PATIENTS WITH NEWLY DIAGNOSED OVARIAN CANCER TREATED WITH MAINTENANCE RUCAPARIB: EXPLORATORY BIOMARKER ANALYSIS FROM THE PHASE 3 ATHENA-MONO STUDY (GOG-3020/ENGOT-OV45/NCCT03522246)

1Anna Oaknin, 2Rebecca S Kistelken, 3Haider S Mahdi, 4Myong Cheol Lim, 5Bocco de Vivo, 6Erin A Salinas, 7Michelle K Wilson, 8Michalis Liottos, 9Alejandro D Santin, 10Diane M Provencher, 11Efat Demirkan, 12Lyndsay J Willcott, 13Anita M Chudacka-Grz, 14Thomas J Herzog, 15Mario E Beiner, 16Larry J Copeland, 17Iain A McNeish, 18Kevin K Lin, 19Bradley J Monk, 20Ambry Genetics. The primary endpoint was investigator-assessed PFS per RECIST. The primary endpoint was investigator-assessed PFS per RECIST. The primary endpoint was investigator-assessed PFS per RECIST. The primary endpoint was investigator-assessed PFS per RECIST.

Deleterious mutations in BRCA1 and BRCA2 were detected in 13.9% (75/538) and 7.4% (40/538) of patients, respectively. PFS was longer with rucaparib compared with placebo in both BRCA1 (HR=0.39; 95% CI=0.14–1.08) and BRCA2 (HR=0.46; 95% CI=0.13–1.69) subgroups. Rucaparib PFS benefit was observed regardless of BRCA mutation type: short variants (frameshift, nonsense, splice site, missense) or large structural events (homozygous deletions, large rearrangements). BRCA mutations were further classified by germline (12.6%; 68/538), somatic (6.1%; 33/538), or unknown (2.6%; 14/538). PFS was longer with rucaparib compared with placebo in germline (HR=0.33; 95% CI=0.10–1.12) and somatic (HR=0.65; 95% CI=0.18–2.39) BRCA subgroups. Deleterious mutations in non-BRCA HRR genes were detected in 11.2% (60/538) of patients, with a PFS benefit of rucaparib versus placebo (HR=0.59; 95% CI=0.24–1.43).

Conclusions Exploratory biomarker analyses confirmed benefit with 1L maintenance rucaparib in patients with advanced OC harbouring different types of deleterious mutations in BRCA and non-BRCA HRR genes.

PRELIMINARY CLINICAL OUTCOME OF ADP-A2M4CD8, A NEXT-GENERATION AUTOLOGOUS T-CELL RECEPTOR T-CELL THERAPY, IN PATIENTS WITH ADVANCED EPITHELIAL OVARIAN CANCER

1Kathleen Moore, 2Adam Asch, 3Victor Moreno, 4Emiliano Calvo, 5Marcus Butler, 6Jon Zuzaga Gomez, 7David Hong, 8Ahmed Galal, 9Lorena Ostios, 10Maria de Miguel, 11Quan Lin, 12Theo Annareddy, 13Francine Brophy, 14Marisa Rosenberg, 15Theresa Seiders, 16Rahesh Naidoo, 17Natasha Bath, 18Eliott Noury, 19Jeffrey Clarke. 20Health Stephenson Cancer Center, Oklahoma City, OK; 3START Madrid-FID, Madrid, Spain; 4START Madrid-CIODC, Madrid, Spain; 5 princess Margaret Cancer Centre, Toronto, ON, Canada; 6Hospital Universitario 12 de Octubre, Madrid, Spain; 7 MD Anderson Cancer Center, Houston, TX; 8 Duke Cancer Center, Durham, NC; 9 Adaptimmune, Philadelphia, PA; 10Adaptimmune, Abingdon, Oxon, UK

Introduction ADP-A2M4CD8, a next-generation specific peptide enhanced affinity receptor (SPEAR) T-cell therapy supplemented with a CD8α co-receptor, is being evaluated in the Phase 1 SURPASS trial (NCT04448559) in multiple solid tumours, including ovarian cancer. Promising anti-tumour activity, including a 36% overall response rate (1 complete response [CR], 7 partial responses [PR] in 22 evaluable patients; 2 August 2021 data cut-off) and a favourable benefit to risk profile were reported.1 We report preliminary anti-tumour activity in ovarian cancer and updated safety in all tumours.

Methods SURPASS is a first-in-human trial evaluating ADP-A2M4CD8 using a modified 3+3 design, with 2 dose cohorts and an expansion cohort.1 T-cells are collected by leukapheresis, transduced, and infused into the patient after lymphodepletion. Eligible patients express human leukocyte antigen A*02 with melanoma-associated antigen (MAGE)-A4-positive tumours. Patients with ovarian cancer must have received platinum-based chemotherapy and progressed ≤12 months post platinum therapy.

Results As of 1 August 2022, 14 patients with ovarian cancer had received 1.14–9.5×10⁹ transduced T-cells. Median age was 59 years (range, 40–75); median number of prior systemic therapy regimens was 4 (range, 2–8); median MAGE-A4 expression H-score was 237.5 (range, 95–300). Adverse events in the overall population were consistent with lymphodepletion chemotherapy or cellular therapy; similar safety results were seen in the ovarian cancer subgroup (table 1). There was 1 Grade 5 cytokine release syndrome. Best overall responses were 1 CR, 4 PR, 6 stable disease (SD), 2 progressive disease and 1 not evaluable, giving a 36% overall response rate and a 79% disease control rate (CR+PR+SD, figure 1).
Abstract 2022-LBA-414-ESGO Table 1

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<tr>
<th>Preferred term</th>
<th>Adverse event (AE) summary</th>
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<tr>
<td></td>
<td>Serious AEs in ≥5% of patients overall, N=44</td>
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<tr>
<td>Any serious AE, n (%)</td>
<td>27 (61.4) 21 (47.7) 11 (78.6) 10 (71.4)</td>
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<tr>
<td>Cytokine release syndrome (CRS)</td>
<td>14 (31.8) 14 (31.8) 7 (50.0) 7 (50.0)</td>
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Abstract 2022-LBA-414-ESGO Figure 1


2022-LBA-677-ESGO DISTRIBUTION AND PROGNOSTIC ROLE OF BRCA STATUS IN ELDERLY OVARIAN CANCER PATIENTS

Introduction Elderly patients with advanced ovarian cancer often receive suboptimal treatment with less radical surgery, due to the complexity and risks of primary debulking surgery (PDS). We know that complete resection is the most important independent factor affecting survival. There is an emerging role of BRCA status. BRCA mut patients are more chemosensitive while BRCA wt could better benefit of PDS. In this context it’s important to evaluate the distribution of BRCA status in elderly patients and if its prognostic role is still maintained in this subgroup of patients.

Methods This is a retrospective single institution study evaluating patients with known germinal/somatic BRCA status. We are comparing clinical and surgical characteristics according to age groups. We are evaluating the prevalence of BRCA mut in the age groups, how it affects survival and chemosensitivity in order to understand if in elderly patients its prognostic role is still maintained.

Results A total of 2089 patients were included in the analysis. Mean age of BRCAmut was 55.8 (SD=10.9) and 60.3 (SD=12) for BRCAwt (<p=0.0001). The rate of BRCAmut decreases over age-range (figure 1). 1850 patients were stage IIIC-IV and older women were less likely submitted to PDS (from 62.1% for <50 y to 23.4% for ≥80 y), however the rate of complete resection was superimposable in all age...