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**

Our study is the first work to identify an oncogenic role of ATP6V1B1 in EOC tissues and cell lines which may provide insights into the application of ATP6V1B1 as a novel predictor of clinical outcome and a potential therapeutic target in EOC patients. These combination regimens are well tolerated in a heavily pre-treated population and a phase 3 registration study is ongoing (NCT02584478).

**Methodology**

- **Patients** with a diagnosis of platinum resistant ovarian carcinoma requiring second line or further treatment with chemotherapy were eligible for enrollment. The regimen was a 21-day cycle with oral AL3818 at 8 mg administered on days 8–21, with days 1–7 off. Chemotherapy options included weekly paclitaxel, pegylated liposomal doxorubicin (PLD), and topotecan. Maintenance monotherapy with AL3818 was an option if chemotherapy was discontinued.

**Results**

- 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 patient population were 43% (20/46) and 91% (42/46) for n=46 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 synergetic 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).

**Introduction/Background**

AL3818 is a novel, orally administered, small molecule tyrosine kinase inhibitor. The primary objective of this phase 2 study is to evaluate the efficacy of AL3818 in combination with chemotherapies in patients with platinum resistant ovarian carcinoma.

**Methodology**

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