enhanced by the anti-PD-1 antibody cemiplimab. We present first-in-human ubamatamab +/- cemiplimab dose escalation results in recurrent OC.

Methods Patients with recurrent platinum-experienced OC received weekly intravenous ubamatamab 0.3–800 mg after step-up dosing. Patients in combination cohorts received intravenous cemiplimab 350 mg every 3 weeks beginning Day 29–36. Endpoints assessed safety (primary), clinical activity (secondary), and correlates of tumor MUC16 immunohistochemistry and serum CA125 (exploratory).

Results 109 patients (N=74 monotherapy/N=35 combination) were enrolled. Median number of prior therapies was 5 (range 1–17). Commonest treatment-related adverse events of any grade occurred in the first 4 weeks of treatment, including pain (75.2%; Grade 1–2 56.9%; Grade 3 18.3%) and cytokine release syndrome (72.5%; all Grade 1–2) (table 1), with few of these events after addition of cemiplimab. In efficacy analyses (n=42 monotherapy/n=22 combination), ORR was 14.3%/18.2%, median duration of response was 13.7/8.3 months, and CA125 response (GCIG criteria) was 31.0%/22.7%. All patient tumors expressed MUC16 by immunohistochemistry. Responses with ubamatamab monotherapy were observed across a range of MUC16 expression levels. Response rates and PFS increased with increasing number and intensity of MUC16+ cells. CA125 response was associated with improved PFS (monotherapy: hazard ratio 0.35; 95% CI 0.17–0.72).

Conclusion/Implications Ubamatamab +/- cemiplimab demonstrated acceptable safety and evidence of clinical activity in heavily pretreated OC. An ongoing randomised Phase 2 study is evaluating ubamatamab alone and with cemiplimab.

Introduction FLAMES is a randomized, double-blind, placebo-controlled, phase 3 trial to evaluate efficacy and safety of senaparib as first line (1L) maintenance therapy in patients with newly diagnosed advanced ovarian cancer (OC).
Methods Chinese patients with newly diagnosed, FIGO stage III-IV, high-grade serous or endometrioid OC who had achieved complete response (CR) or partial response (PR) to 1L platinum-based chemotherapy were randomized (2:1) to receive senaparib or placebo. Primary endpoint was progression-free survival (PFS) evaluated by BICR according to RECIST v1.1. A prespecified subgroup analysis was performed based on FIGO stage (III vs IV), BRCA mutation (positive vs negative), 1L treatment response (CR vs PR), neoadjuvant chemotherapy (yes vs no) and presence of residual disease after debulking surgery (yes vs no).

Results 404 patients were randomized to receive senaparib vs placebo with a median follow up of 22.4 and 22.2 months, respectively. PFS was significantly increased in senaparib arm (HR 0.43, 95% CI 0.32–0.58, P < 0.0001) over placebo. All subgroup analysis demonstrated consistent treatment benefit (HR <0.50, P<0.0001, figure 1). Incidence rates of grade ≥3 adverse events (AEs) were 66.3% vs 20.3%, respectively. The most common grade ≥3 AEs were anemia (29.3%) , thrombocytopenia (26.7%), and neutropenia (24.8%) after received senaparib. No new safety signals were identified among all subgroups.

Conclusion/Implications Maintenance senaparib significantly improved PFS regardless of FIGO stage, 1L treatment response, surgical timing and residual disease status versus placebo in patients with newly diagnosed advanced OC.