

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

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

TP022/#1424

**A PHASE I/II STUDY EVALUATING INTRAPERITONEAL GEN-1 IN COMBINATION WITH NEOADJUVANT CHEMOTHERAPY IN PATIENTS NEWLY DIAGNOSED WITH ADVANCED EPITHELIAL OVARIAN CANCER**

<sup>1</sup>Premal Thaker, <sup>2</sup>Debra Richardson, <sup>3</sup>William Bradley, <sup>1</sup>Lindsay Kuroki, <sup>4</sup>Robert Holloway, <sup>5</sup>Stephen Depasquale, <sup>6</sup>Mark Reed, <sup>7</sup>Amy Bregar, <sup>8</sup>Jennifer Scalici, <sup>9</sup>Melanie Bergman, <sup>10</sup>Charles Leath III, <sup>11</sup>Maria Bell, <sup>12</sup>Christopher Darus, <sup>13</sup>Karen Finkelstein, <sup>14</sup>Bhavana Pothuri, <sup>15</sup>David Warshal, <sup>16</sup>Nicholas Borys\*. <sup>1</sup>Washington University School of Medicine, Department of Gynecologic Oncology, St Louis, USA; <sup>2</sup>Stephenson Cancer Center/Sarah Cannon Research Institute, University of Oklahoma Health Sciences Center, Gynecologic Oncology, Oklahoma City, USA; <sup>3</sup>Medical College of Wisconsin, Cancer Center – Froedtert Hospital, Milwaukee, USA; <sup>4</sup>AdventHealth Orlando, Gynecologic Oncology, Orlando, USA; <sup>5</sup>Erlanger Womens Oncology, Gynecologic Oncology, Chattanooga, USA; <sup>6</sup>West Cancer Center and Research Institute, Oncology, Germantown, USA; <sup>7</sup>Massachusetts General Cancer Center, Gynecologic Oncology, Boston, USA; <sup>8</sup>University of South Alabama Mitchell Cancer Institute, Gynecologic Oncology, Mobile, USA; <sup>9</sup>Providence Sacred Heart, Providence Medical Research Center, Spokane, USA; <sup>10</sup>The University of Alabama, Gynecologic Oncology, Birmingham, USA; <sup>11</sup>Sanford Cancer Center, Gynecologic Oncology, Sioux Falls, USA; <sup>12</sup>Providence Cancer Institute, Gynecologic Oncology, Portland, USA; <sup>13</sup>Southwest Women's Oncology, Gynecologic Oncology, Albuquerque, USA; <sup>14</sup>NYU Langone Health, Department of Obstetrics and Gynecology, New York, USA; <sup>15</sup>Cooper Health MD Anderson, Gynecologic Oncology, Camden, USA; <sup>16</sup>Celsion Corporation, Clinical Development, Lawrenceville, USA

10.1136/ijgc-2022-igcs.531

**Objectives** GEN-1, an IL-12 DNA plasmid formulated with a synthetic carrier is being evaluated with neoadjuvant platinum-taxane chemotherapy (NACT) in patients with advanced epithelial ovarian cancer. OVATION 2 is a multi-center, randomized, open-label phase I/II study evaluating the safety, anti-tumor activity, and immunological response to GEN-1 at a dose of 100 mg/m<sup>2</sup> intraperitoneal (IP) actively enrolling at 20 centers in USA and Canada.

**Methods** Up to 130 patients will be randomized 1:1 to receive either NACT plus GEN-1 or NACT alone. The phase I portion will evaluate safety in at least 6 patients administered in 8 weekly infusions starting at cycle 1 week 2 in combination with three 21-day cycles of carboplatin AUC 6 with paclitaxel 175 mg/m<sup>2</sup> (PC). Following interval cytoreductive surgery an additional 9 weekly GEN-1 IP infusions starting at cycle 4 week 1 with three 21-day cycles of PC. If no dose limiting toxicities are found, then the study will continue into the phase II portion. To evaluate biological activity a subgroup of patients will have tumor tissue at initial biopsy/laparoscopy collected and at interval cytoreductive surgery. Tissue will be analyzed for the density of CD8, FoxP3, IDO-1, PD-1, and PDL-1 cells. Blood, peritoneal fluid/wash will be collected before and after treatment in a subgroup of patients to quantify for levels of IFN- $\gamma$ . The primary endpoint is PFS.

**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.

TP023/#1560

**A PHASE 3, RANDOMIZED, DOUBLE-BLIND, PLACEBO/PACLITAXEL-CONTROLLED STUDY OF BATIRAXCEPT IN COMBINATION WITH WEEKLY PACLITAXEL IN PATIENTS WITH PLATINUM-RESISTANT RECURRENT OVARIAN CANCER (GOG-3059/ENGOT OV-66)**

<sup>1</sup>Katherine Fuh\*, <sup>2</sup>Kathleen Moore, <sup>3</sup>Thais Baert, <sup>4</sup>Thomas Herzog, <sup>5</sup>David Cibula, <sup>6</sup>Joyce Liu, <sup>7</sup>Laurianne Eberst, <sup>8</sup>Sharon Lewin, <sup>9</sup>Angeles Alvarez Secord, <sup>10</sup>Jalid Sehouli, <sup>11</sup>Tashanna Myers, <sup>12</sup>Aristotelis Bamias, <sup>13</sup>BJ Rimel, <sup>14</sup>Nicoletta Colombo, <sup>15</sup>Amy Franke, <sup>16</sup>Dipti Shoop, <sup>17</sup>Ugo De Giorgi, <sup>18</sup>Joanna Pikiel, <sup>19</sup>Rebecca Bowen, <sup>20</sup>Antonio Gonzalez-Martin. <sup>1</sup>University of California, San Francisco, Ob/gyn, San Francisco, USA; <sup>2</sup>Stephenson Cancer Center, Division of Obstetrics and Gynecology, Department of Gynecologic Oncology, University of Oklahoma Health Science Center, Oklahoma City, USA; <sup>3</sup>UZ Leuven, Ob/gyn, Leuven, Belgium; <sup>4</sup>University of Cincinnati Cancer Center, Obstetrics and Gynecology, Cincinnati, USA; <sup>5</sup>First Faculty of Medicine, Charles University and General University Hospital, Department of Obstetrics and Gynecology, Prague, Czech Republic; <sup>6</sup>Dana Farber Cancer Institute, Department of Medicine, Boston, USA; <sup>7</sup>Insitut de cancérologie Strasbourg Europe, Oncology, Lyon, France; <sup>8</sup>HolyName Patricia Lynch Cancer Center, Gynecologic Oncology, Teaneck, USA; <sup>9</sup>Duke, Ob/gyn, Durham, USA; <sup>10</sup>Charité-Universitätsmedizin Berlin, Department of Gynecology With Center For Oncological Surgery, Campus Virchow Klinikum, Berlin, Germany; <sup>11</sup>Baystate Medical Center, Obstetrics and Gynecology- Division Gynecologic Oncology, Springfield, USA; <sup>12</sup>Attikon General University Hospital of Athens, Oncology, Athen, Greece; <sup>13</sup>Cedars-Sinai Medical Center, Gynecologic Oncology, Los Angeles, USA; <sup>14</sup>University of Milan-Bicocca, European Institute of Oncology IRCCS, Gynecologic Oncology Department, Milan, Italy; <sup>15</sup>Aravive, Oncology, Houston, USA; <sup>16</sup>Aravive, Biologics, Houston, USA; <sup>17</sup>stituto Romagnolo per lo Studio dei Tumori (IRST) 'Dino Amadori', Uro-gynecology, Meldola, Italy; <sup>18</sup>Regional Center of Oncology, Department of Chemotherapy, Gdansk, Poland; <sup>19</sup>Royal United Hospital Bath, Oncology, Bath, UK; <sup>20</sup>Clinica Universidad di Navarra, Medical Oncology, Madrid, Spain

10.1136/ijgc-2022-igcs.532

**Objectives** Introduction: The AXL receptor and its sole activating ligand, GAS6, are important drivers of metastasis and therapeutic resistance in human cancers. This signaling axis represents an attractive target for therapeutic intervention. The strong picomolar binding affinity between endogenous GAS6 and AXL and the promiscuity of small molecule AXL inhibitors have presented a barrier to specific and potent inhibition of AXL. Batiraxcept (AVB-S6-500) is a recombinant fusion protein with ~200-fold higher affinity for GAS6 than wild-type (WT) AXL. Batiraxcept binds GAS6, inhibiting its interaction with AXL thereby dramatically reducing AXL signaled invasion and migration of highly metastatic cells in vitro and inhibiting metastatic disease in nonclinical models of aggressive human cancers. The Phase 1b study showed no DLTs and established a RP2D of 15 mg/kg IV every 2 weeks with PAC/PLD. Longer PFS and OS times were observed in patients who had not been previously treated with bevacizumab (bev-naïve).

**Methods** High-grade serous PROC, who received 1–4 prior lines randomized (1:1) batiraxcept/PAC or placebo/PAC; stratified by last platinum regimen, prior lines, and prior bevacizumab. The primary endpoint is PFS by RECIST v1.1 assessed by the investigator with OS a secondary endpoint. The primary PFS analysis will be triggered when 130 PFS events occur in the bev-naïve; with an interim analysis of OS.