Introduction STRO-002 is a novel FRα-targeting ADC that delivers SC209, a potent tubulin-targeting hemiasterlin cytotoxin-warhead.

Methods All patients in the ongoing dose escalation study (NCT03748186) had platinum resistant/refractory OC without selection for FRα expression. STRO-002 is given IV on Day 1 of each 21-day cycle.

Results 38 patients have been dosed at 9 dose levels (0.5 to 8.1 mg/kg). Median number of cycles given is 3 (1–18). Median age is 61 (48–79). Median prior therapies - 5 (2–10). Clinically active doses (≥ 2.9 mg/kg) have been administered to 33 patients. 21/33 (64%) remain on treatment. Partial response was seen in 5 of 29 evaluable patients (17%) with 2 confirmed on second scan. 9 pts have confirmed SD for a clinical benefit rate of 48% (14/29). CA125 reduction of >50% was seen in 14/22 (64%) evaluable patients per GCIG. Clinical activity appears to be durable with 36% and 24% on study >16 and >24 weeks, respectively. 88% of AEs are grade 1 or 2. Grade 3–4 neutropenia, an expected and reversible effect of STRO-002 occurred in 15/38 (39%). DLTs reported – grade 3 neuropathy (6.0 mg/kg) and grade 3 bone pain (6.4 mg/kg).

Conclusions STRO-002 is a novel FRα-targeting ADC with a promising emerging safety and efficacy profile and preliminary clinical benefit/disease control rate of 48% in patients with relapsed/refractory OC treated at ≥ 2.9 mg/kg. No ocular toxicity signals have been observed, suggesting potential differentiation from other FRα-targeting investigational therapies.

Objectives To observe trends in the incidence of adenocarcinoma (AC) in relation to race and stage at diagnosis.

Methods From 2001 to 2016, incidence rates of Adenocarcinoma of the cervix were calculated from United States Cancer Statistics with Surveillance, Epidemiology and End Results (SEER) Program. SEER*Stat and Joinpoint regression were used to calculate the incidence rate (per 100,000 women) and average annual percent change (AAPC), adjusted for hysterectomy and pregnancy prevalence data from the Behavioral Risk Factor Surveillance System.

Results Over the 16-year study period, approximately 36,000 of 200,000 women with cervical cancer were identified with AC (18.1%). The incidence increased in reproductive-aged women (35–39yo and 40–44yo) with an average annual percent change of 2.0% and 2.4%, respectively; however the incidence decreased for the older cohorts (70–74 and 80+) with -1.6% and -2.5% decrease per year. Intersectionality of race and age demonstrates the highest incidence for White women at 40–44yo (0.56/100,000). Blacks demonstrate a bimodal age distribution at diagnosis, with peaks at 40–44yo (0.52) and 65–69yo (0.57). Age-adjusted incidence demonstrated that Blacks were more likely to be diagnosed with distant disease as compared to Whites (20.6% vs. 10.4%) and less likely to be diagnosed with local disease (40.4% vs. 59.6%).

Conclusion Reproductive-aged White women have the highest incidence of cervical adenocarcinoma compared to other age and racial groups. However, Blacks are more likely to be diagnosed at more advanced stages of disease.

Objective To observe trends in the incidence of adenocarcinoma (AC) in regards to race and age.