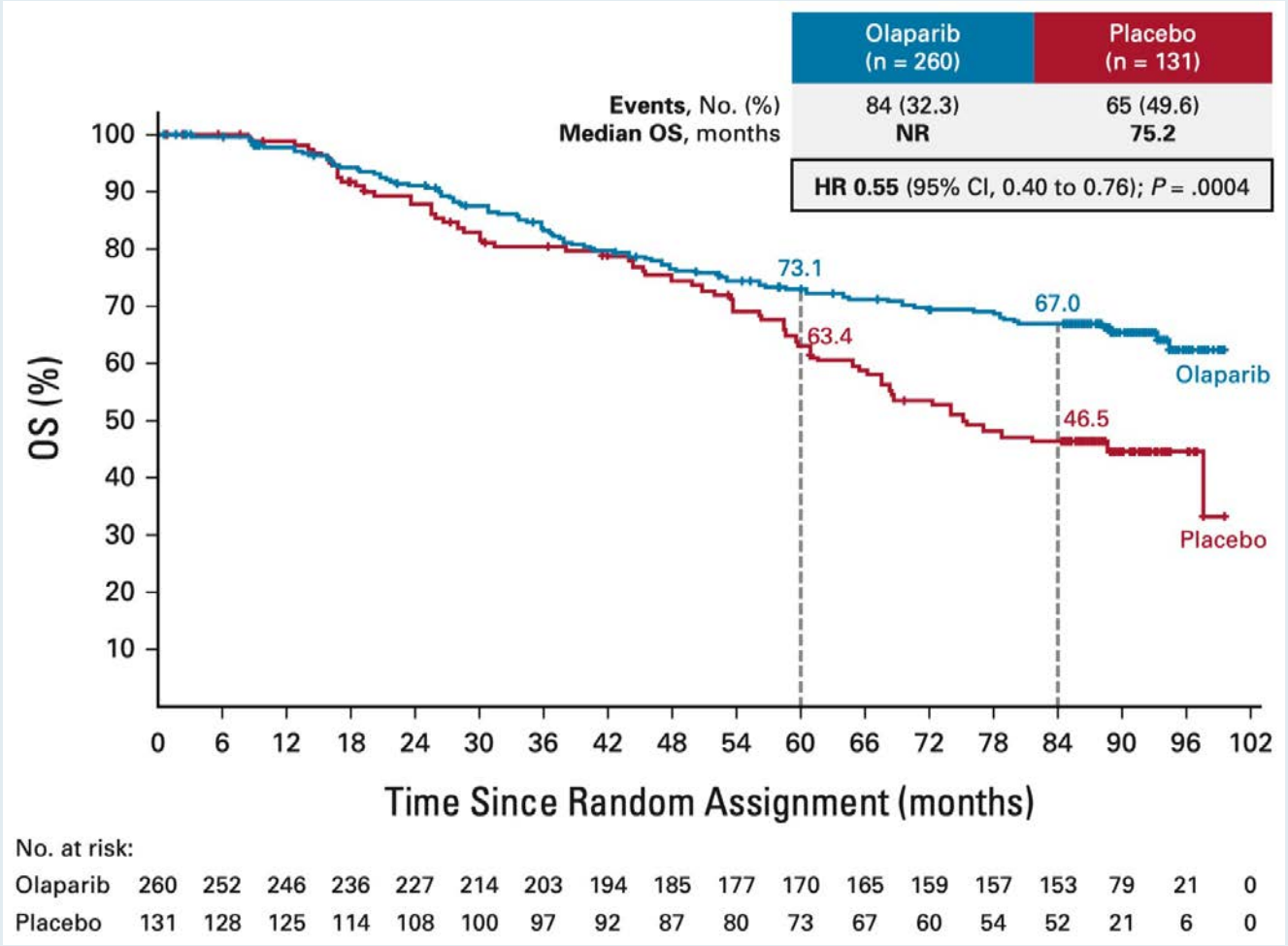
original reports

Overall Survival With Maintenance Olaparib at a 7-Year Follow-Up in Patients With Newly Diagnosed Advanced Ovarian Cancer and a BRCA Mutation: The SOLO1/GOG 3004 Trial

Paul DiSilvestro, MD[1]; Susana Banerjee, MD, PhD[2]; Nicoletta Colombo, MD, PhD[3]; Giovanni Scambia, MD[4]; Byoung-Gie Kim, MD, PhD[5]; Ana Oaknin, MD, PhD[6]; Michael Friedlander, MD[7]; Alla Lisyanskaya, MD[8]; Anne Floquet, MD[9,10]; Alexandra Leary, MD[10,11]; Gabe S. Sonke, MD, PhD[12]; Charlie Gourley, MD, PhD[13]; Amit Oza, MD[14]; Antonio González-Martín, MD, PhD[15,16]; Carol Aghajanian, MD[17]; William Bradley, MD[18]; Cara Mathews, MD[1]; Joyce Liu, MD[19]; John McNamara, MSc[20]; Elizabeth S. Lowe, MD[21]; Mei-Lin Ah-See, MB BChir, MD[22]; and Kathleen N. Moore, MD[23]; on behalf of the SOLO1 Investigators

J Clin Oncol 2023;41:609-17

SOLO-1: 7-Year Overall Survival



DiSilvestro P et al. *J Clin Oncol* 2023;41:609-617

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PRIMA/ENGOT-OV26/GOG-3012 Study: Updated Long-term PFS and Safety

Gonzalez-Martin A et al.
ESMO 2022;Abstract 530P.

PRIMA: Updated PFS in the Overall Population

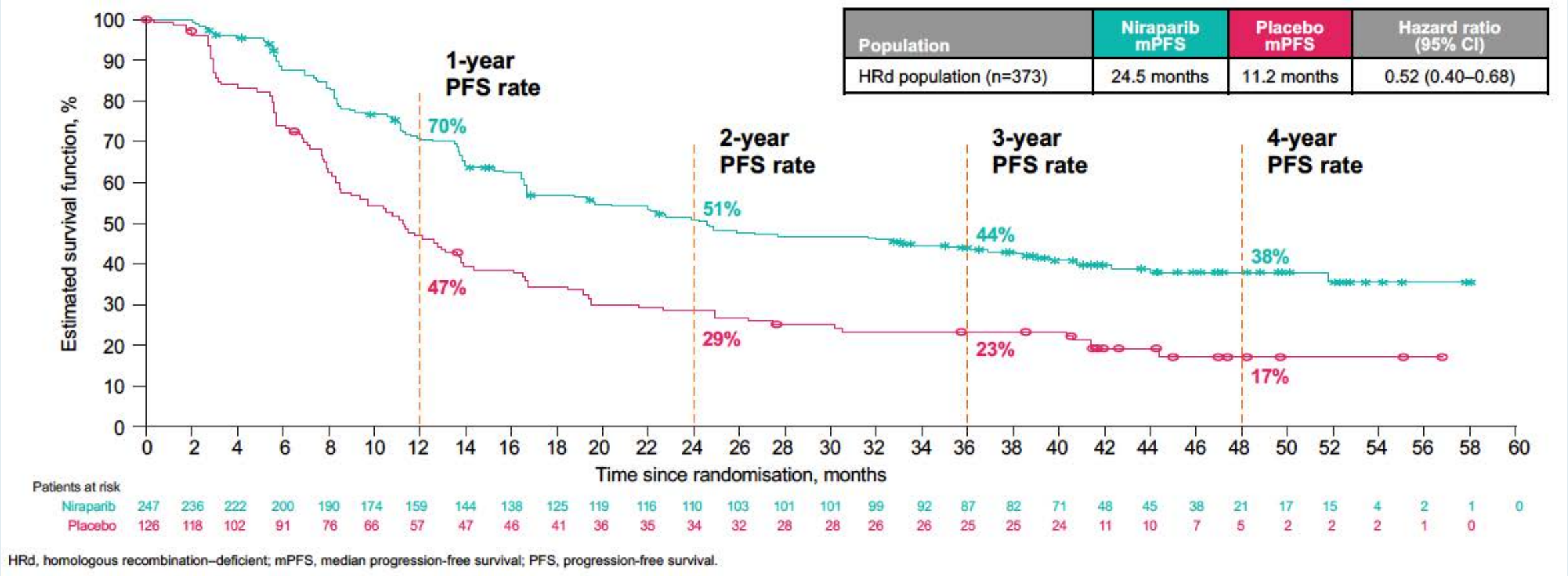
Population	Niraparib mPFS	Placebo mPFS	Hazard ratio (95% CI)
Overall population (N=733)	13.8 months	8.2 months	0.66 (0.56–0.79)

mPFS, median progression-free survival; PFS, progression-free survival.

Gonzalez-Martin A et al. ESMO 2022;Abstract 530P.

PRIMA: Updated PFS in the HRd Population

Population	Niraparib mPFS	Placebo mPFS	Hazard ratio (95% CI)
HRd population (n=373)	24.5 months	11.2 months	0.52 (0.40–0.68)



HRd, homologous recombination–deficient; mPFS, median progression-free survival; PFS, progression-free survival.

Gonzalez-Martin A et al. ESMO 2022;Abstract 530P.

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PARIS 2022 ESMO congress

Abstract LBA29

Final overall survival results from the Phase III PAOLA-1/ENGOT-ov25 trial evaluating maintenance olaparib plus bevacizumab in patients with newly diagnosed advanced ovarian cancer

Isabelle Ray-Coquard,[1] Alexandra Leary,[2] Sandro Pignata,[3] Claire Cropet,[4] Antonio González-Martín,[5] Gerhard Bogner,[6] Hiroyuki Yoshida,[7] Ignace Vergote,[8] Nicoletta Colombo,[9] Johanna Mäenpää,[10] Frédéric Selle,[11] Barbara Schmalfeldt,[12] Giovanni Scambia,[13] Eva Maria Guerra Alia,[14] Claudia Lefeuvre-Plesse,[15] Antje Belau,[16] Alain Lortholary,[17] Martina Gropp-Meier,[18] Eric Pujade-Lauraine,[19] Philipp Harter[20]

[1]Centre Léon BERARD, Lyon, and GINECO, France; [2]Institut Gustave Roussy, Villejuif, and GINECO, France; [3]Istituto Nazionale Tumori 'Fondazione G Pascale', IRCCS, Napoli, and MITO, Italy; [4]Centre Léon BERARD, Lyon,, France; [5]Clínica Universidad de Navarra, Madrid, and GEICO, Spain; [6]Paracelsus Medical University Salzburg, Salzburg, and AGO Au, Austria; [7]Saitama Medical University International Medical Center, Saitama, and GOTIC, Japan; [8]Leuven Cancer Institute, Leuven, and BGOG, Belgium; [9]European Institute of Oncology, Milan, and MANGO, Italy; [10]Tampere University and University Hospital, Tampere, and NSGO, Finland; [11]Groupe Hospitalier Diaconesses Croix Saint-Simon, Paris, and GINECO, France; [12]Universitätsklinikum Hamburg-Eppendorf, Hamburg, and AGO, Germany; [13]Università Cattolica del Sacro Cuore di Roma, Rome, and MITO, Italy; [14]Hospital Universitario Ramón y Cajal, Madrid, and GEICO, Spain; [15]Centre Eugène Marquis, Rennes, and GINECO, France; [16]Universitätsmedizin Greifswald, Frauenklinik & Frauenarztpraxis, Greifswald, and AGO, Germany; [17]Hopital privé du Confluent, Nantes, and GINECO, France; [18]Onkologie Ravensburg, Ravensburg, and AGO, Germany; [19]ARCAGY Research, Paris, France; [20]Kliniken Essen-Mitte, Essen, and AGO, Germany

ClinicalTrials.gov identifier: NCT02477644 | This study was sponsored by ARCAGY Research.

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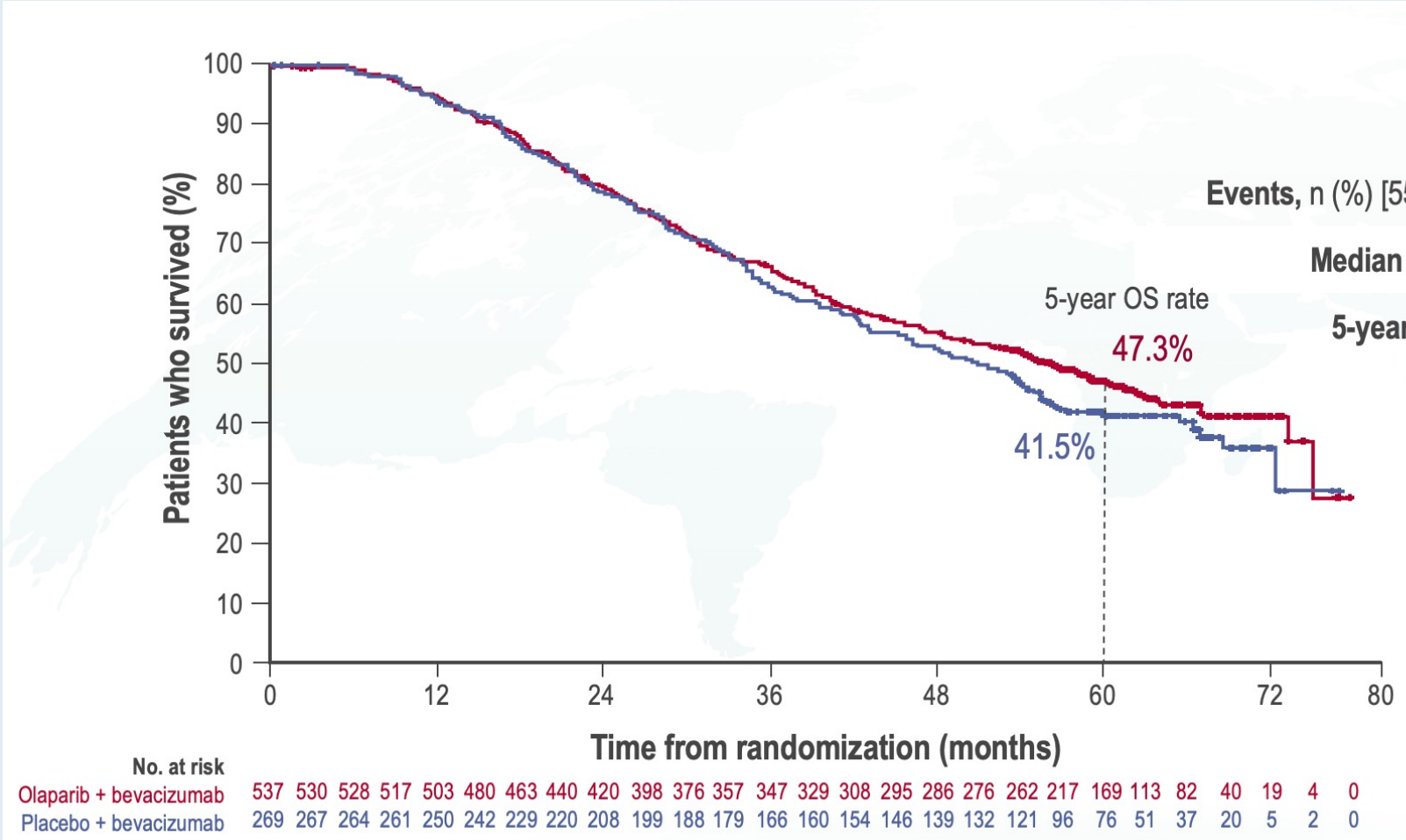
PAOLA-1: Overall Survival (ITT Population)



	Olaparib + bevacizumab (N=537)	Placebo + bevacizumab (N=269)
Events, n (%) [55% maturity]	288 (53.6)	158 (58.7)
Median OS, months	**56.5**	**51.6**
5-year OS rate, %	**47.3**	**41.5**

HR 0.92 (95% CI 0.76–1.12);
***P*=0.4118**

Patients receiving a PARP inhibitor during any subsequent treatment
Olaparib + bevacizumab: **19.6%** (105/537)
Placebo + bevacizumab: **45.7%** (123/269)

Median time from first cycle of chemotherapy to randomization = 6 months

Ray-Coquard I et al. ESMO 2022;Abstract LBA29.

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Dr O'Malley
Columbus, Ohio

Clinical Research Background

Dr Penson
Boston, Massachusetts

- **Side effects and toxicities of PARP inhibitors**

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Voluntary Withdrawals of Late-Line Indications of PARP Inhibitors

Niraparib – September 14, 2022

The indication for niraparib has been voluntarily withdrawn for the treatment of advanced ovarian, fallopian tube or primary peritoneal cancer in adult patients who have received 3 or more prior chemotherapy regimens and whose cancer is associated with homologous recombination deficiency status. The decision was made in consultation with the US FDA and based on a totality of information from PARP inhibitors for ovarian cancer in the late-line treatment setting.

Olaparib – August 26, 2022

The indication for olaparib has been voluntarily withdrawn for the treatment of deleterious or suspected deleterious gBRCAm advanced ovarian cancer in adult patients who have received 3 or more prior lines of chemotherapy. The decision was made in consultation with the US FDA after a recent subgroup analysis indicated a potential detrimental effect on overall survival for olaparib compared to the chemotherapy control arm in the subgroup of patients who had received 3 or more prior lines of chemotherapy in the randomized Phase III study SOLO-3.

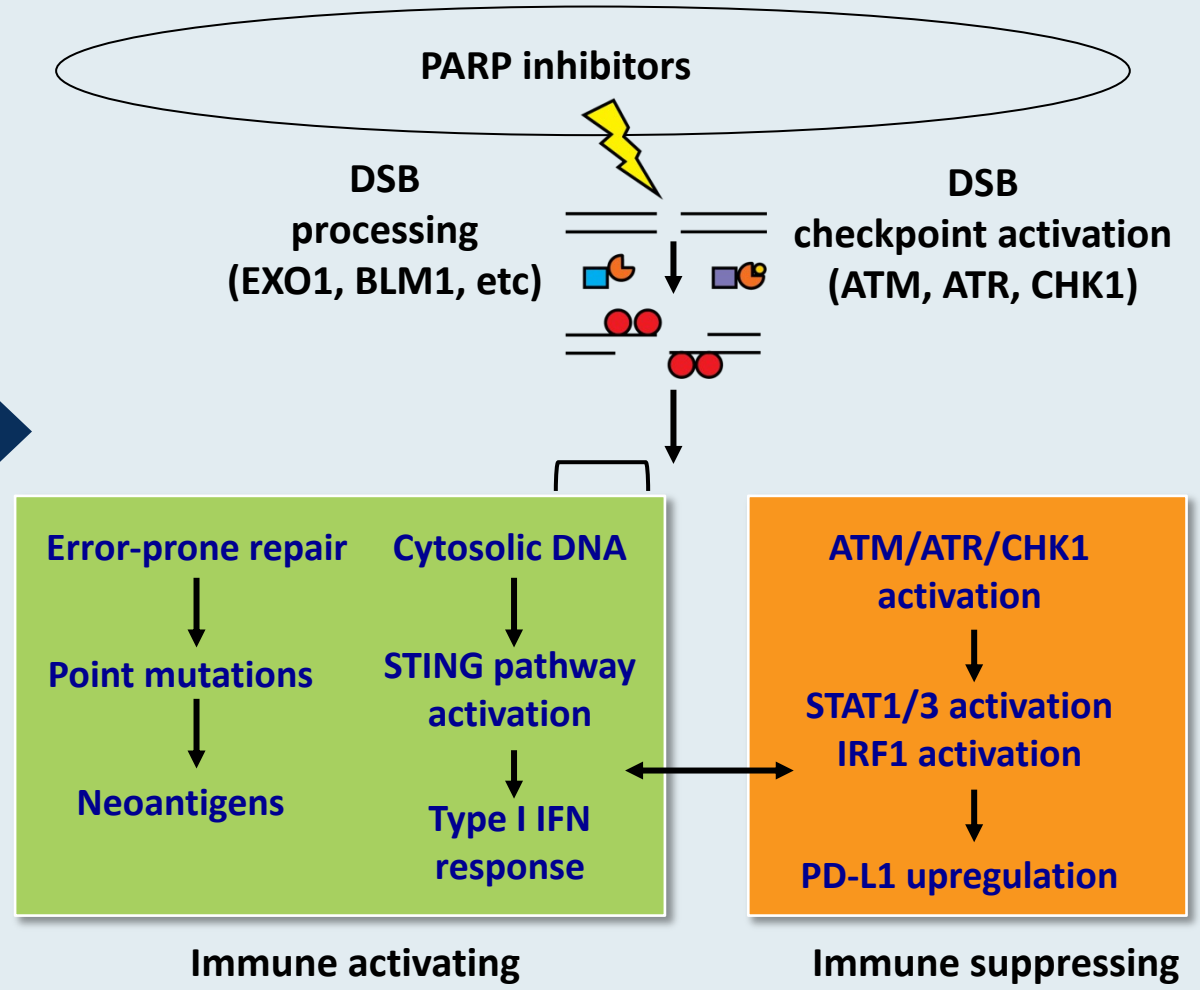
Rucaparib – June 10, 2022

The indication for rucaparib has been voluntarily withdrawn for the treatment of BRCA-mutated ovarian cancer after 2 or more chemotherapies. The withdrawal is based on discussions with the US FDA following submission of overall survival data from the ARIEL4 trial, which demonstrated an increased risk of death in participants with BRCA-mutated ovarian cancer treated with rucaparib after 2 or more therapies.

https://medinfo.gsk.com/5f95dbd7-245e-4e65-9f36-1a99e28e5bba/57e2a3fa-7b9b-432f-a220-5976a509b534/57e2a3fa-7b9b-432f-a220-5976a509b534_viewable_rendition__v.pdf?medcommid=REF--ALL-004447; https://www.lynparzahcp.com/content/dam/physician-services/us/590-lynparza-hcp-branded/hcp-global/pdf/solo3-dhcp-final-signed.pdf; https://www.hayesinc.com/news/market-withdrawal-rubraca-for-third-line-ovarian-cancer-indication/

Biologic Rationale for Combining a PARP Inhibitor with an Immune Checkpoint Inhibitor

Preclinical models indicate synergy between PARPi + anti-PD-1 agents regardless of *BRCA* mutation status or PD-L1 status



Preclinical data demonstrate synergy with PARPi and anti-PD-1 combinations.

Konstantinopoulos P et al. ASCO 2018;Abstract 106.

RTP RESEARCH TO PRACTICE

Olaparib and Durvalumab Combination Improved Progression-Free Survival in Newly Diagnosed Patients with Advanced Ovarian Cancer without Tumor BRCA Mutations in DUO-O Phase III Trial

Press Release: April 5, 2023

"Positive high-level results from a planned interim analysis of the DUO-O Phase III trial showed treatment with a combination of olaparib, durvalumab, chemotherapy and bevacizumab demonstrated a statistically significant and clinically meaningful improvement in progression-free survival (PFS) versus chemotherapy plus bevacizumab (control arm) in newly diagnosed patients with advanced high-grade epithelial ovarian cancer without tumor BRCA mutations. Patients were treated with durvalumab in combination with chemotherapy and bevacizumab followed by durvalumab, olaparib, and bevacizumab as maintenance therapy.

In an additional arm, durvalumab, chemotherapy plus bevacizumab showed a numerical improvement in PFS versus the control arm but did not reach statistical significance at this interim analysis. At the time of this planned interim analysis, the overall survival (OS) and other secondary endpoints are immature and will be formally assessed at a subsequent analysis.

At the time of this planned interim analysis, the overall survival (OS) and other secondary endpoints are immature and will be formally assessed at a subsequent analysis."

https://www.astrazeneca.com/media-centre/press-releases/2023/lynparza-imfinzi-met-endpoint-in-ovarian-cancer.html

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Courtney Arn, CNP

60-year-old woman with ovarian cancer whose disease progressed through several lines of standard therapy receives mirvetuximab soravtansine

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Courtney Arn, CNP

60-year-old woman with ovarian cancer who received upifitamab rilsodotin and experienced toxicity but also a good response

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Dr O'Malley
Columbus, Ohio

Clinical Research Background

Dr Penson
Boston, Massachusetts

- **Antibody-drug conjugates**
  - **Mirvetuximab soravtansine**
  - **Upifitamab rilsodotin**

FDA Grants Accelerated Approval for Mirvetuximab Soravtansine for FRα-Positive, Platinum-Resistant Epithelial Ovarian, Fallopian Tube or Peritoneal Cancer

Press Release: November 14, 2022

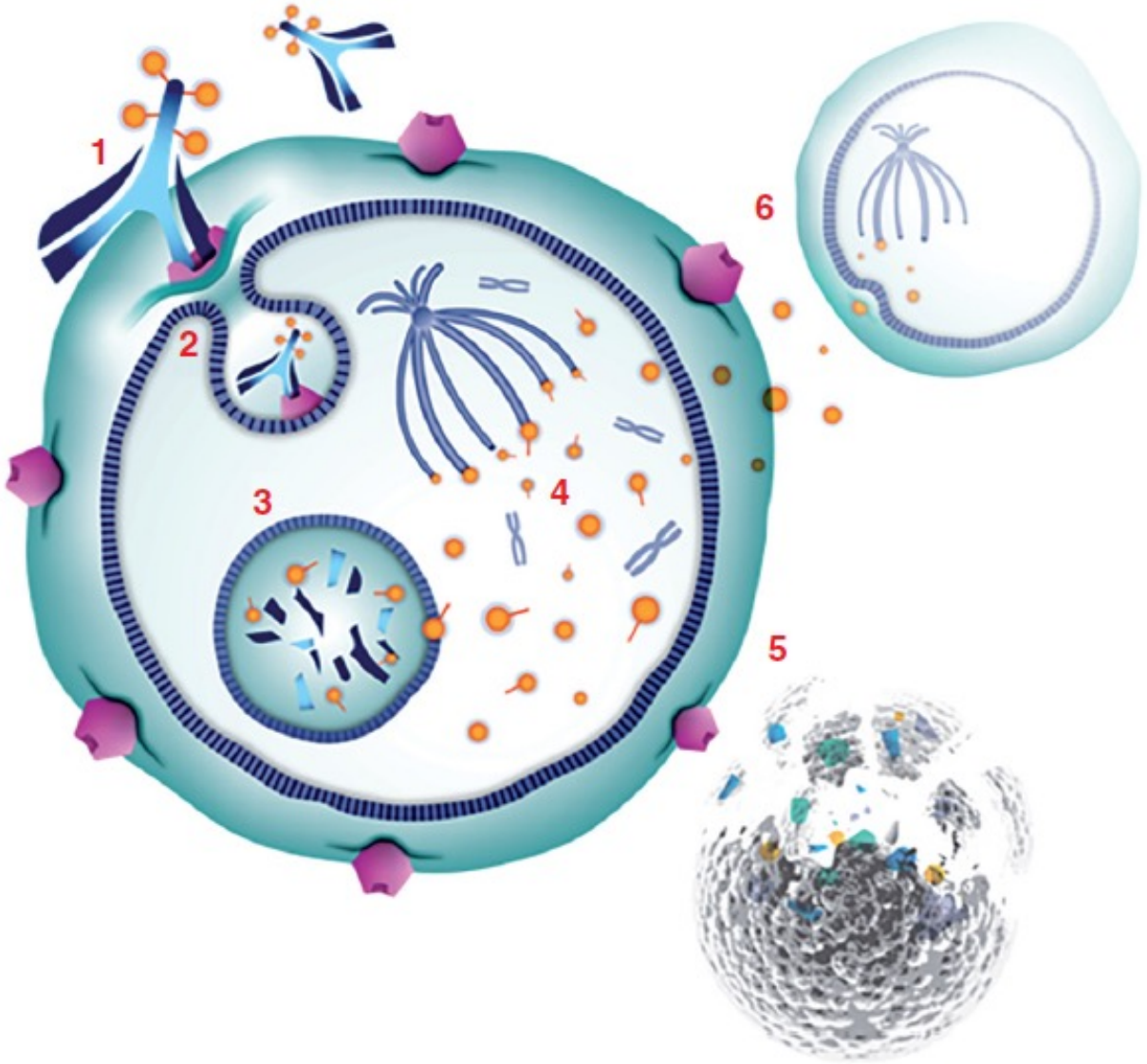
"On November 14, 2022, the Food and Drug Administration granted accelerated approval to mirvetuximab soravtansine-gynx for adult patients with folate receptor alpha (FRα) positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer, who have received one to three prior systemic treatment regimens. Mirvetuximab soravtansine-gynx is a folate receptor alpha directed antibody and microtubule inhibitor conjugate. Patients are selected for therapy based on an FDA-approved test.

Today, the FDA also approved the VENTANA FOLR1 (FOLR-2.1) RxDx Assay as a companion diagnostic device to select patients for the above indication.

Efficacy was evaluated in Study 0417 (NCT04296890), a single-arm trial of 106 patients with FRα positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer. Patients were permitted to receive up to three prior lines of systemic therapy. All patients were required to have received bevacizumab. The trial enrolled patients whose tumors were positive for FRα expression as determined by the above assay. Patients were excluded if they had corneal disorders, ocular conditions requiring ongoing treatment, Grade >1 peripheral neuropathy, or noninfectious interstitial lung disease."

https://www.fda.gov/drugs/resources-information-approved-drugs/fda-grants-accelerated-approval-mirvetuximab-soravtansine-gynx-fra-positive-platinum-resistant

Mirvetuximab Soravtansine: Mechanism of Action



(1) Mirvetuximab soravtansine binds with high affinity to FRα expressed on the tumor cell surface

(2) The antibody-drug conjugate (ADC)/receptor complex becomes internalized via antigen-mediated endocytosis

(3) Lysosomal processing releases active DM4 catabolites from the ADC molecule

(4) These maytansinoid derivatives inhibit tubulin polymerization and microtubule assembly

(5) The potent antimitotic effects result in cell-cycle arrest and apoptosis

(6) Active metabolites can also diffuse into neighboring cells and induce further cell death — in other words, bystander killing

Moore K et al. *Future Oncol* 2018:14(2);123-36.

RTP RESEARCH TO PRACTICE

Mirvetuximab Soravtansine

Mechanism of action

- **Antibody-drug conjugate directed against folate receptor alpha (FRα)**

Indication

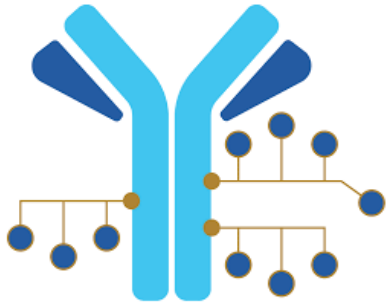
- **For patients with FRα-positive, platinum-resistant epithelial ovarian, fallopian tube or primary peritoneal cancer who have received 1 to 3 prior systemic treatment regimens**

Recommended dose

- **6 mg/kg adjusted ideal body weight administered as an IV infusion q3wk until disease progression or unacceptable toxicity**

Mirvetuximab soravtansine package insert, 11/2022.

Upifitamab Rilsodotin (UpRi): First-in-Class ADC Targeting NaPi2b



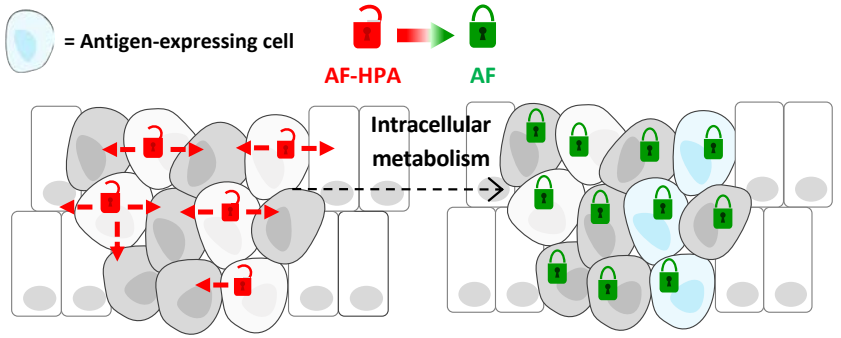
UpRi

Antibody: Humanized monoclonal anti-NaPi2b[1]

Linker: Polymer scaffold; cleavable ester linker[2]

Payload: AF-HPA (DolaLock-controlled bystander effect)[1]

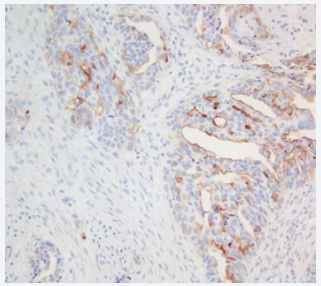
Drug-to-Antibody Ratio: ~10



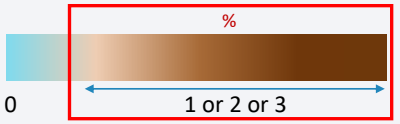
Upon ADC internalization into tumor cells and efficient release of payload, AF-HPA payload is metabolized to AF that remains highly potent but loses the ability to cross the cell membrane, locking it in the tumor, controlling the bystander effect, and consequently limiting impact on adjacent healthy cells[2,3]

NaPi2b Is a Sodium-Dependent Phosphate Transporter Broadly Expressed in Ovarian Cancer With Limited Expression in Healthy Tissues[4]

- NaPi2b expressed by tumor cells in two-thirds of patients with high-grade serous ovarian cancer[2]
- NaPi2b is a lineage antigen (not an oncogene)[1]



NaPi2b IHC assay in development *– an optimal diagnostic assay would be robust, predictive, reproducible, easily able to distinguish a wide range of expression using* ***TPS scoring method***[2]



ADC, antibody drug conjugate; AF, Auristatin F; AF-HPA, auristatin F-hydroxypropylamide; IHC, immunohistochemistry; NaPi2b, sodium-dependent phosphate transport protein 2B; TPS, tumor proportion score; UpRi, upifitamab rilsodotin.

1. Bodyak ND et al. *Mol Cancer Ther.* 2021;20(5):885–895. 2. Mersana. Data on File. 2022. 3. Tolcher AW et al. ASCO Annual Meeting 2019; Abstract 3010.
4. Lin K et al. *Clin Cancer Res*. 2015;21(22):5139–5150.

Richardson DL et al. SGO 2022;Abstract 76.

Upifitamab Rilsodotin

Mechanism of action

- **Antibody-drug conjugate directed against sodium-dependent transport protein 2b (NaPi2b)**

Indication

- **Investigational**

Pivotal clinical data

- **Phase II registrational UPLIFT (GOG-3048) cohort evaluating upifitamab rilsodotin for patients with platinum-resistant ovarian cancer, including those with high NaPi2b expression**

www.clinicaltrials.gov. NCT03319628; Accessed April 2023.

UpRi Phase Ib Study — Ovarian Cancer Expansion Cohort Study Design

Study Closed for Enrollment

Patient Population: HGSOC[a] progressing after standard treatments; measurable disease per RECIST v1.1; ECOG PS 0 or 1

Ovarian Cancer Cohort
- 1–3 prior lines in platinum-resistant
- 4 prior lines regardless of platinum status
- High-grade serous histology
- Archived tumor and fresh biopsy (if medically feasible) for NaPi2b
- Exclusion: Primary platinum-refractory disease

UpRi IV Q4W until disease progression or unacceptable toxicity

36 mg/m² cohort initiated in August 2019

43 mg/m² to a max of ~80 mg cohort initiated in December 2019

Primary Objectives
- Evaluate safety and tolerability of MTD or RP2D
- Assess preliminary efficacy (ORR, DCR)

Secondary Objectives
- Association of tumor NaPi2b expression and objective tumor response using an IHC assay with a broad dynamic range to distinguish tumors with high and low NaPi2b expression
- Further assessment of preliminary anti-neoplastic activity (DoR)

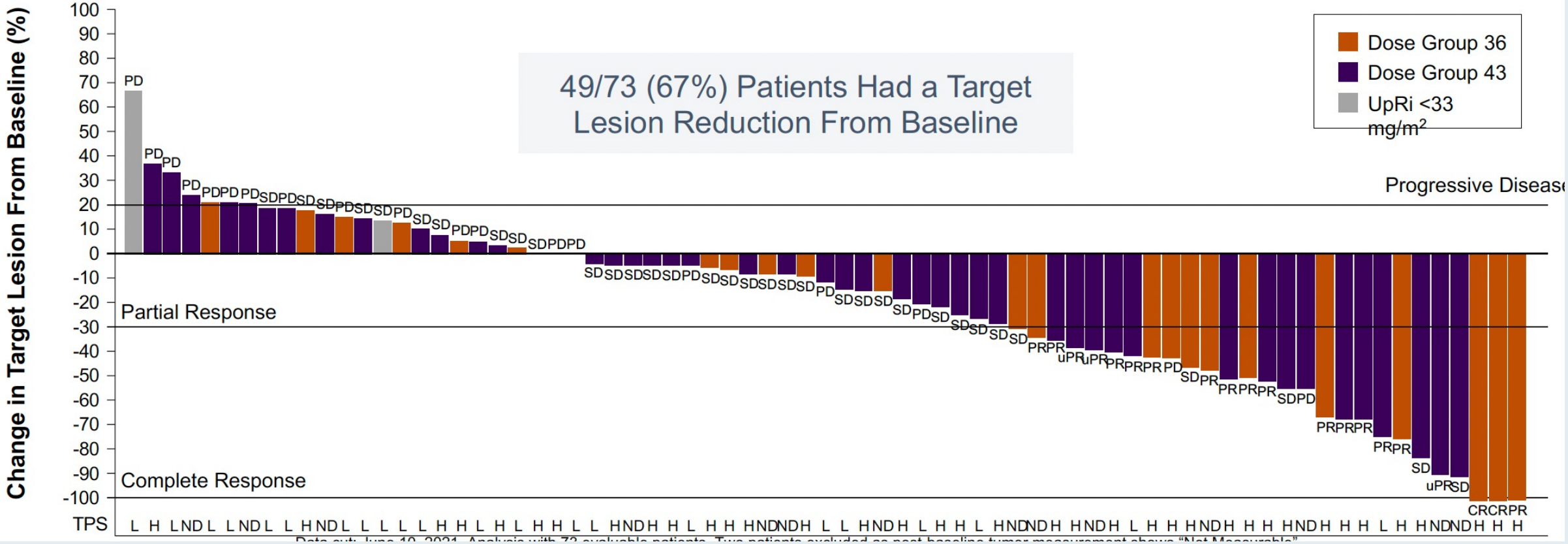
Assessment: Tumor imaging (MRI or CT) at baseline and every 2nd cycle; response assessed per RECIST v1.1

Richardson DL et al. SGO 2022;Abstract 76.

RTP RESEARCH TO PRACTICE

Best Response by UpRi Dose Group

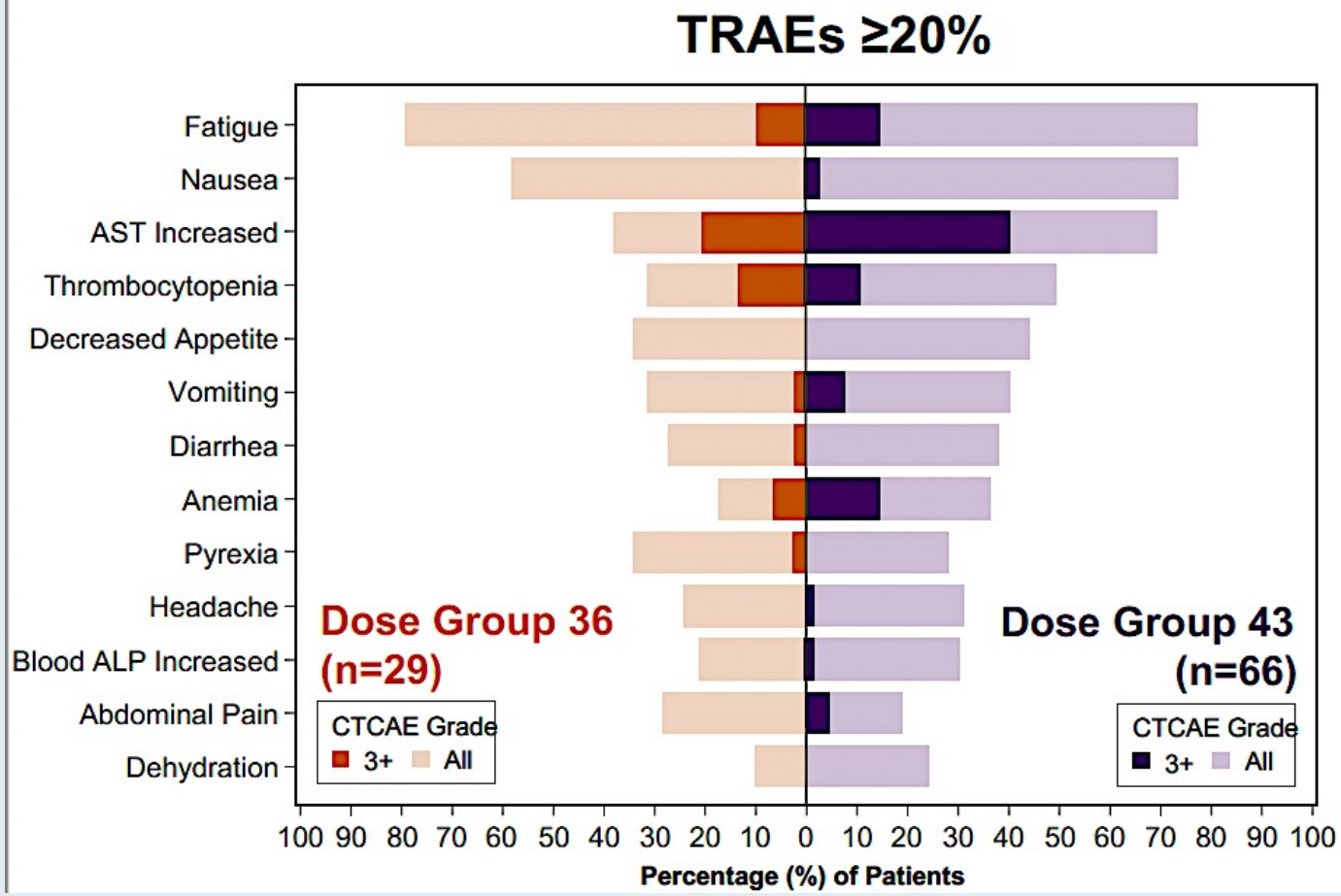
Similar Tumor Reduction in Both Dose Groups: Two-thirds of Patients Had Reductions in Target Tumor Lesions by RECIST 1.1



Richardson DL et al. SGO 2022;Abstract 76.

UpRi Phase Ib Trial: Treatment-Related Adverse Events (TRAEs) by UpRi Dose Group

Dose Group 36 Had a More Favorable Safety Profile Compared to Dose Group 43



- No severe ocular toxicity, neutropenia, or peripheral neuropathy in either dose group
- 4 (14%) patients had treatment-related SAEs in Dose Group 36 vs 18 (27%) in Dose Group 43
- Lower frequencies and lower grade pneumonitis occurred in Dose Group 36 (with no Grade 3+) vs Dose Group 43[a]

Richardson DL et al. SGO 2022;Abstract 76.

Agenda

Module 1: Overview of Ovarian Cancer

Module 2: Initial Management of Advanced Ovarian Cancer

Module 3: Up-Front PARP Inhibitor Maintenance Therapy

Module 4: Side Effects and Toxicities of PARP Inhibitors

Module 5: Antibody-Drug Conjugates

Module 6: Future Directions — Tumor Treating Fields

Dr O'Malley
Columbus, Ohio

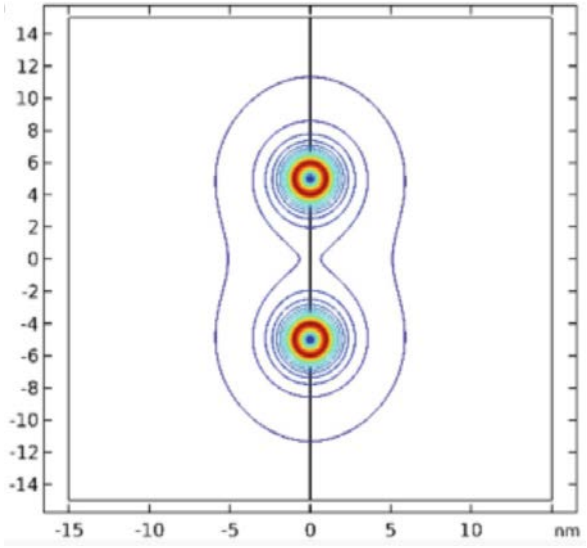
Clinical Research Background

Dr Penson
Boston, Massachusetts

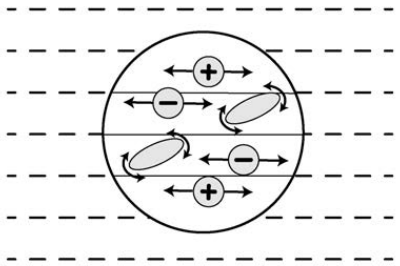
- **Tumor treating fields**
  - **Mechanism of action**
  - **Available data and ongoing Phase III evaluation**
  - **Tolerability**

Tumor Treatment Fields

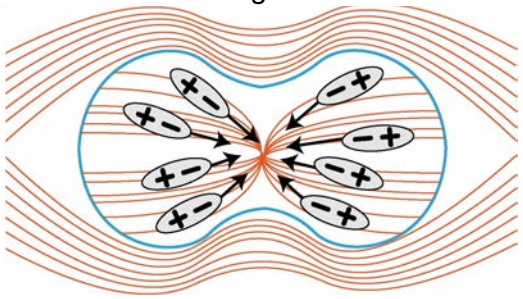
Dividing Cell under TTField
Selective Electric Field Sensitivity

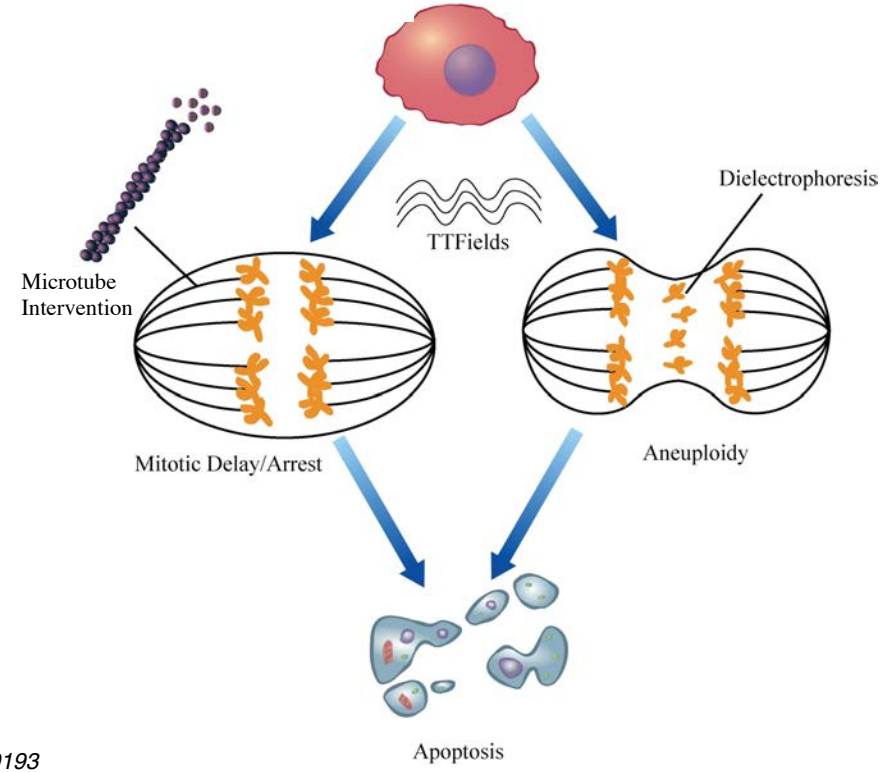


Non-dividing Cells



Dividing Cells

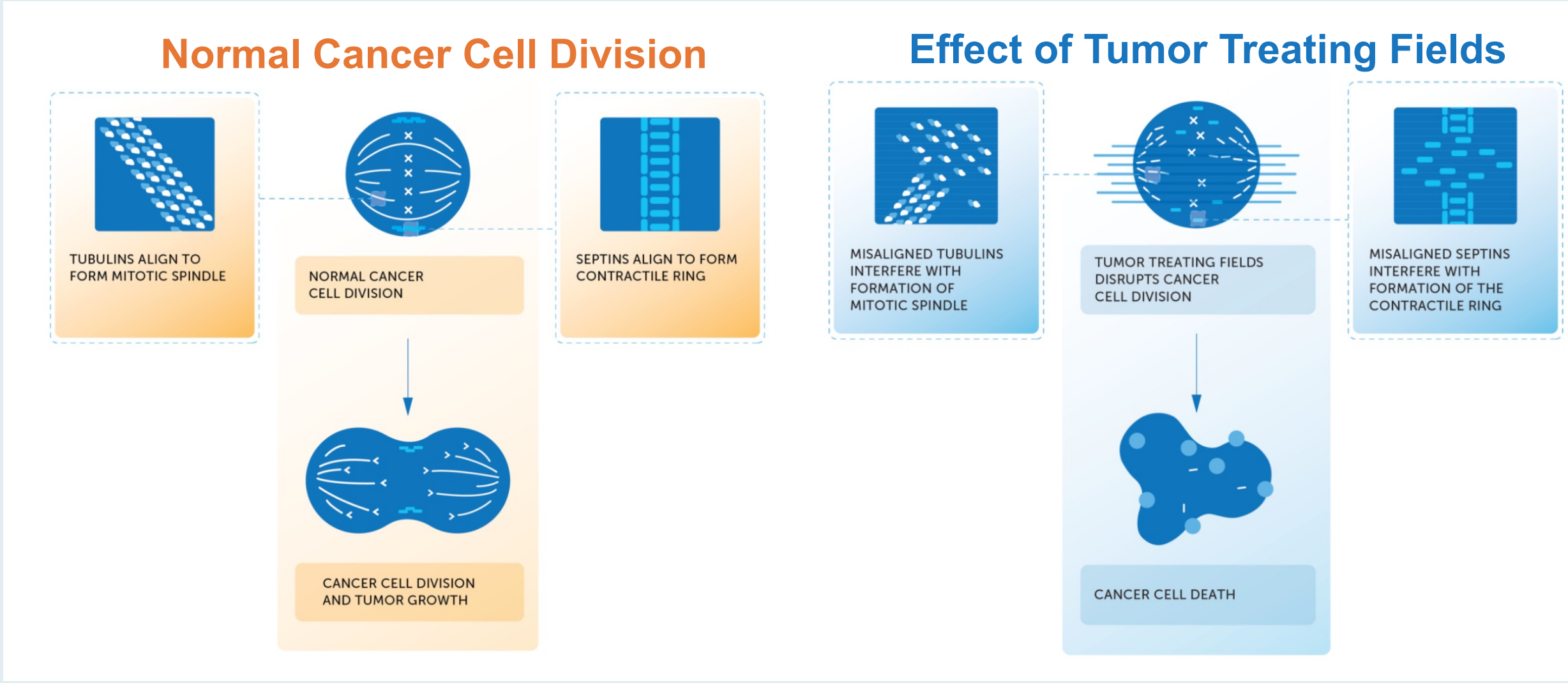




Luo et al. *Biomedicine and Pharmocotherapy 2020; 127:110193*

Luo et al. *Biomed Pharmacother* 2020;127:11013.

Effect of Tumor Treating Fields on Dividing Cancer Cells



www.novocure.com/our-therapy/

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Tumor Treating Fields

Mechanism of action

- **Alternating electric fields that interfere with dividing cells by disrupting mitosis**

Indication

- **Investigational**

Pivotal clinical data

- **Phase III INNOVATE-3 trial evaluating tumor treating fields in combination with paclitaxel for patients with platinum-resistant ovarian cancer**

Shams S et al. *J Mol Cell Biol* 2022;14(8):mjac047; www.clinicaltrials.gov. NCT03940196. Accessed April 2023.

NovoTTF-100L™(O) System: A Portable Medical Device That Allows Normal Daily Activities

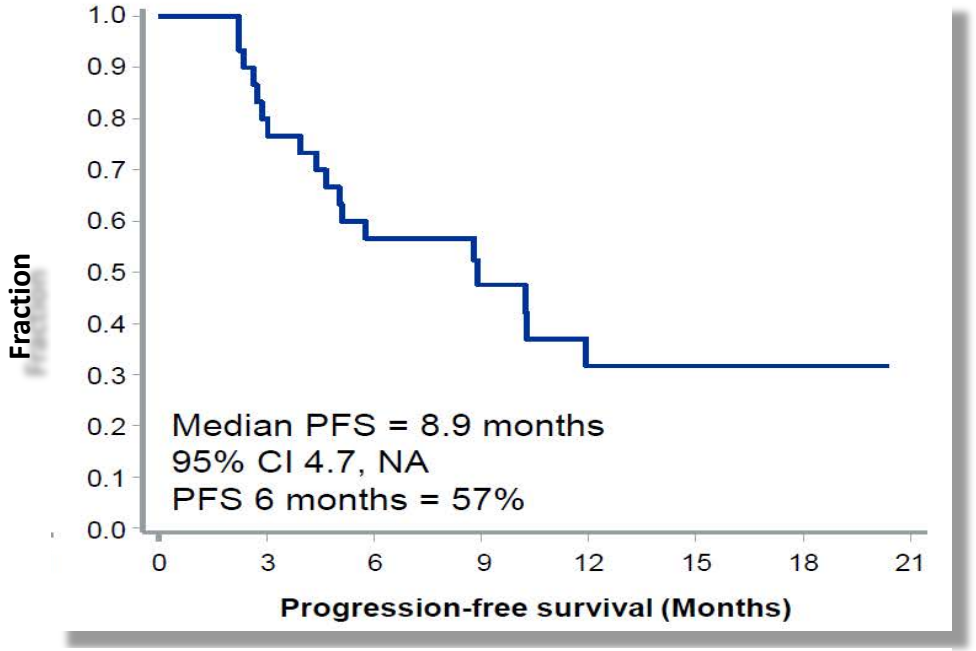
Vergote I et al. *Gynecol Oncol* 2018;150(3):471-7.

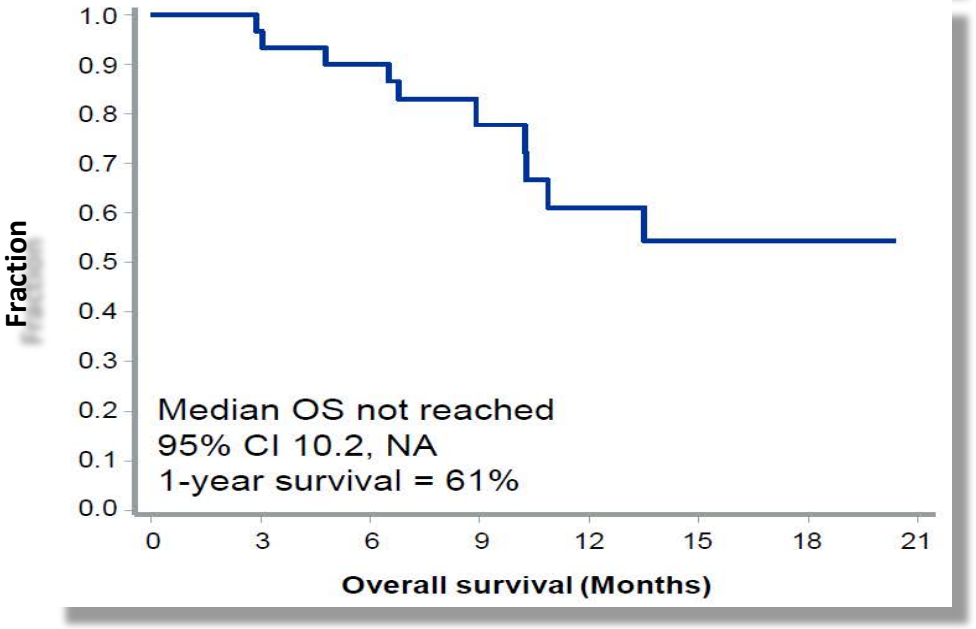
RTP RESEARCH TO PRACTICE

INNOVATE: Tumor Treatment Fields + Paclitaxel

Outcomes (PROC)	TTFields + Paclitaxel (n=31)
Median OS in months (95% CI)	NR
Survival Rates, % (95% CI)	
6 months	90 (72-97)
12 months	61 (37-78)
Median PFS in months (95% CI)	8.9 (4.7-NA)
PFS Rates, % (95% CI)	
6 months	57 (37-72)
Best Response in Patients w/ Available Radiologic Data,* n (%)	28 (90%)
CR	0 (0)
PR	7 (25%)
SD	13 (46%)
PD	8 (29%)
CBR	20 (71%)

*CT scans were performed every 2 months and stable disease was defined as at least for 2 months





Vergote I et al. *Gynecol Oncol* 2018;150(3):471-7.

INNOVATE: Select Adverse Events

Adverse event	TTFields and paclitaxel (N = 31)	
	Grade 1-2	Grade 3-4
Skin irritation	26 (84%)	2 (6%)
Abdominal pain	13 (42%)	0
Constipation	8 (26%)	0
Diarrhea	15 (48%)	2 (6%)
Nausea	13 (42%)	0
Vomiting	7 (23%)	0
Fatigue	10 (32%)	0
Edema	14 (45%)	0
Dysgeusia	8 (26%)	0
Neuropathy	14 (45%)	0

Vergote I et al. *Gynecol Oncol* 2018;150(3):471-7.

Recommendation Announced to Continue the Phase III Pivotal INNOVATE-3 Study of Tumor Treating Fields for Ovarian Cancer

Press Release — March 23, 2022

"The results of a pre-specified interim analysis for the phase 3 pivotal INNOVATE-3 study evaluating the safety and efficacy of Tumor Treating Fields (TTFields) together with paclitaxel for the treatment of patients with platinum-resistant ovarian cancer [were announced today].

An independent data monitoring committee (DMC) reviewed the safety data for all platinum-resistant ovarian cancer patients enrolled on the trial. In addition, an analysis of overall survival was performed on the first 540 patients randomized. The interim analysis did not indicate a need to increase the sample size and the DMC recommended that the study should continue to final analysis as planned."

https://www.novocure.com/novocure-announces-favorable-recommendation-to-continue-the-phase-3-pivotal-innovate-3-study-of-tumor-treating-fields-in-ovarian-cancer/

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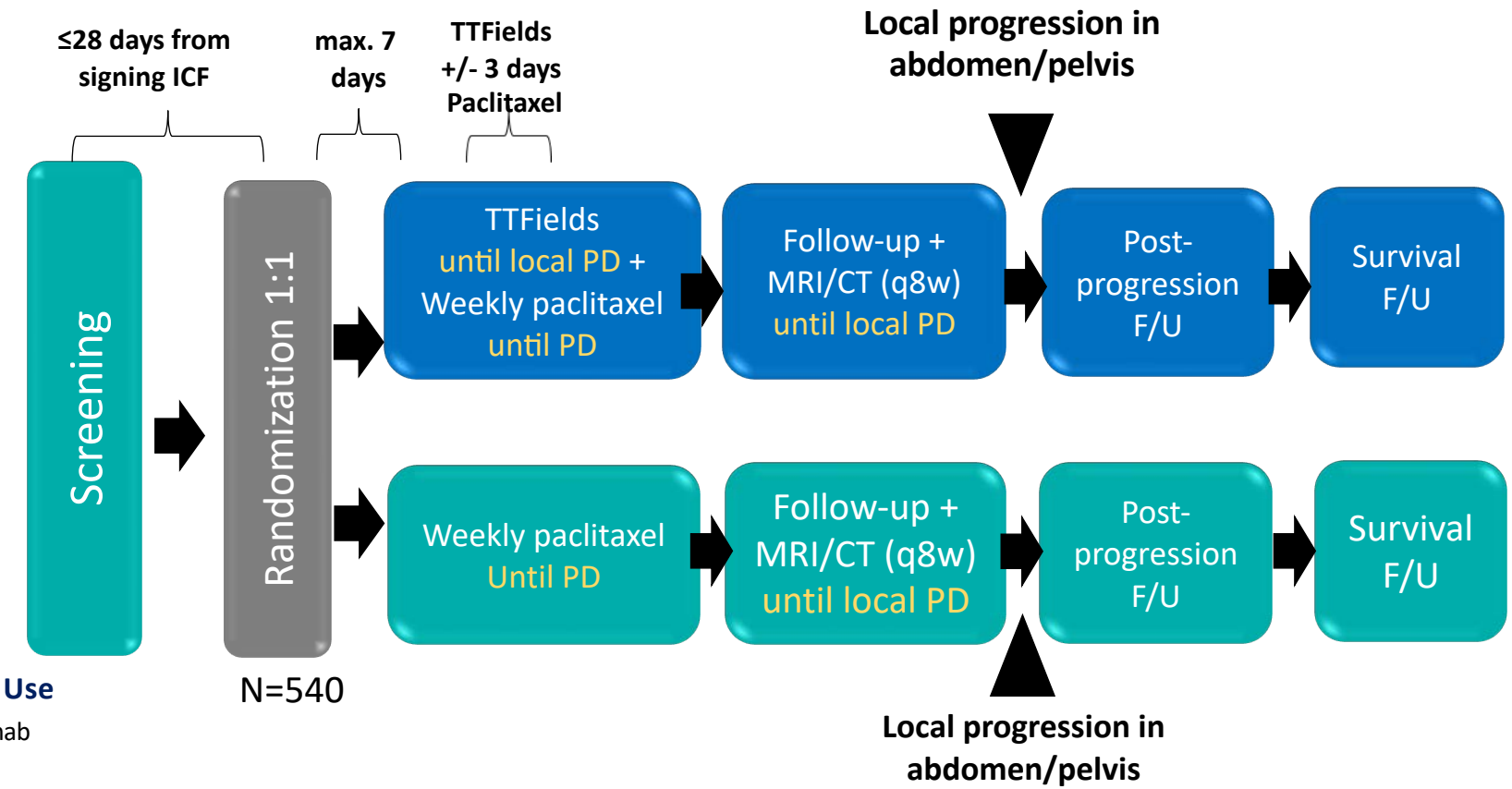
INNOVATE-3 (ENGOT-ov50 / GOG-3029) (TTFields, 200 kHz)

Enrollment target (n=540)

Number of sites (n=110)

- ENGOT enrollment began March 2019
- GOG enrollment began February 2020

Enrollment Closed October 2020

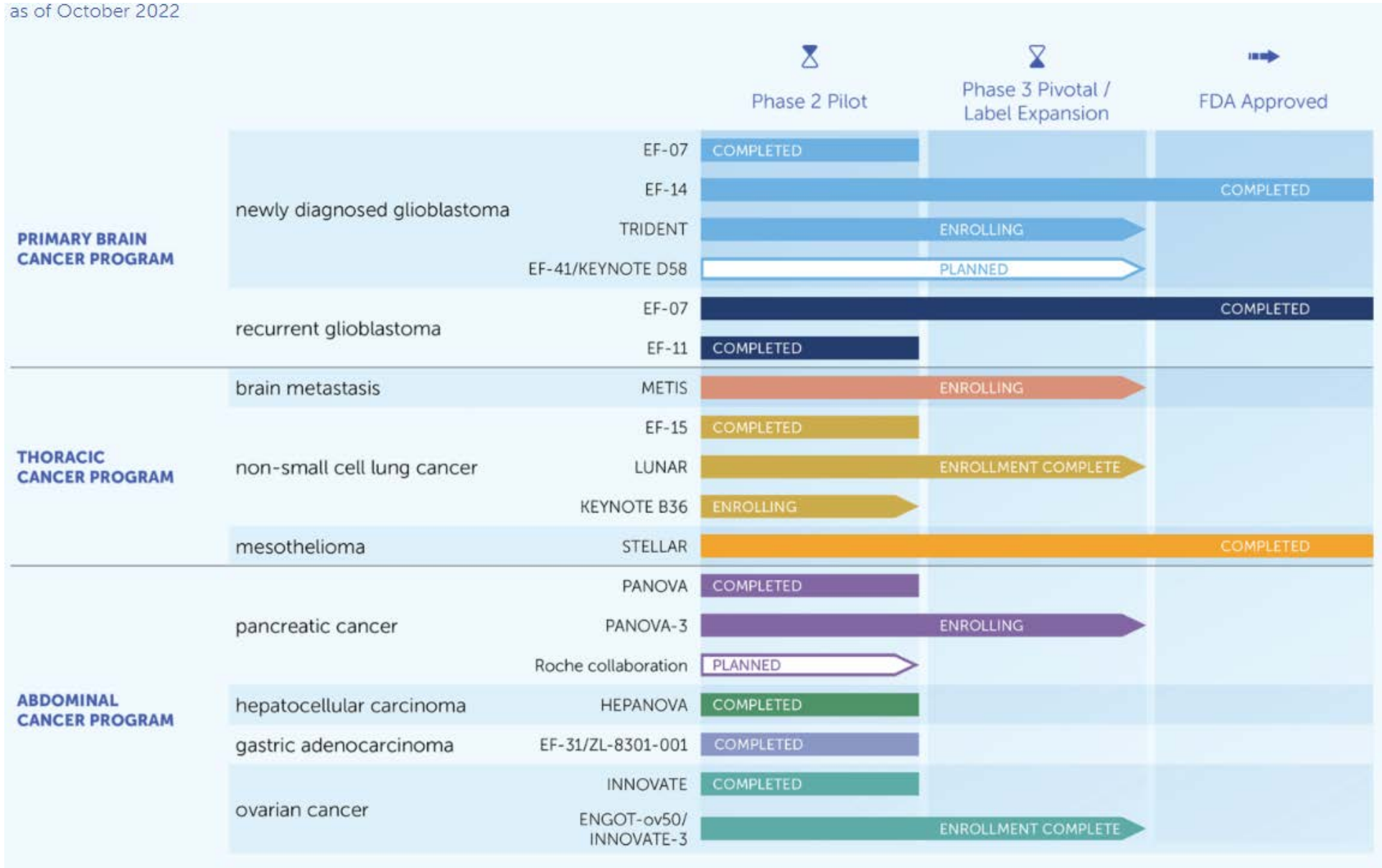


Stratification

- **Prior therapy**
  - no prior systemic therapy following PROC
  - one prior line
  - two prior lines
- **Prior Bevacizumab Use**
  - prior bevacizumab use
  - no prior bevacizumab
- **BRCA Status**
  - mutated BRCA
  - wild type BRCA/ unknown

https://clinicaltrials.gov/ct2/show/NCT03940196

TTFields Pipeline



Courtesy of Chirag Patel, MD

Future Directions

- Validating molecular and transcriptomic mechanisms in tissue samples from TTFields clinical trials
- Computational modeling
- Examining indirect effects of TTFields on cancer proliferation
  - permeabilizing blood vessels and cancer cell membranes
  - altering tumor metabolism
  - application of multiple TTFields frequencies for a single cancer
  - expanding application to spine and other tumors

Courtesy of Chirag Patel, MD

Jaclyn Shaver, MS, APRN, CNP, WHNP

A woman with a long history of ovarian cancer well-controlled on bevacizumab develops dementia and passes away

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APPENDIX

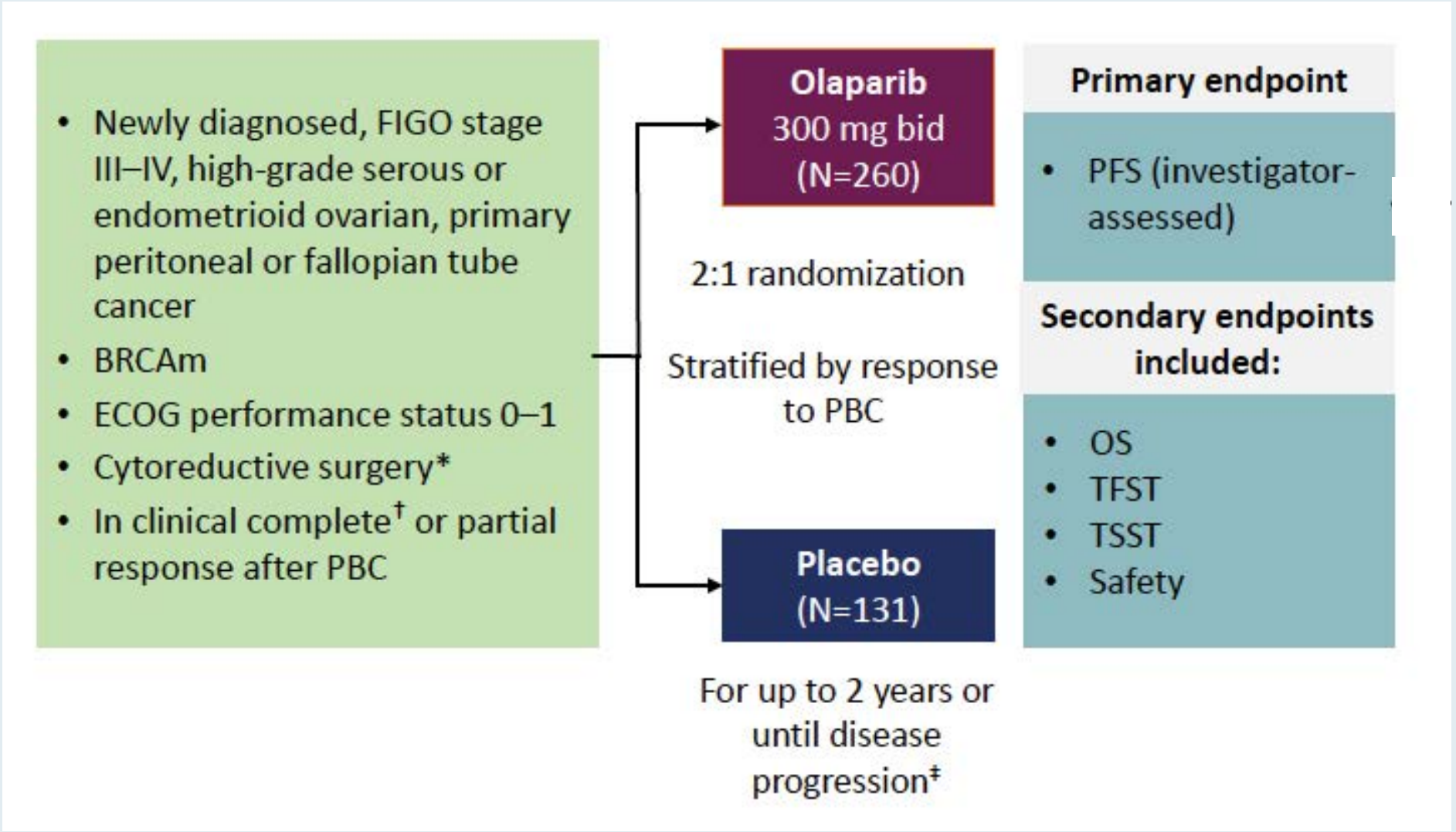
Ovarian cancer 1L PARPi maintenance trials: design and populations

Trial	PARP inhibitor	Duration	BRCA status	R0 at PDS allowed	% PDS	CR/PR to platinum
SOLO1[1,2]	Olaparib	2 years	*BRCA*mt only	Yes	62.9	Yes
PRIMA[3]	Niraparib	3 years	All comers	No if Stage III	33	Yes
PRIME[4]	Niraparib	3 years	All comers	Yes	53.1	Yes
PAOLA1[5]	Olaparib (w/bevacizumab)	2 years	All comers	Yes	50.7	Yes
VELIA[6]	Veliparib (w/chemo)	36 total cycles	All comers	Yes	67.5	No (tx starts with chemo)
ATHENA-MONO[7]	Rucaparib	2 years	All comers	Yes	48.9	Yes

[1]Moore et al., *N Engl J Med* 2018; [2]Banerjee et al., 2020 ESMO Congress; [3]Gonzalez-Martin et al., *N Engl J Med* 2019; [4]Li et al., 2022 SGO Annual Meeting; [5]Ray-Coquard et al., *N Engl J Med* 2019; [6]Coleman et al., *N Engl J Med* 2019; [7]Monk et al., 2022 ASCO Annual Meeting

Liu J. ASCO 2022;Highlights of the Day: Gynecologic Cancers.

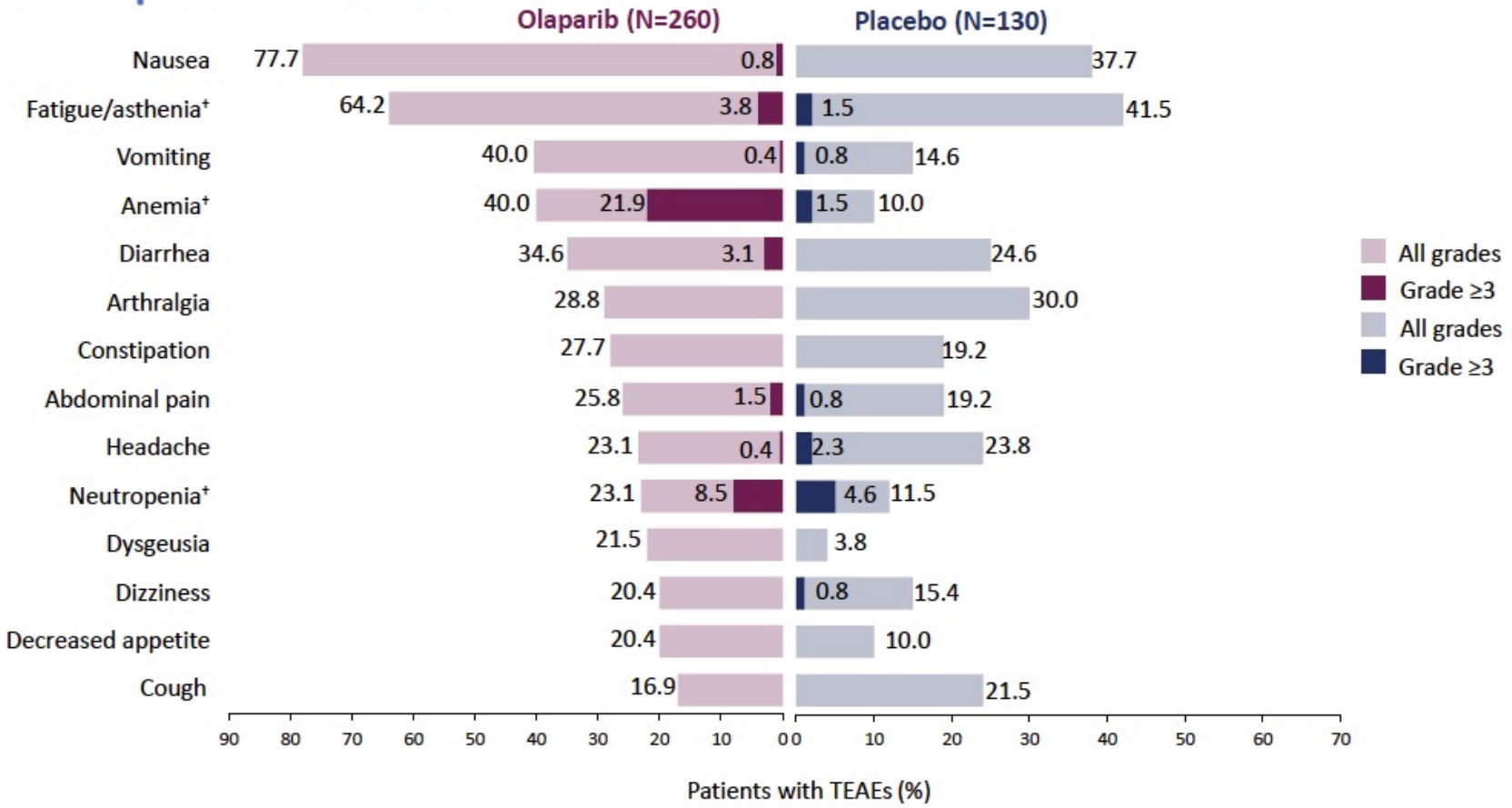
SOLO-1: Study Design



Matthews C et al. SGO 2023;Abstract 215.

SOLO-1: 7-Year Safety Follow-Up

Most frequent TEAEs*



*All grades, frequency ≥20% in either treatment arm; †Grouped-term TEAEs. All-grade thrombocytopenia (grouped term) occurred in 11.2% of patients in the olaparib group and 3.8% of patients in the placebo group, and grade ≥3 thrombocytopenia (grouped term) occurred in 0.8% and 1.5%, respectively

DiSilvestro P *et al. J Clin Oncol* 2023;41:609–17

SGO ANNUAL MEETING ON WOMEN'S CANCER TAMPA, FL · 2023

DiSilvestro P et al. *J Clin Oncol* 2023;41:609-17; Matthews C et al. *SGO* 2023;Abstract 215.

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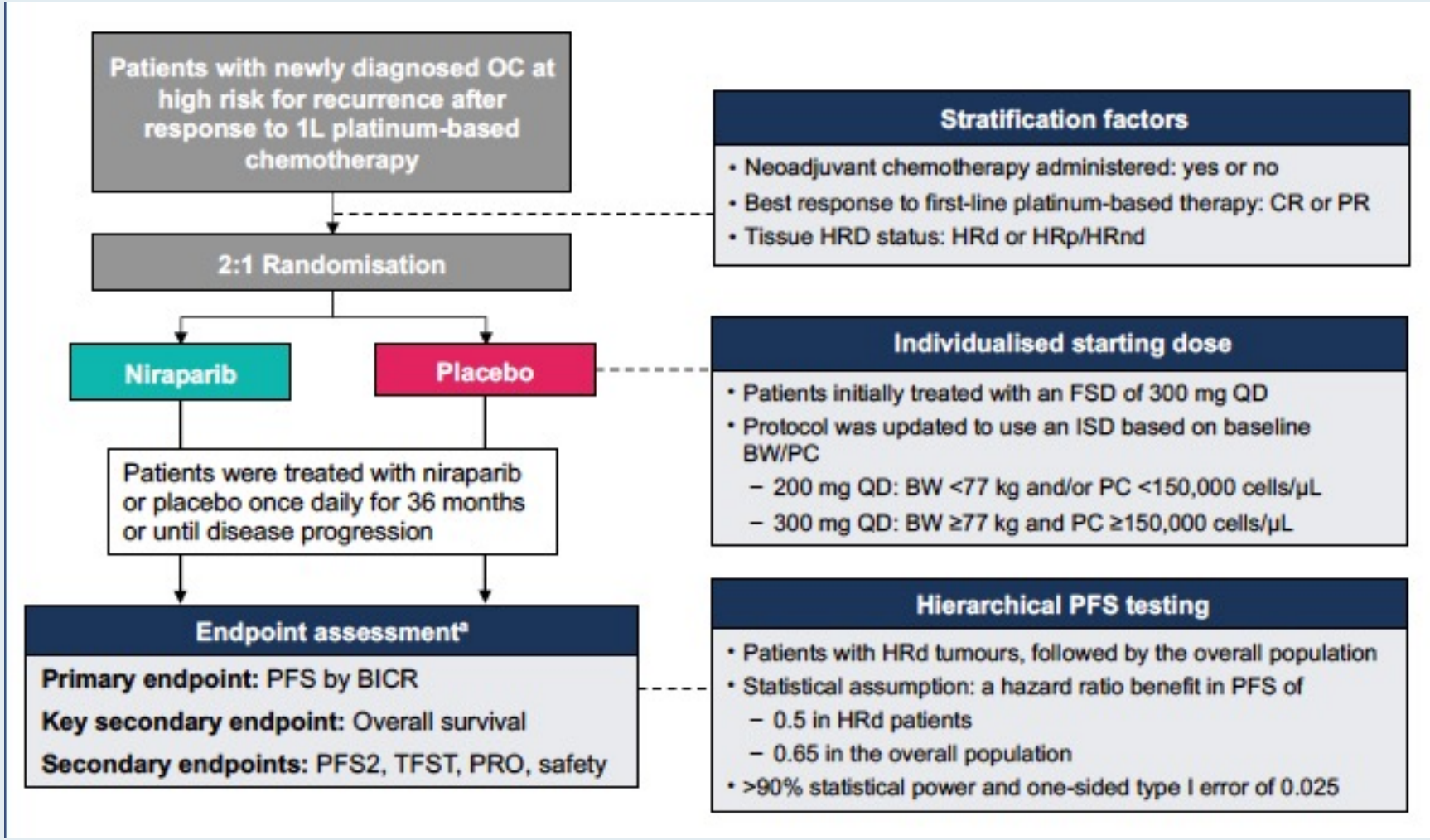
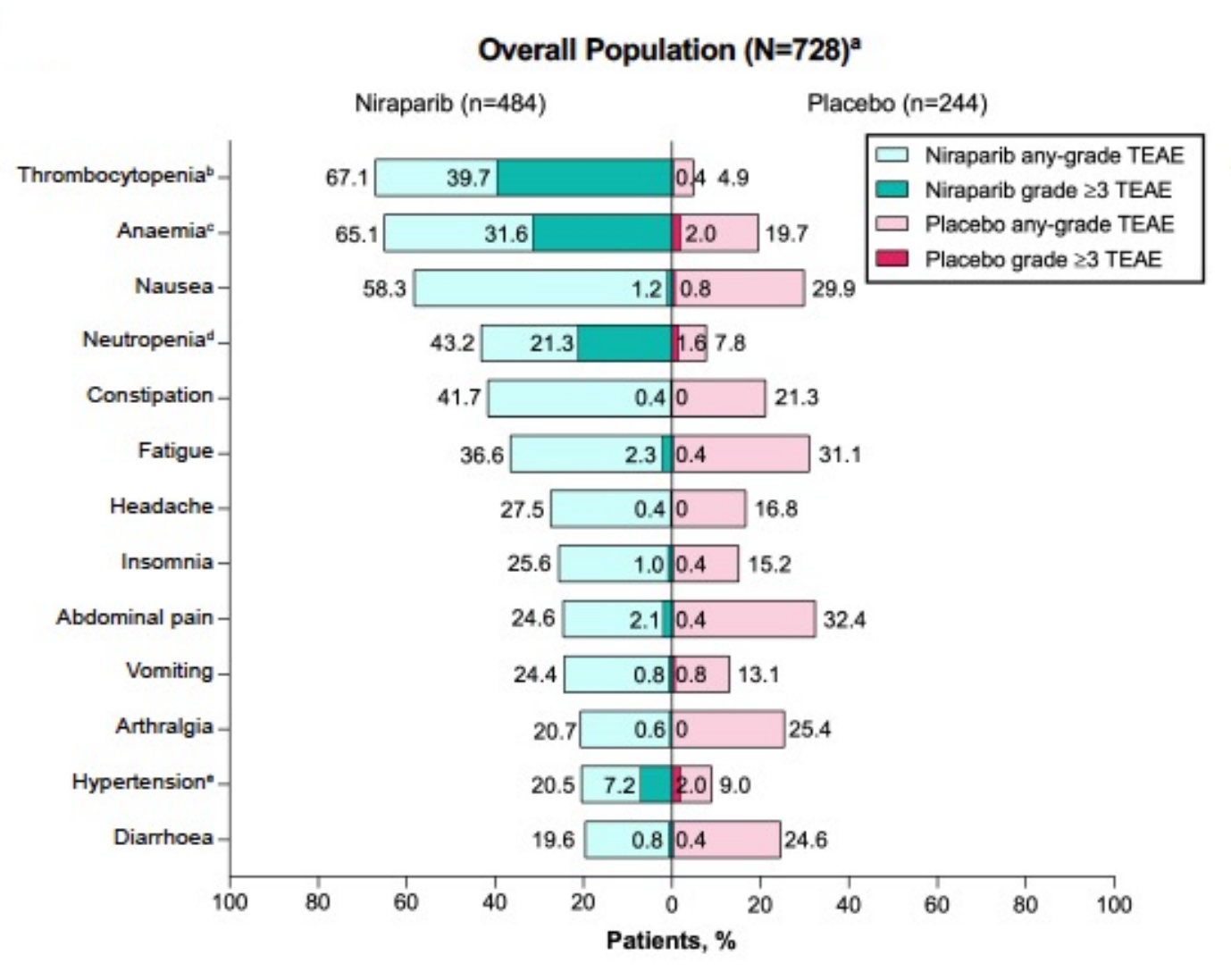
PRIMA Study Design



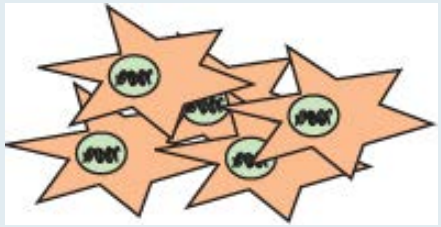
Gonzalez-Martin A et al. ESMO 2022;Abstract 530P.

PRIMA Updated Safety: TEAEs Reported in ≥20% of Patients



Gonzalez-Martin A et al. ESMO 2022;Abstract 530P.

Selected PARP Inhibitor Combinatorial Strategies

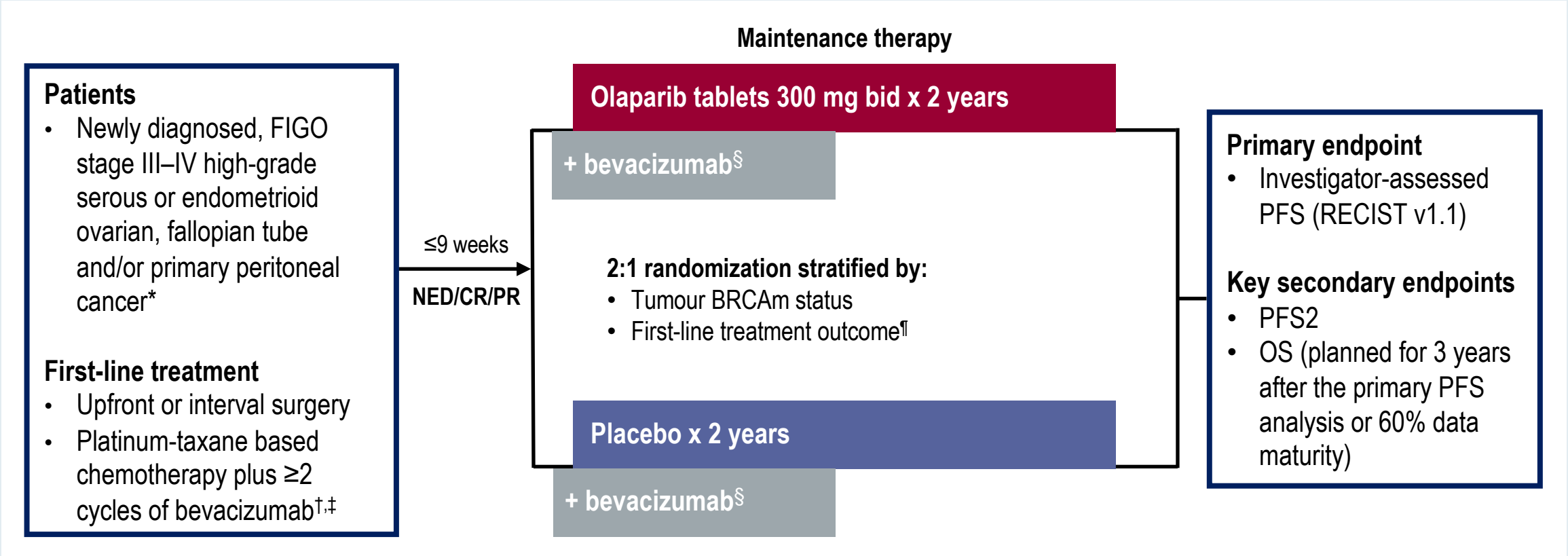


- **IO-based combinations**
  - **Doublet combos**
    - PD-1/PD-L1
    - CTLA-4
  - **Triplet combos**
    - PD-1/PD-L1 + anti-angiogenics
- **Combo with other DDR agents**
  - **DDR kinases / regulators**
    - ATR
    - CHK1
    - WEE1
    - USP1
  - **DNA repair proteins**
    - POLθ
    - DNA-PK
- **Induction of HR deficiency**
  - **Anti-angiogenics**
  - **Oncogenic pathways**
    - PI3K inhibition
    - MEK inhibition
  - **Epigenetic modulation**
    - BET inhibition
    - HDAC inhibition
    - HSP90 inhibition
    - DNMT inhibition

Courtesy of Joyce Liu, MD, MPH

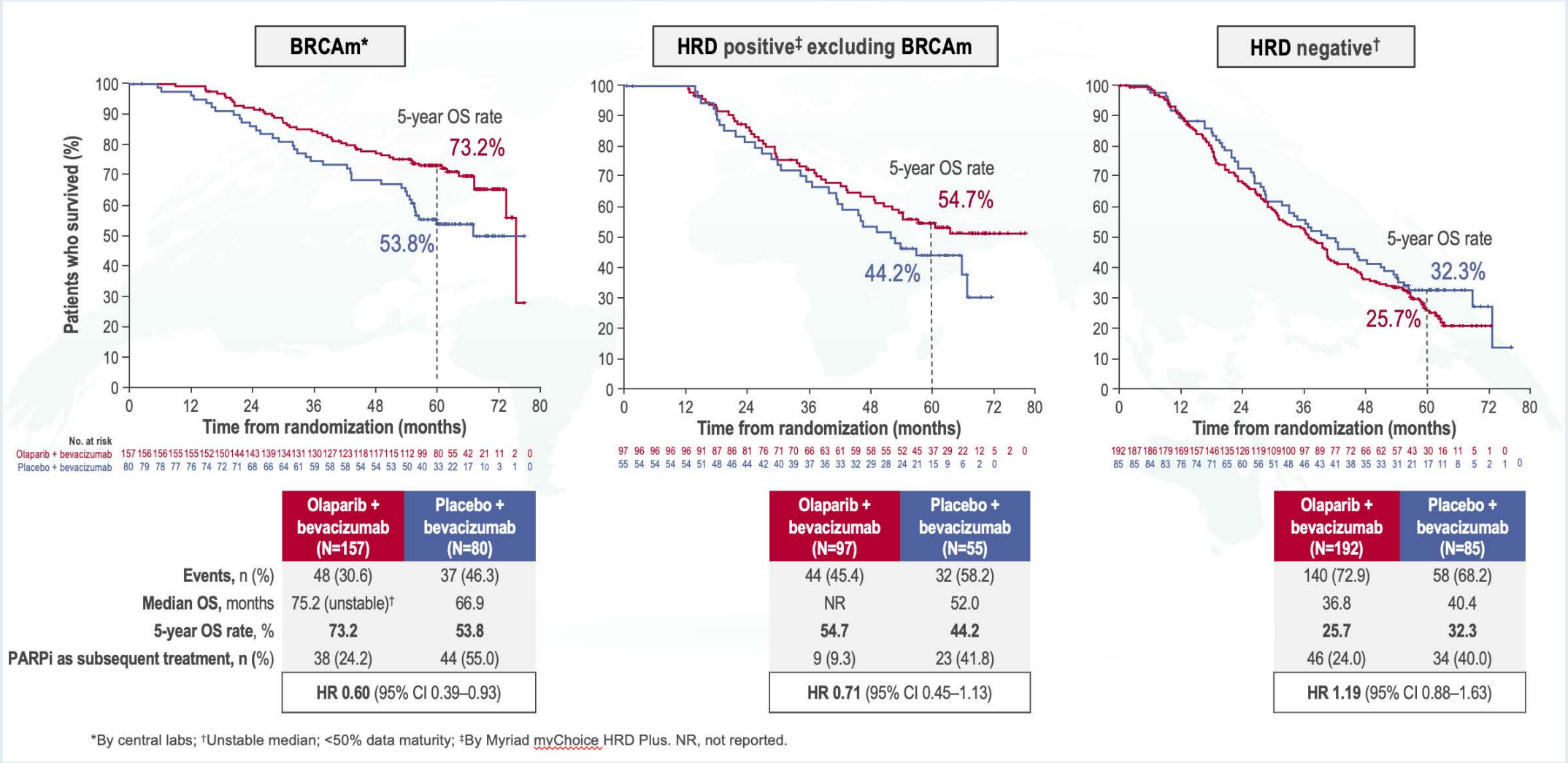
RTP RESEARCH TO PRACTICE

PAOLA-1: Phase III Trial of Olaparib with Bevacizumab for Newly Diagnosed Stage III-IV OC



Ray-Coquard I et al. ESMO 2022;Abstract LBA29.

PAOLA-1: Overall Survival Subgroup Analysis by BRCA Mutation and HRD Status



	Olaparib + bevacizumab (N=157)	Placebo + bevacizumab (N=80)
Events, n (%)	48 (30.6)	37 (46.3)
Median OS, months	75.2 (unstable)†	66.9
5-year OS rate, %	**73.2**	**53.8**
PARPi as subsequent treatment, n (%)	38 (24.2)	44 (55.0)
	HR 0.60 (95% CI 0.39–0.93)	

Olaparib + bevacizumab (N=97)	Placebo + bevacizumab (N=55)
44 (45.4)	32 (58.2)
NR	52.0
54.7	**44.2**
9 (9.3)	23 (41.8)
HR 0.71 (95% CI 0.45–1.13)	

Olaparib + bevacizumab (N=192)	Placebo + bevacizumab (N=85)
140 (72.9)	58 (68.2)
36.8	40.4
25.7	**32.3**
46 (24.0)	34 (40.0)
HR 1.19 (95% CI 0.88–1.63)	

*By central labs; †Unstable median; <50% data maturity; ‡By Myriad myChoice HRD Plus. NR, not reported.

Ray-Coquard I et al. ESMO 2022;Abstract LBA29.

RTP RESEARCH TO PRACTICE

PAOLA-1: Updated Adverse Events of Special Interest

	Primary PFS analysis (DCO: 22 March 2019)		Final PFS2 analysis (DCO: 22 March 2020)		Final OS analysis (DCO: 22 March 2022)	
	Olaparib + bevacizumab (N=535)	Placebo + bevacizumab (N=267)	Olaparib + bevacizumab (N=535)	Placebo + bevacizumab (N=267)	Olaparib + bevacizumab (N=535)	Placebo + bevacizumab (N=267)
MDS/AML/AA, n (%)	6 (1.1)	1 (0.4)	7 (1.3)	4 (1.5)	9 (1.7)	6 (2.2)
New primary malignancies, n (%)*	7 (1.3)	3 (1.1)	13 (2.4)	5 (1.9)	22 (4.1)	8 (3.0)
Pneumonitis/ILD/bronchiolitis, n (%)†	6 (1.1)	0 (0.0)	6 (1.1)	0 (0.0)	7 (1.3)	2 (0.7)

- All patients had discontinued treatment at PFS2 DCO

AA, aplastic anemia; AML, acute myeloid leukemia; ILD, interstitial lung disease; MDS, myelodysplastic syndrome

Ray-Coquard I et al. ESMO 2022;Abstract LBA29.

SGO 2022;Abstract 40

Phase 2 OVARIO Study of Niraparib + Bevacizumab Therapy in Advanced Ovarian Cancer Following Frontline Platinum-Based Chemotherapy with Bevacizumab

Melissa M. Hardesty,[1] Thomas Krivak,[2] Gail S. Wright,[3] Erika Hamilton,[4] Evelyn L. Fleming,[5] Jimmy Belotte,[6] Erika Keeton,[6] Ping Wang,[6] Aine Clements,[7] Heidi J. Gray,[8] Gottfried E. Konecny,[9] Richard G. Moore,[10] Debra L. Richardson[11]

[1]Alaska Women's Cancer Care, Anchorage, AK, USA; [2]Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, The Western Pennsylvania Hospital, Pittsburgh, PA, USA; [3]Florida Cancer Specialists and Research Institute, New Port Richey, FL, USA; [4]Sarah Cannon Research Institute; Tennessee Oncology, Nashville, TN, USA; [5]Division of Gynecologic Oncology, Norris Cotton Cancer Center, Dartmouth-Hitchcock Medical Center, Lebanon, NH, USA; [6]GlaxoSmithKline, Waltham, MA, USA; [7]Department of Gynecologic Oncology, Riverside Methodist Hospital, Columbus, OH, USA; [8]Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, University of Washington, Seattle, WA, USA; [9]University of California Los Angeles, Los Angeles, CA, USA; [10]Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Wilmot Cancer Institute, University of Rochester Medical Center, Rochester, NY, USA; [11]Division of Gynecologic Oncology, Stephenson Cancer Center, University of Oklahoma Health Sciences Center, Oklahoma City, OK, USA

ANNUAL MEETING ON WOMENS' CANCER
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Society of Gynecologic Oncology

Gynecologic Oncology 166 (2022) 219–229

Contents lists available at ScienceDirect

Gynecologic Oncology

journal homepage: www.elsevier.com/locate/ygyno

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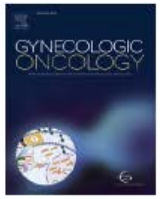


OVARIO phase II trial of combination niraparib plus bevacizumab maintenance therapy in advanced ovarian cancer following first-line platinum-based chemotherapy with bevacizumab

Melissa M. Hardesty [a,*], Thomas C. Krivak [b], Gail S. Wright [c], Erika Hamilton [d], Evelyn L. Fleming [e], Jimmy Belotte [f], Erika K. Keeton [g], Ping Wang [f], Divya Gupta [f], Aine Clements [h], Heidi J. Gray [i], Gottfried E. Konecny [j], Richard G. Moore [k], Debra L. Richardson [l]

RTP RESEARCH TO PRACTICE

OVARIO Study Design

Patients with newly diagnosed high-grade serous or endometrioid stage IIIB to IV epithelial ovarian, fallopian tube, or peritoneal cancer who achieved a CR, PR, or NED result after front-line platinum-based chemotherapy + bevacizumab

All patients underwent tissue testing for HRd at enrollment

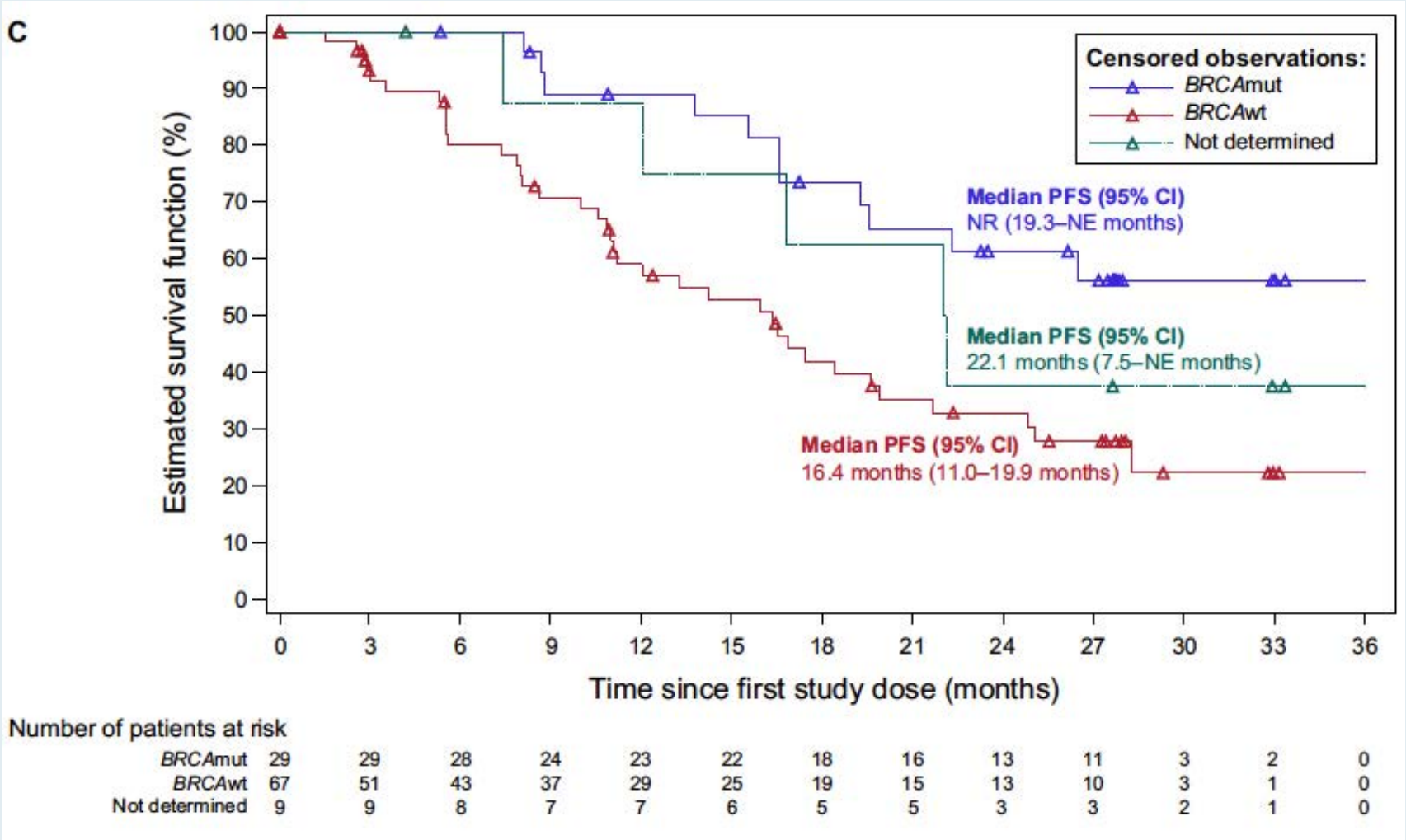
Niraparib (200 or 300 mg QD) + bevacizumab (15 mg/kg Q3W)

Starting niraparib dose, n (%)	N=105
200 mg (<77 kg and/or platelet count <150,000/µL)	82 (78)
300 mg (all others)	23 (22)

Endpoint assessment	
Primary endpoint	• PFS rate at 18 months (PFS18)
Secondary endpoints	• PFS • Overall survival • RECIST or CA-125 PFS • Time to first subsequent therapy • Time to second subsequent therapy • Safety and tolerability • Patient-reported outcome
Exploratory endpoints	• PFS rate at 6 months (PFS6) and 12 months (PFS12)
Statistical analysis plan	• Efficacy: PFS18 and PFS24 will be estimated by frequency analysis, with corresponding 95% exact CI will be reported • The time to event endpoints (PFS, TFST, TSST) will be analyzed using Kaplan-Meier methodology • Progression will be assessed by RECIST v1.1 per investigator

Hardesty MM et al. SGO 2022;Abstract 40.

OVARIO: Investigator-Assessed PFS by HRD Status



Overall (n=105)	
18-mo PFS rate	62
24-mo PFS rate	53

HRd (n=49)	
18-mo PFS rate	76
24-mo PFS rate	63

HRp (n=38)	
18-mo PFS rate	47
24-mo PFS rate	42

HRnd (n=18)	
18-mo PFS rate	56
24-mo PFS rate	50

Hardesty MM et al. *Gynecol Oncol* 2022;166(2):219-29. Hardesty MM et al. SGO 2022;Abstract 40.

RTP RESEARCH TO PRACTICE

OVARIO: Treatment-Related Adverse Events (TRAEs)

Parameter, n (%)	N=105		
	Related to nira or bev	Related to nira	Related to bev
Any TRAE	105 (100)	104 (99)	96 (91)
Any Grade ≥3 TRAE	84 (80)	81 (77)	54 (51)
Any serious TRAE	21 (20)	19 (18)	7 (7)
TRAE leading to treatment discontinuation	42 (40)	32 (30)	23 (22)
TRAE leading to dose reduction	78 (74)	77 (73)	27 (26)
TRAE leading to treatment interruption	93 (88)	90 (86)	58 (55)

TRAEs in ≥20% of patients (N=105) Related to niraparib or bevacizumab		
Preferred term, n (%)	Any Grade	Grade ≥3
Thrombocytopenia[a]	74 (70)	41 (39)
Fatigue	60 (57)	9 (9)
Anemia[b]	55 (52)	36 (34)
Nausea	55 (52)	1 (1)
Hypertension[c]	53 (50)	28 (27)
Proteinuria	41 (39)	5 (5)
Headache	32 (30)	6 (6)
Neutropenia[d]	28 (27)	13 (12)
Leukopenia[e]	24 (23)	0

Hardesty MM et al. SGO 2022;Abstract 40.

Research

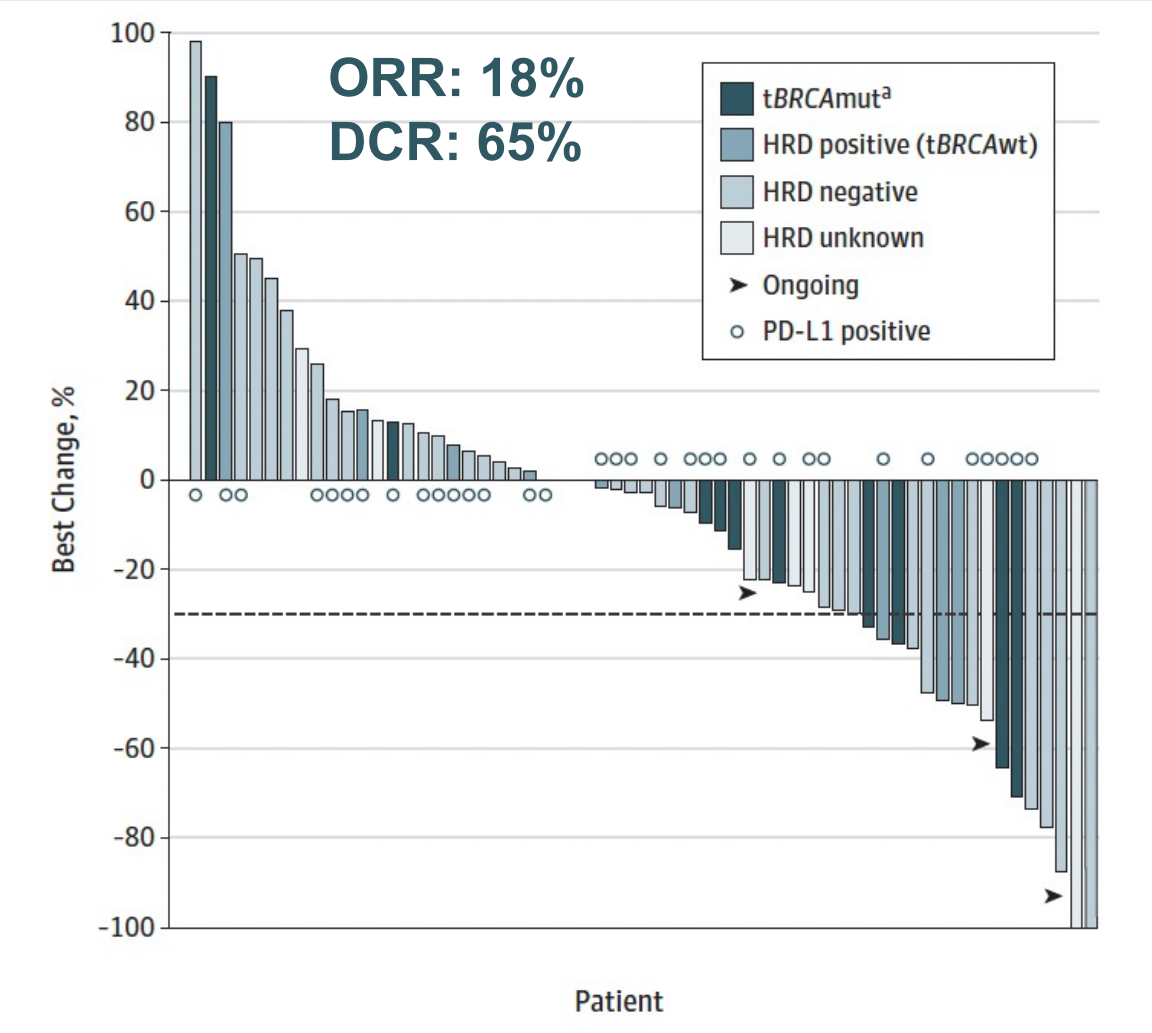
JAMA Oncol 2019;5(8):1141-9.

JAMA Oncology | Original Investigation

Single-Arm Phases 1 and 2 Trial of Niraparib in Combination With Pembrolizumab in Patients With Recurrent Platinum-Resistant Ovarian Carcinoma

Panagiotis A. Konstantinopoulos, MD, PhD; Steven Waggoner, MD; Gregory A. Vidal, MD; Monica Mita, MD; John W. Moroney, MD; Robert Holloway, MD; Linda Van Le, MD; Jasgit C. Sachdev, MD; Eloise Chapman-Davis, MD; Gerardo Colon-Otero, MD; Richard T. Penson, MD; Ursula A. Matulonis, MD; Young Bae Kim, MD; Kathleen N. Moore, MD; Elizabeth M. Swisher, MD; Anniina Färkkilä, MD; Alan D'Andrea, MD; Erica Stringer-Reasor, MD; Jing Wang, PhD; Nathan Buerstatte, MPH; Sujata Arora, MS; Julie R. Graham, PhD; Dmitri Bobilev, MD; Bruce J. Dezube, MD; Pamela Munster, MD

TOPACIO/KEYNOTE-162: Antitumor Activity of Niraparib in Combination with Pembrolizumab



DCR = disease control rate

Konstantinopoulos PA et al. *JAMA Oncol* 2019;5:1141-9.

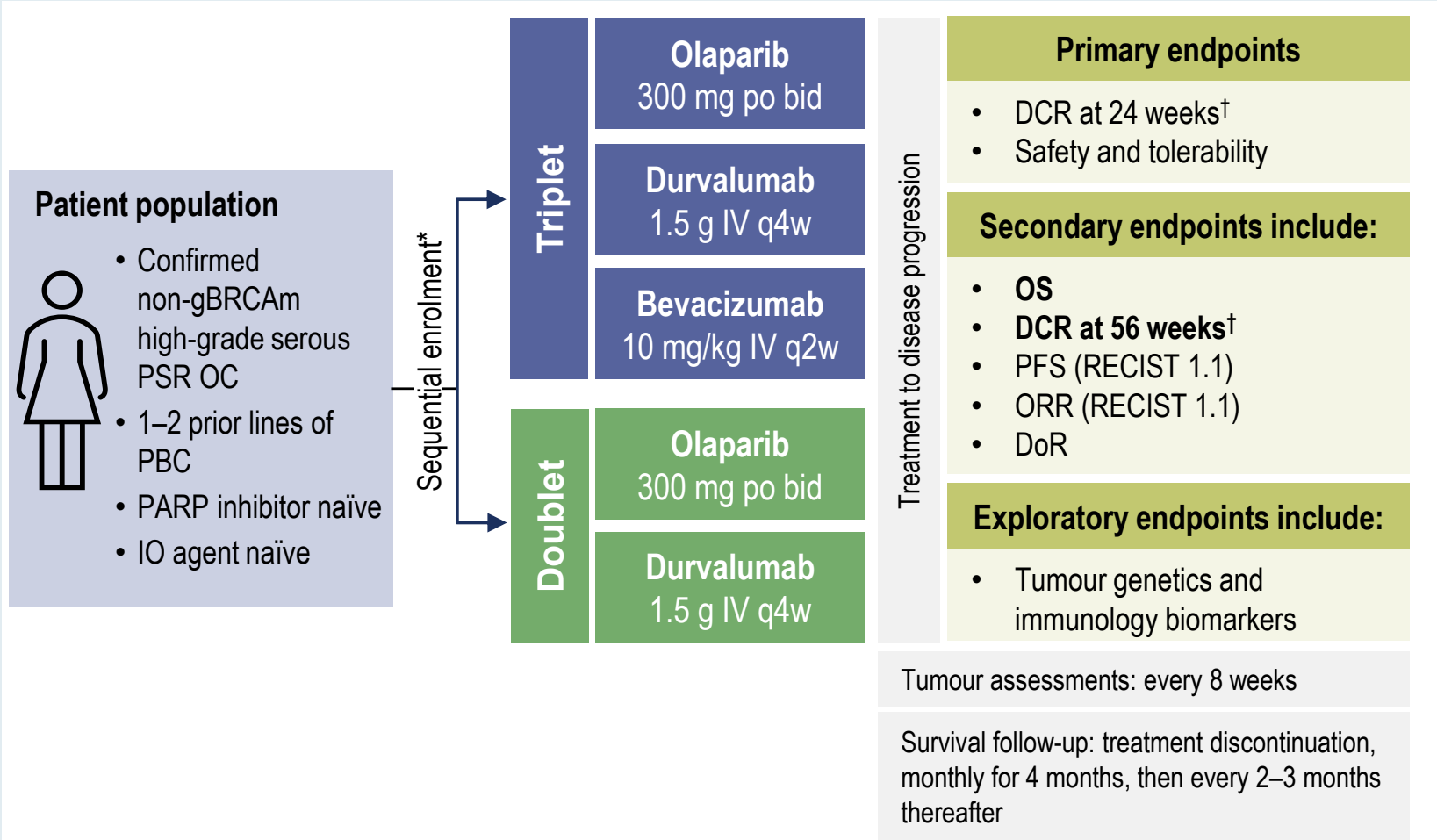
PARIS 2022 ESMO congress

Abstract 529MO

Phase II study of olaparib plus durvalumab with or without bevacizumab (MEDIOLA): final analysis of overall survival in patients with non-germline BRCA-mutated platinum-sensitive relapsed ovarian cancer

Susana Banerjee,[1] Martina Imbimbo,[2] Patricia Roxburgh,[3] Jae-Weon Kim,[4] Min Hwan Kim,[5] Ruth Plummer,[6] Salomon M. Stemmer,[7] Benoit You,[8] Michelle Ferguson,[9] Richard T. Penson,[10] David M. O'Malley,[11] Kassondra Meyer,[12] Haiyan Gao,[13] Helen K. Angell,[14] Ana T. Nunes,[15] Susan Domchek,[16] Yvette Drew[6*]

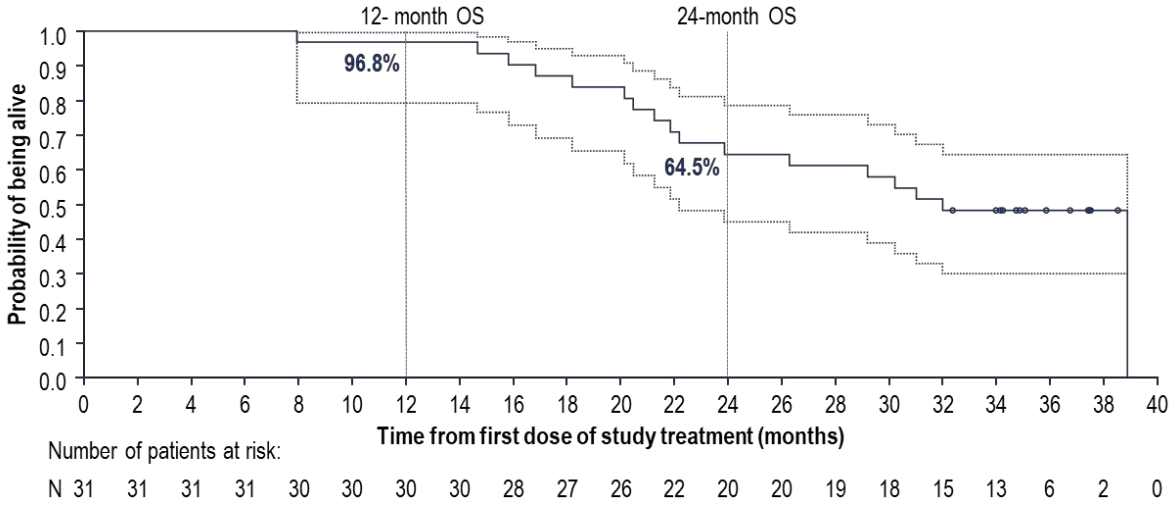
MEDIOLA: Non-gBRCAm Cohorts Study Design



Banerjee S et al. ESMO 2022;Abstract 529MO.

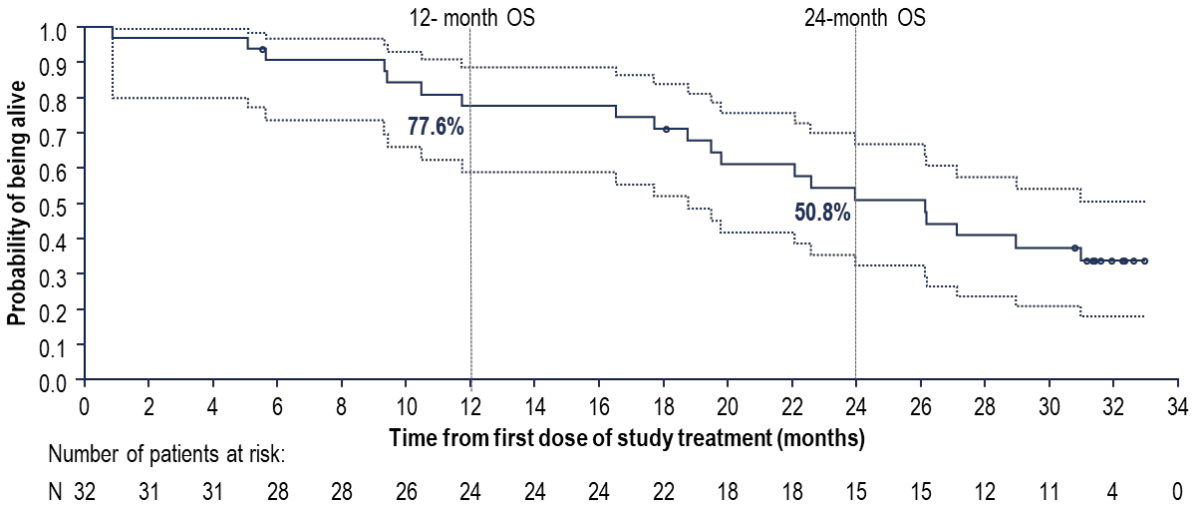
MEDIOLA Final Analysis: Median Overall Survival and 56-Week Disease Control Rate

Olaparib plus durvalumab and bevacizumab



	Olaparib plus durvalumab and bevacizumab
Median follow-up for OS, months	31.9
Events, n	17
Median OS (95% CI), months	**31.9 (22.1–NC)**
56-week DCR (90% CI), %	38.7 (24.1–55.0)

Olaparib plus durvalumab



	Olaparib plus durvalumab
Median follow-up for OS, months	23.2
Events, n	20
Median OS (95% CI), months	**26.1 (18.7–NC)**
56-week DCR (90% CI), %	9.4 (2.6–22.5)

Banerjee S et al. ESMO 2022;Abstract 529MO.

RTP RESEARCH TO PRACTICE

original reports

Efficacy and Safety of Mirvetuximab Soravtansine in Patients With Platinum-Resistant Ovarian Cancer With High Folate Receptor Alpha Expression: Results From the SORAYA Study

Ursula A. Matulonis, MD[1]; Domenica Lorusso, MD, PhD[2]; Ana Oaknin, MD, PhD[3]; Sandro Pignata, MD, PhD[4]; Andrew Dean, MBChB, MRCP, FRACP[5]; Hannelore Denys, MD, PhD[6]; Nicoletta Colombo, MD, PhD[7,8]; Toon Van Gorp, MD, PhD[9]; Jason A. Konner, MD[10]; Margarita Romeo Marin, MD, PhD[11]; Philipp Harter, MD, PhD[12]; Conleth G. Murphy, MD[13]; Jiuzhou Wang, PhD[14]; Elizabeth Noble, BS[14]; Brooke Esteves, BSN[14]; Michael Method, MD, MPH, MBA[14]; and Robert L. Coleman, MD[15]

J Clin Oncol 2023;[Online ahead of print]

SORAYA: ORR and Subgroup Analysis in the Efficacy-Evaluable Population

ORR	Investigator-Assessed	BICR-Assessed
No. of efficacy evaluable patients	n = 105	n = 96
ORR, No. (%) [95% CI][a]	34 (32.4) [23.6 to 42.2]	29 (30.2) [21.3 to 40.4]
Best overall response, No. (%)		
CR	5 (4.8)	6 (6.3)
PR	29 (27.6)	23 (24.0)
SD	48 (45.7)	54 (56.3)
PD	20 (19.0)	9 (9.4)
NE	3 (2.9)	4 (4.2)
Tumor reduction, No. (%)	75 (71.4)	ND
Disease control rate, No. (%)	54 (51.4)	ND
CA-125 response[b]	n = 86	
No. (%) [95% CI]	40 (46.5) [35.7 to 57.6]	ND
ORR subgroup analysis		
Prior lines of therapy, No. (%) [95% CI][a]		
1 or 2	n = 51	n = 46
	18 (35.3) [22.4 to 49.9]	15 (32.6) [19.5 to 48.0]
3	n = 53	n = 49
	16 (30.2) [18.3 to 44.3]	14 (28.6) [16.6 to 43.3]
Prior exposure to PARPi, No. (%) [95% CI][a,c]		
Yes	n = 50	n = 47
	19 (38.0) [24.7 to 52.8]	14 (29.8) [17.3 to 44.9]
No	n = 51	n = 46
	14 (27.5) [15.9 to 41.7]	15 (32.6) [19.5 to 48.0]

Matulonis UA et al. *J Clin Oncol* 2023;[Online ahead of print].

Mirvetuximab Soravtansine (MIRV) in Patients with Platinum-Resistant Ovarian Cancer with High Folate Receptor Alpha (FRα) Expression: Evaluation of Sequence of Therapy on Anti-Tumor Activity in the SORAYA Study

Robert L Coleman,[1] Ana Oaknin,[2] Sandro Pignata,[3] Hannelore Denys,[4] Nicoletta Colombo,[5] Toon Van Gorp,[6] Jason Konner,[7] Margarita Romeo Marin,[8] Philipp Harter,[9] Conleth Murphy,[10] Brooke Esteves,[11] Michael Method,[11] Domenica Lorusso,[12] Ursula A. Matulonis[13]

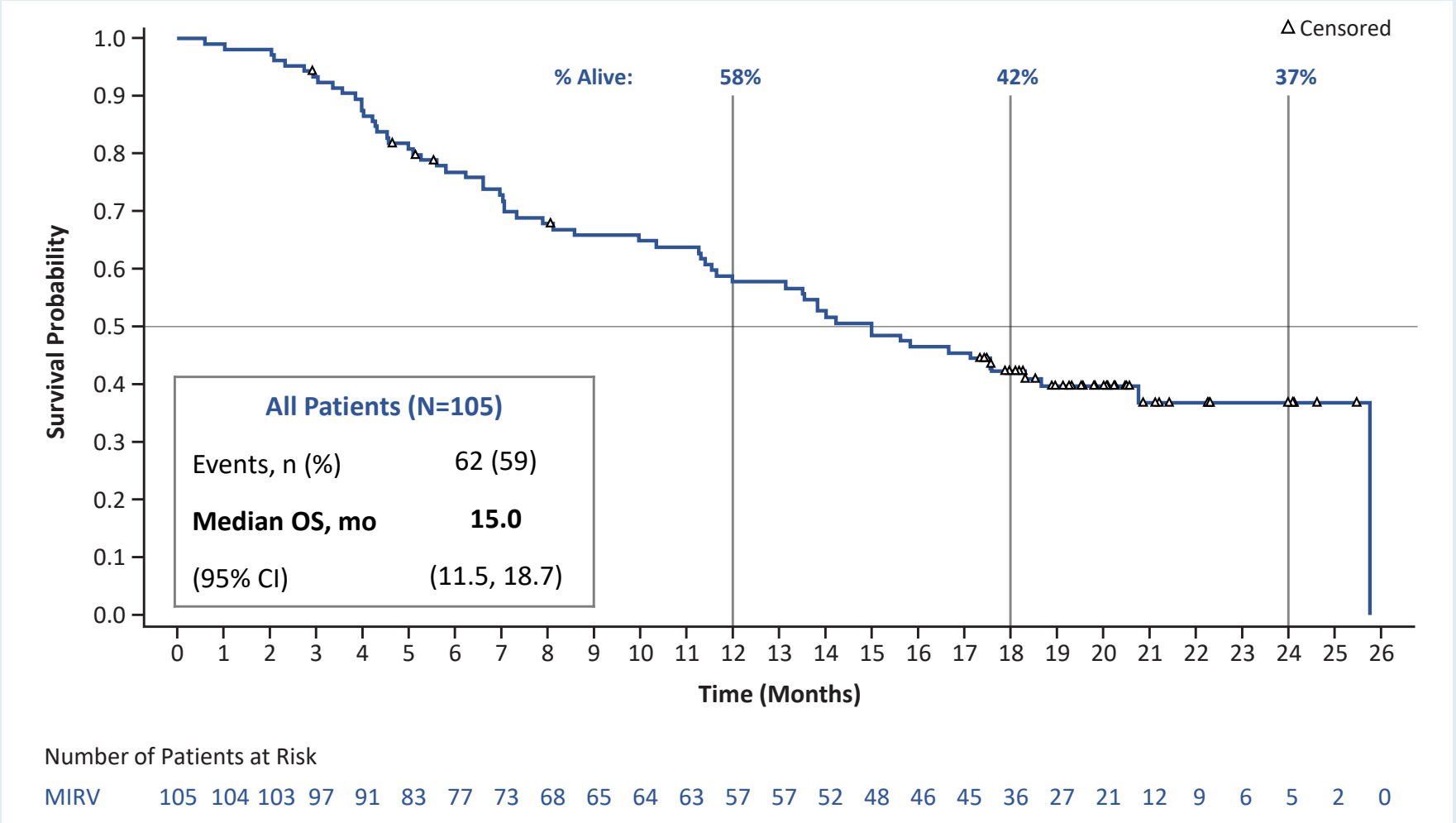
[1]US Oncology Research, Texas Oncology, The Woodlands, TX, USA; [2]Gynaecologic Cancer Programme, Vall d'Hebron Institute of Oncology (VHIO), Hospital Universitari Vall d'Hebron, Vall d'Hebron Barcelona Hospital Campus, Barcelona, Spain; [3]Istituto Nazionale Tumori di Napoli Fondazione G Pascale IRCCS, Naples, Italy; [4]Ghent University Hospital, Ghent, Belgium; [5]European Institute of Oncology IRCCS, Milan, Italy and University of Milan-Bicocca, Milan, Italy; [6]University Hospital Leuven, Leuven Cancer Institute, Leuven, Belgium; [7]Memorial Sloan Kettering Cancer Center, New York, NY, USA; [8]Institut Català d'Oncologia, Badalona, Spain; [9]Ev. Kliniken Essen-Mitte, Essen, Germany; [10]Bon Secours Hospital and Cancer Trials, Cork, Ireland; [11] ImmunoGen, Inc., Waltham, MA, USA; [12]Fondazione Policlinico Universitario A. Gemelli, IRCCS and Catholic University of Sacred Heart, Rome, Italy; [13]Dana-Farber Cancer Institute, Boston, MA, USA

SORAYA

SGO ANNUAL MEETING ON WOMEN'S CANCER TAMPA, FL • 2023 PATIENTS • PURPOSE • PROGRESS

SGO 2023;Abstract 139

SORAYA: Final Overall Survival by Investigator in Efficacy-Evaluable Population



Coleman RL et al. SGO 2023;Abstract 139.

RTP RESEARCH TO PRACTICE

Updated Results From the Phase 1b Expansion Study of Upifitamab Rilsodotin (UpRi; XMT-1536), a NaPi2b-directed Dolaflexin Antibody Drug Conjugate (ADC) in Ovarian Cancer

Richardson, Debra L[1]; Hamilton, Erika P[2]; Barve, Minal[3]; Anderson, Charles K[4]; Taylor, Sara K[5]; Lakhani, Nehal[6]; Buscema, Joseph[7]; Tolcher, Anthony W[8]; Zarwan, Corrine[9]; Werner, Theresa L[10]; Hays, John L[11]; Richards, Paul[12]; Arend, Rebecca[13]; Edenfield, Jeffery[14]; Putiri, Emily[15]; Bernardo, Patricia[15]; Burger, Robert A[15]; Matulonis, Ursula A[16]

[1]Stephenson Cancer Center, University of Oklahoma Health Sciences Center and the Sarah Cannon Research Institute, Oklahoma City, OK; [2]Sarah Cannon Research Institute/Tennessee Oncology, Nashville, TN; [3]Mary Crowley Cancer Research, Dallas, TX; [4]Willamette Valley Cancer Institute and Research Center, Eugene, OR; [5]BC Cancer - Kelowna, Kelowna BC, Canada; [6]START Midwest, Grand Rapids, MI; [7]Arizona Oncology, Tucson, AZ; [8]NEXT Oncology, San Antonio, TX; [9]Lahey Clinic, Burlington, MA; [10]Huntsman Cancer Institute, University of Utah, Salt Lake City, UT; [11]Arthur James Cancer Hospital, Ohio State University, Columbus, OH; [12]US Oncology, Oncology and Hematology Assoc. of Southwest VA, Salem, VA; [13]University of Alabama at Birmingham, Birmingham, AL; [14]Prisma Health Cancer Institute, Greenville, SC; [15]Mersana Therapeutics, Inc, Cambridge, MA; [16]Dana-Farber Cancer Institute, Boston, MA

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SGO // PHOENIX, ARIZONA // MARCH 18 - 21, 2022

SGO 2022;Abstract 76.

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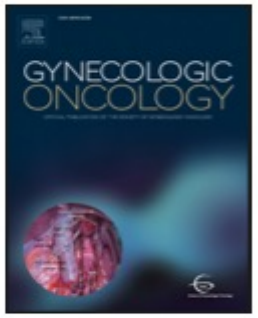
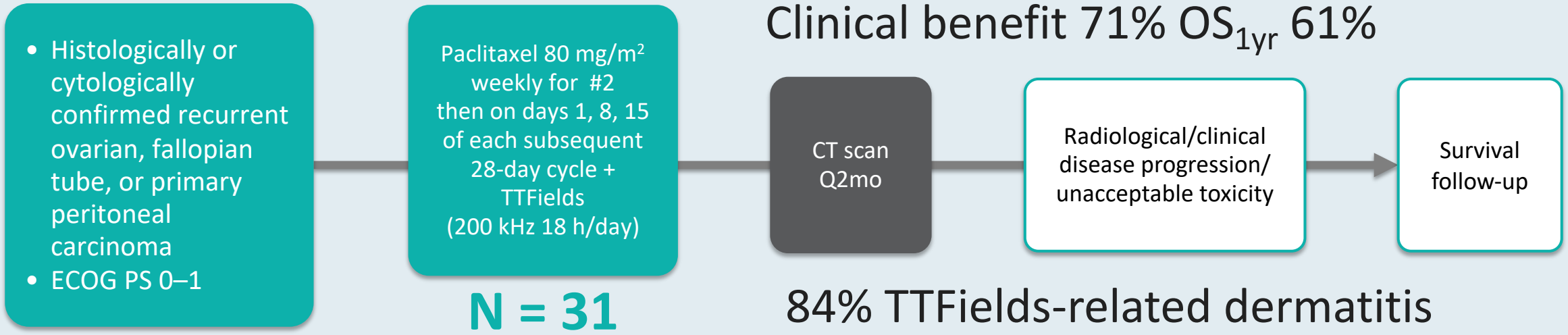


Tumor Treating Fields in combination with paclitaxel in recurrent ovarian carcinoma: Results of the INNOVATE pilot study

Ignace Vergote [a,*], Roger von Moos [b], Luis Manso [c], Els Van Nieuwenhuysen [a], Nicole Concin [a], Cristiana Sessa [d]

[a] University Hospitals Leuven, Leuven Cancer Institute, Leuven, Belgium
[b] Kantonsspital Graubünden, Chur, Switzerland
[c] Hospital Universitario 12 de Octubre, Madrid, Spain
[d] Oncology Institute of Southern, Switzerland, Bellinzona

INNOVATE: Phase II Trial Design



Start date: September 2014
Primary completion date: December 2016
Study sites: 5 (Europe)

Primary endpoints:
- AE severity and frequency, No. prematurely DCing TTFields due to skin toxicity

Secondary endpoints:
- PFS, OS, OS_{1yr}, ORR and DOR, CA-125 response and DOR, TTFields usage

Vergote I, et al. *Gynecol Oncol* 2018;150(3):471-77.

Courtesy of Richard T Penson, MD

RTP RESEARCH TO PRACTICE

What I Tell My Patients:
Faculty Physicians and Nurses Discuss Patient Education About New Treatments and Clinical Trials

Fifteenth Annual RTP Symposium Series Held During the Annual ONS Congress

Ovarian Cancer

Friday, April 28, 2023
12:15 PM – 1:45 PM

Faculty

Courtney Arn, CNP
David M O'Malley, MD
Richard T Penson, MD, MRCP
Jaclyn Shaver, MS, APRN, CNP, WHNP

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

What I Tell My Patients:
Faculty Physicians and Nurses Discuss Patient Education About New Treatments and Clinical Trials

Fifteenth Annual RTP Symposium Series Held During the Annual ONS Congress

Lung Cancer

Friday, April 28, 2023
6:00 PM – 8:00 PM

Faculty

Stephen V Liu, MD
Tara Plues, APRN, MSN
Jillian Thompson, MSN, ANP-BC, AOCNP
Anne S Tsao, MD, MBA

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

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Virtual attendees: The NCPD credit link is posted in the chat room.

NCPD/ONCC credit information will be emailed to each participant within 1 to 2 business days.

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