in 33.3% of patients in Cohort 1; 28.6% of patients in Cohort 2. The most common TEAE was interstitial lung disease (ILD)/pneumonitis at both dose levels (Cohort 1: 37.5% [n=9]; 8 with grade 1, 1 with grade 2); Cohort 2: 66.7% [n=14]; 6 with grade 1, 7 with grade 2, 1 with grade 3). Other common TEAEs of any grade are in table 1. ORRs were 25.0% and 52.4% in Cohorts 1 and 2, respectively (table 1). Antitumour activity was observed across FRα-expression levels (<50% and ≥50%) and will be presented.

Conclusion In the PROC population, antitumour activity was seen with MORAb-202 0.9 mg/kg and 1.2 mg/kg dosages. Despite small patient numbers, efficacy was observed irrespective of FRα-expression levels. ILD/pneumonitis (mostly low-grade) was the most common TEAE.

WHAT IS BEYOND BRCA MUTATIONAL PARADIGM SHIFT IN SURGICAL APPROACH

Introduction/Background Several studies have explored the prognostic role of hormone receptor status in high grade serous ovarian cancer (HGSOC). However, few reports have investigated their expression according to BRCA mutational status. Notably, there is evidence of a strong interaction between BRCA1/2 proteins and steroid hormone systems, including higher titres of estradiol and progesterone in BRCA-1/2 mutation carriers (BRCA-mut) compared to BRCA-wt patients (p=0.02) (figure 1). Regarding survival analysis, none of the examined hormone receptors had a significant prognostic role. However, a higher ERα/ERβ5/nuclear ratio differently affected outcome according to BRCA status: positively in BRCA-wt cohort (HR 0.77; CI 0.61–0.96; p=0.019) and negatively in BRCA-mut cohort (HR 1.41; CI 1.06–1.87; p=0.020) (table 1). Finally, higher PR levels were associated with platinum sensitivity in the whole population (p=0.019).

Introduction/Background Several studies have explored the prognostic role of hormone receptor status in high grade serous ovarian cancer (HGSOC). However, few reports have investigated their expression according to BRCA mutational status. Notably, there is evidence of a strong interaction between BRCA1/2 proteins and steroid hormone systems, including higher titres of estradiol and progesterone in BRCA-1/2 mutation carriers (BRCA-mut) compared to BRCA-wt patients (p=0.02) (figure 1). Regarding survival analysis, none of the examined hormone receptors had a significant prognostic role. However, a higher ERα/ERβ5/nuclear ratio differently affected outcome according to BRCA status: positively in BRCA-wt cohort (HR 0.77; CI 0.61–0.96; p=0.019) and negatively in BRCA-mut cohort (HR 1.41; CI 1.06–1.87; p=0.020) (table 1). Finally, higher PR levels were associated with platinum sensitivity in the whole population (p=0.019).

Abstract 2022-RA-685-ESGO Figure 1

Abstract 2022-RA-685-ESGO Table 1 Survival analysis on BRCA-wt vs. BRCA mutated (n=207)

<table>
<thead>
<tr>
<th>Hormone</th>
<th>BRCA-wt (n=135)</th>
<th>BRCA-mut (n=72)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>ERα</td>
<td>61.8% (84/135)</td>
<td>51.9% (38/72)</td>
<td>0.001</td>
</tr>
<tr>
<td>ERβ5</td>
<td>65.3% (89/135)</td>
<td>57.1% (41/72)</td>
<td>0.001</td>
</tr>
<tr>
<td>PR</td>
<td>66.7% (90/135)</td>
<td>64.9% (47/72)</td>
<td>0.001</td>
</tr>
</tbody>
</table>

Conclusion This study suggests a potential role of estrogen-mediated pathways in BRCA1/2-associated HGSOC tumorigenesis, revealing a possible therapeutic potential of targeting this interaction.

PARADIGM SHIFT IN SURGICAL APPROACH IN THE MANAGEMENT OF ADVANCED OVARIAN CANCER IN THE UNIVERSITY HOSPITALS OF LEICESTER

Introduction/Background Surgery for advanced ovarian cancer (AOC) has evolved over the past decade to ingeminate the...
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 (GOG-3063; ENGOT-OV68)

1Thomas J Herzog, 2Kathleen Moore, 3Panagiota A Konstantinopoulou, 4Lucy Gilbert, 5John L Hays, 6Bradley J Monk, 7David M O'Malley, 8Joyce N Barlin, 9Julie R Graham, 9Monali Desai, 9Yan Wang, 9Yangchun Du, 9Rita Dalal, 10Robert L Coleman, 11Salid Saozli, 10Parwel, newton, MA; 2Stephenson Cancer Center, University of Oklahoma Health Sciences Center, Oklahoma City, OK; 3DNA-Farber Cancer Institute, Boston, MA; 4McGill University Health Centre, Woman’s Health Research Unit, Montreal, QC, Canada; 5Wenner Medical Center and James Cancer Hospital, Ohio State University, Columbus, OH; 6Arizona Oncology, University of Arizona College of Medicine, Creighton University School of Medicine, Phoenix, AZ; 7James Gynecologic Oncology Mill Run, Ohio State University, Hillard, OH; 8Women’s Cancer Care Associates, Albany, NY; 9Alkermes, Inc, Waltham, MA; 10Texas Oncology, The Woodlands, TX; 11Charité Universitätsmedizin Berlin Charité Campus Virchow-Klinikum, Berlin, Germany

Introduction/Background ARTISTRY-7 will evaluate the novel engineered cytokine nemvaleukin alfa (nemvaleukin, ALKS 4230) in patients with gynaecological cancers. Epithelial ovarian cancer (EOC) is the 7th most common cause of cancer mortality in women, and many patients become resistant/refractory to frontline platinum-based chemotherapy. Nemvaleukin was designed to selectively bind to the intermediate-affinity interleukin-2 receptor, preferentially activating antitumour CD8+ T and NK cells with minimal regulatory T cell expansion. This selectivity may provide enhanced tumour killing and improved safety/tolerability versus high-dose interleukin-2. In ARTISTRY-I, responses were observed with nemvaleukin+pembrolizumab in 4 patients with platinum-resistant ovarian cancer: 2 complete responses (1 in a patient with 5 prior lines of therapy), and 2 partial responses.

Methodology ARTISTRY-7 (NCT05092360) is an ongoing, currently enrolling phase 3, multicentre, randomised study of nemvaleukin and/or pembrolizumab versus chemotherapy. Eligible patients are women (≥18 years) with histologically confirmed EOC (high-grade serous, endometrioid, clear cell), fallopian tube cancer, 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 randomised (3:1:1:3) to receive nemvaleukin 6 μg/kg intravenously (days 1–5) + pembrolizumab 200 mg intravenously (day 1) of each 21-day cycle, pembrolizumab or nemvaleukin monotherapy, or chemotherapy, and stratified by PD-L1 status, histologic subtype, and chemotherapy (paclitaxel vs others). Patients will continue treatment until disease progression or

Conclusion The transition from standard surgery to maximal effort surgery in AOC patients (a paradigm shift in surgical approach) had a positive impact on OS and PFS rates in our institution. Our data highlights the importance of a dedicated team to implement this change in cancer centres treating AOC. In women who had maximum effort cytoreductive surgery from 2015 onwards, PDS was associated with higher survival rates and comparable post-operative complications than IDS although the surgical complexity was higher in the PDS group.

Abstract 2022-RA-687-ESGO Figure 1 IDS and PDS 1 between 2014–2011, IDS 2 and PDS 2 between 2020–2015

Abstract 2022-RA-686-ESGO Table 1

Abstract 2022-RA-686-ESGO Table 2