**Conclusion** Higher levels of plasma or serum IL-6 in ovarian neoplasia patients compared to benign conditions or healthy controls identify IL-6 as a discriminating factor between benign or malignant ovarian tumors and a potential biomarker for ovarian malignancy.

**Methodology** UP-NEXT is a Ph3 study evaluating UpRi monotherapy as post-platinum maintenance therapy in recurrent PSC, 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 >6 mo 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 BCR, with key secondary endpoint of OS. UP-NEXT is conducted in collaboration with ENGOT(Ov71-NSGO-CTU) and GOG(3049). ~350 patients will be enrolled globally. NCT05329545

**Results** N/A – trial in progress

**Conclusion** N/A – trial in progress

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UP-NEXT (ENGOT-OV71-NSGO-CTU/GOG-3049): A STUDY OF UPITIFAMAB RILSODOTIN (UPRI), A NAPi2B-DIRECTED ANTIBODY DRUG CONJUGATE (ADC) IN PLATINUM-SENSITIVE RECURRENT OVARIAN CANCER

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**Introduction/Background** 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 in patients who received standard of care treatment (platinum-based chemotherapy) and are at high-risk of early relapse.

**Methodology** UP-NEXT is a Ph3 study evaluating UpRi monotherapy as post-platinum maintenance therapy in recurrent PSC, 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 >6 mo 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 BCR, with key secondary endpoint of OS. UP-NEXT is conducted in collaboration with ENGOT(Ov71-NSGO-CTU) and GOG(3049). ~350 patients will be enrolled globally. NCT05329545

**Results** N/A – trial in progress

**Conclusion** N/A – trial in progress

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VENOUS THROMBOEMBOLIC DISEASE IN OVARIAN CANCER: INCIDENCE, IMPACT ON OVERALL SURVIVAL AND DEVELOPMENT OF A PREDICTIVE SCORE

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**Introduction/Background** Venous thromboembolism disease (VTE) is a major cause of morbidity and mortality in patients managed for ovarian cancer. The first objective of this study is to assess the incidence of thromboembolic events and the impact of VTE occurrence in ovarian cancer patients on overall survival (OS). The secondary objective is to identify predictive factors for VTE to establish a predictive nomogram at the time of ovarian cancer diagnosis.

**Methodology** A retrospective study from a prospective cohort of patients managed for ovarian cancer in the gynecologic oncologic surgery department of the Georges Pompidou European Hospital between January 2003 and December 2020 was performed. A survival analysis by Kaplan Meyer and Cox model and a multivariate logistic regression analysis were used. A nomogram to predict the risk of VTE at the time of ovarian cancer diagnosis was created.

**Results** Among the 615 patients included, the incidence of VTE was 17.7%. Of 109 VTEs identified, 77 (70.9%) were observed at the time of ovarian cancer diagnosis and 49.5% of patients were asymptomatic. Patients with VTE had a significantly shorter OS compared to patients without thromboembolic events (HR = 1.62, 95% CI 1.06 – 2.49, p =...