**EP311/#691**

**Efficacy of the Porcupine Inhibitor ETC-1922159 (ETC-159) Plus Pembrolizumab in Microsatellite Stable (MSS) or Proficient Mismatch Repair (PMMR) Platinum Resistant Ovarian Carcinomas (PROC)**


1. Experimental Drug Development Centre (EDDC), A*STAR, Therapeutics Development, Singapore, Singapore; 2. National University Cancer Institute Singapore, Department of Haematology-oncology, Singapore, Singapore; 3. National Cancer Center Singapore (NCCS), Division of Medical Oncology, Singapore, Singapore; 4. National University of Singapore, Singapore, Singapore; 5. University of Colorado Comprehensive Cancer Center, Medical Oncology, Aurora, USA; 6. University of Colorado, Obstetrics and Gynecology, Aurora, USA; 7. Kansas University Medical Center (KUMC), Medical Oncology, Kansas City, USA

Introduction  
PD-(L1) inhibitors have limited efficacy in MSS/pMMR recurrent ovarian cancers. Upregulation of the Wnt pathway has been associated with immune exclusion in the tumour microenvironment. ETC-159 is a small molecule porcupine inhibitor that suppresses WNT secretion. Ph1B trial explored the combination of ETC-159 with PD-1 inhibition in PROC.

Methods  
In a Phase 1B open label study patients ≥ 18 years, with adequate organ function and MSS/pMMR PROC were eligible. ETC-159 was dosed orally QOD in combination with 200 mg pembrolizumab IV every 21 days. Responses were evaluated via RECIST1.1 and iRECIST. PK, PD and tumour profiling were assessed at multiple time points throughout the trial.

Results  
Six PROC patients were treated with the combination in dose escalation & expansion. The majority (66%) were high-grade serous ovarian carcinomas with a median 4 lines (2–7) of previous treatments. SAEs were pneumonitis and erythema with fever (8 mg, 1 patient). No fractures or other skeletal SAEs were observed. Of 6 evaluable patients, two patients had a PR. 1 harbouring a SUFU-1 mutation (on treatment for 27 weeks) and another with BRCA2 mutant who had progressed on PARPi and immunotherapy. Two others achieved SD as best response for 12 and 18 weeks, respectively, with 1 more currently ongoing. A disease control rate (SD/PR/CR ≥ 12 weeks) of 67% was observed.

Conclusion/Implications  
Preliminary data suggest Wnt signaling inhibition with ETC-159 in combination with pembrolizumab is tolerable with no unexpected safety signals and may provide clinical benefit for platinum resistant MSS/pMMR ovarian cancer patients.

**EP312/#540**

**Intraperitoneal Chemotherapy without Bevacizumab Versus Intravenous Chemotherapy Plus Bevacizumab as Frontline Therapy in Advanced Ovarian Cancer**

Wan Hua Stella Ting*, Hsiao-Feng Wang, Hui-Hua Chen, Hsu-Dong Sun, Ming-Chow Wei, Sheng-Mou Hsiao. Far Eastern Memorial Hospital, Department of Obstetrics and Gynecology, New Taipei City, Taiwan

Introduction  
To compare the clinical outcomes between intravenous carboplatin/paclitaxel chemotherapy plus bevacizumab versus intraperitoneal cisplatin/paclitaxel chemotherapy without bevacizumab as the frontline treatment in women with advanced ovarian, fallopian tube and primary peritoneal cancer.

Methods  
All consecutive women with stage II–IV cancer treated with either frontline intraperitoneal cisplatin/paclitaxel without bevacizumab (IP group) or intravenous carboplatin/paclitaxel with bevacizumab (IVB group) at a tertiary referral center were reviewed.

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*Abstract EP312/#540 Figure 1*