with recurrent EOC following niraparib 1LM approval, and that 1LM approval did not markedly change the profile of patients receiving niraparib maintenance therapy in a 2L setting.

**Conclusion**

Most patients were heavily pre-treated with median prior 4 (1–11) lines. At the cut-off date April 8, 2021, n=51 patients with platinum resistant ovarian cancer were enrolled and n=46 were evaluable, 29 of n=46 were treated with weekly paclitaxel. The objective response rate (ORR) and disease control rate (DCR) in intention to treat (ITT) were 11% (9/82) and 43% (35/82) for weekly paclitaxel patients, and 55% (16/29) and 90% (26/29) for weekly paclitaxel patients. Median duration of response (DOR) was 5.94 months for n=46 patients and 6.43 months for weekly paclitaxel patients. Median progression free survival (PFS) was 6.27 months for n=46 patients and 6.67 months for weekly paclitaxel patients. Common treatment emergent adverse events (TEAE) included: abdominal pain (14%), alopecia (16%), constipation (10%), cough (12%), diarrhea (50%), dizziness (10%), dry skin (10%), epistaxis (18%), dyspnea (16%) fatigue (64%), fever (10%), headache (20%), hypertension (10%), anorexia (10%), oral mucositis (12%), nausea (52%), neutropenia (12%), vomiting (26%).

**Conclusion**

AL3818 has demonstrated positive combined synergic efficacy with chemotherapies in platinum resistant ovarian cancer patients. These combination regimens are well tolerated in a heavily pre-treated population and a phase 3 registration study is ongoing (NCT02584478).