Objectives The prognosis for women with recurrent or persistent EC after progressing on first-line chemotherapy is poor. The humanized monoclonal anti-programmed cell death ligand 1 (PD-L1) inhibitor, Atezo has demonstrated monotherapy antitumor activity with an acceptable safety profile in recurrent EC. The AFT-50 EndoMAP trial is a platform trial designed to evaluate the efficacy and safety of Atezo in combination with biomarker-defined targeted agents in pts with recurrent or persistent EC.

Methods This is a phase IB/II non-randomized, multicenter, multicohort, biomarker-driven platform study for pts with recurrent/persistent EC having received no more than 2 prior lines of therapy. Based on genomic profile per FoundationOne® CDx (F1CDx) NGS assay, pts may be eligible for one of the following doublets: Atezo+ipatasertib (PIK3CA/PTEN/ AKT1-altered cancers), Atezo+talazoparib (genomic loss of heterozygosity (LOH) ≥16%), Atezo+Trastuzumab emtansine (ERBB2/HER2 mutated and/or amplified tumors), Atezo+Tiragolumab (MSI-H and/or TMB>10 mut/MB), and Atezo+bevacizumab (biomarker unmatched). Pts will receive Atezo and the targeted agent until progression, unacceptable toxicity, withdrawal from the study, death, or study termination. The primary endpoint is confirmed overall response rate (ORR) for each biomarker. Secondary endpoints include 6-month PFS, disease control rate, duration of response, OS, and safety and tolerability. Additional arms may be added, as supported by evolving understanding of EC and molecular targets. EndoMAP is actively enrolling at 4 sites with a target of 25 sites in the US.

Results Trial in progress: there are no available results at the time of submission

Conclusions Trial in progress: there are no available conclusions at the time of submission.

Objectives Primary Objective: To evaluate the efficacy in terms of the probability of surviving progression free for at least 6 months (PFS at 6 mo). Secondary Objective: To determine the proportion responding by RECIST v1.1 in patients with advanced, persistent, or recurrent endometrioid endometrial cancer. To estimate the time to disease progression or death (PFS and OS endpoints). To describe the toxicities in patients receiving combination therapy with letrozole and abemaciclib with advanced/metastatic endometrial cancer.

Methods Key Eligibility Criteria: Advanced (FIGO 2014 Stage III or IV), persistent, or recurrent endometrial carcinoma - Must have endometrioid histology (all grades allowed) (Hormone receptor status is not required for enrollment). -Must have measurable disease by RECIST v1.1. -Prior chemotherapy in the adjuvant setting for Stage I, II, or III is permitted. -Prior chemoradiotherapy for a pelvic recurrence is permitted. -Prior immunotherapy and/or targeted therapy is allowed in addition to, in combination with, in lieu of, or subsequent to prior chemotherapy. Regardless of circumstances, no more than one prior chemotherapy regimen (including chemoradiotherapy) is permitted, and no more than one additional systemic therapy is permitted. Hence, eligible patient may have received 0, 1, or 2 prior lines of systemic therapy and one of them may have included chemotherapy. -ECOG performance status of 0–1. -Must be able to swallow oral medications.

Results Trial in progress: there are no available results at the time of submission.

Conclusions Trial in progress: there are no available conclusions at the time of submission.

TP012#/1420 XMT-1660: A PHASE 1B TRIAL OF A B7-H4 TARGETING ANTIBODY DRUG CONJUGATE (ADC) IN ENDOMETRIAL, OVARIAN, AND BREAST CANCERS

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Objectives Endometrial (EC) and ovarian cancers (OC) are some of the leading causes of cancer death in women. Despite therapeutic advances, many patients eventually develop resistance to available standard of care (SOC) therapies. B7-H4 is a poor prognostic factor and is overexpressed in several cancers including endometrial, ovarian, and breast. As a member of the CD28/B7 family of cell surface proteins, it promotes tumorigenesis by suppressing antitumor immunity. XMT-1660 is a B7-H4-targeted Dolasynthen ADC with a precise, optimized drug-to-antibody ratio and a DolaLock microtubule inhibitor payload with controlled bystander effect. In the preclinical setting, XMT-1660 has demonstrated anti-tumor activity in EC and OC PDX models.

Methods The Ph1 trial includes a first-in-human dose escalation (DES) portion followed by a dose expansion (EXP) evaluating XMT-1660 in patients with EC, OC, and BC following progression on SOC. In the DES, BOIN design will be used to determine the MTD. The DES will assess safety and preliminary efficacy, and establish recommended phase 2 dose (RP2D). In the EXP portion, cohorts enrolling EC/OC, TNBC, ER+/HER2- BC, are planned and additional patients...
may be enrolled based on emerging data. The primary endpoints are safety and tolerability, overall response rate, disease control rate, and duration of response. Patients are not selected by B7-H4 status but baseline tumors samples are collected for retrospective analysis. The trial is currently enrolling patients. NCT05377996

Results Trial in progress
Conclusions Trial in progress

Objectives Patients with advanced or recurrent EC have few treatment options and succumb to the cancer rapidly. Approximately 40% of patients with ER-positive, endometrial cancer have activating mutations in the gene PIK3CA, inducing hyperactivation of the alpha isoform of phosphatidylinositol 3-kinase (PI3K). Endocrine therapy is the standard treatment for patients with ER-positive advanced endometrial cancer. However, acquired resistance to endocrine-based therapy remains a challenge. Targeted therapies, such as PI3K inhibitors, have been developed to overcome resistance to existing therapeutics.

Methods Patients with PIK3CA mutated, G1–2 endometrioid adenocarcinoma relapsed after first-line systemic therapy are eligible. Patients must have measurable disease and ECOG performance status 0–1. Patients are randomized into one of the two treatment arms, (A:B), in a 1:1 randomization (n=86): Arm A (letrozole); Arm B (letrozole plus alpelisib). Primary endpoint is investigator assessed progression-free survival. Study sponsor is the Nordic Society of Gynaecological Oncology – Clinical Trial Unit and is being conducted in six cooperative groups (MaNGO, BGOG, DGOG, PMHC, NOGGO & NSGO).

Results Study is expected to start enrolment in Q4 2022.
Conclusions The positive outcome will further improve the outcome of our patients and phase III validation trial will follow.

Objectives Sentinel lymph node (SLN) mapping has been suggested as an alternative surgical technique to lymph node dissection (LND) for early-stage endometrial cancer. However, the survival outcomes of SLN mapping compared with LND have not been established via prospective randomized controlled trials. The primary endpoint of the Gynecologic Oncology Group 2029 trial (KGOG2029/SELYE) is the 3-year disease-free survival (DFS) of SLN mapping versus LND. The secondary endpoints are 3-year overall survival (OS), 5-year DFS, 5-year OS, pattern of recurrence, immediate surgical outcomes, SLN mapping success rate, postoperative lymph-related complications, postoperative QOL, and the cost-effectiveness of SLN mapping versus LND.

Methods The KGOG2029/SELYE trial is a multi-center, single-blind, randomized controlled trial which has been designed to determine the prognostic value of SLN mapping alone compared with conventional lymphadenectomy for patients with clinical stage I-II endometrial cancer of any histologic type and any histologic grade. Study patients will be classified into low/intermediate-risk and high-risk groups according to the risk of lymph node metastasis. A low/intermediate-risk group will undergo pelvic SLN mapping in SLN group and will undergo pelvic lymph node dissection in LND group. A high-risk group will undergo a 2-step SLN mapping procedure consisting of para-aortic SLN mapping (first step) and pelvic SLN mapping (second step) in SLN group and will undergo pelvic and para-aortic lymph node dissection in LND group. Eighty-one of planned 810 patients have been enrolled at the time of submission.

Results There are no available results at the time of submission.
Conclusions There are no available conclusions at the time of submission.

Objectives Folate receptor-alpha (FRα) expression is associated with poor prognosis in endometrial cancer (EC). Mirvetuximab soravtansine (MIRV), an antibody drug conjugate (ADC) comprising a FRα-binding antibody, cleavable linker, and the tubulin-disrupting maytansinoid DM4, showed tolerability and single agent activity in a Phase 1 dose expansion study in FRα+ advanced/recurrent EC (NCT01609356). In addition to direct target-mediated cytotoxicity, MIRV activates monocytes and promotes phagocytosis of tumor cells through Fc-FcγR interactions. We hypothesized that addition of MIRV may improve the low response to immunotherapy in MSS EC.

Conclusions There are no available conclusions at the time of submission.