HIPEC after recent exposure of systemic chemotherapy exposure in ovarian cancer.

**Methods**
This trial (KOV-HIPEC-02) is a multicenter, open-label, 1:1 randomized, phase III trial that will enroll 140 patients in platinum-resistant recurrent epithelial ovarian cancer. The trial is registered on ClinicalTrials.gov (NCT05161811). The experimental arm will receive HIPEC (41.0–42.0°C, doxorubicin 35 mg/m² and mitomycin 15 mg/ m², 90 min) followed by physician’s choice chemotherapy, and the control arm will receive physician’s choice chemotherapy without HIPEC until disease progression or unacceptable toxicities. The primary objective of the trial is to evaluate progression-free survival (PFS). Secondary objectives are overall survival (OS), cancer-specific survival, safety, and quality of life. Assuming that the enrollment period is 3 years and the follow-up period is 2 years, the total number of events required is 121. Based on the log-rank test, the total number of subjects required to prove HR 0.6 with a two-sided alpha 0.05 and 80% power is 126. 140 patients are finally studied considering 10% drop-out.

**Current Trial Status**
Active Recruiting

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**Abstracts**

**ROSELLA (GOG-3073, ENGOT-OV72/MITO): A PHASE 3 STUDY OF RELACORILANT + NAB-PACLITAXEL VS. NAB-PAACLITAXEL IN PLATINUM-RESISTANT OVARIAN CANCER**


**TP019#1387**

**FIRST-IN-HUMAN PHASE 1/2 STUDY OF UBAMATAMAB, A MUC16xCD3 BISPECIFIC ANTIBODY, ADMINISTERED ALONE OR IN COMBINATION WITH CEMIPLIMAB IN PATIENTS WITH RECURRENT OVARIAN CANCER**


**Introduction**
Ubamatamab (REGN4018) is a MUC16xCD3 bispecific antibody that promotes T cell-mediated cytotoxicity by facilitating contact between cancer cells and T cells. In a Phase 1 study (NCT03564340) in patients with recurrent ovarian cancer (OC), ubamatamab monotherapy demonstrated an acceptable safety profile and durable clinical activity at doses of 20 mg to 800 mg IV weekly (by RECIST and CA-125 response rates), and linear pharmacokinetics up to 800 mg IV weekly.

**Methods**
In Phase 2, up to 150 patients with advanced platinum-resistant OC and elevated serum CA-125 will be randomized 1:1:1 to IV Q3W treatment: ubamatamab 250 mg; ubamatamab 800 mg; or ubamatamab 250 mg plus cemiplimab 350 mg (figure 1). All treatment arms will include weekly step-up dosing of ubamatamab (1 mg week 1, 20 mg week 2, and full dose weeks 3 and 4) to limit risk of...
cytokine release syndrome before proceeding to Q3W dosing. Expansion cohorts will use a Simon 2-stage study design, with interim analysis after 20 patients. Any arm with ≥3 objective responses will be expanded to 50 patients. The primary end-point for each treatment arm is ORR per RECIST 1.1 criteria. Secondary endpoints include DOR, PFS, safety, and pharmacokinetics of ubamatamab with/without cemiplimab. Exploratory endpoints include evaluation of baseline tumor MUC16 expression and other biomarkers as predictors of response. The impact of ubamatamab on QOL and physical functioning will be assessed.

Current Trial Status The study is currently recruiting patients to combination dose escalation, monotherapy dose expansion, and the randomized Phase 2 cohort.

Abstract TP020/#1513 Figure 1 (A) Phase 1 dose escalation and Phase 2 dose expansion including randomized Phase 2 cohort and (B) study schema for randomized Phase 2 cohort

Introduction Folate receptor alpha (FolRα) is a validated target in the treatment of platinum resistant ovarian cancer (PROC) expressing high FolRα. There remains a high unmet need to treat PROC with low to moderate FolRα expression. Luveltamab tazevibulin (luelta), a novel FolRα-targeting ADC with a hemiasterlin warhead (DAR4), is designed using site-specific conjugation technology to target a broad range of FolRα-expressing cancers. Luelta demonstrated preliminary efficacy data (ORR of 37.5%; mDOR of 5.5 months; mPFS of 6.1 months) in 32 patients with advanced/relapsed EOC with FolRα expression of >25% (any intensity) in a Phase 1 study (NCT03748186). ORR was higher at 5.2 mg/kg (43.8% versus 31.3%, n=32) compared to 4.3 mg/kg. Luelta showed a manageable safety profile, with the most common grade 3+ adverse events of neutropenia, arthralgia, and anemia. This data forms the basis for a pivotal study of luelta in patients with PROC with broad FolRα expression levels.

Methods REFRAme-O1/ENGOT-Ov79/GOG-3086 is a 2-part Phase 2/3 study of luelta in subjects with relapsed PROC expressing FolRα. Part 1 is the dose-optimization stage, with ~50 subjects randomized 1:1 at 4.3 mg/kg Q3W or 5.2 mg/kg Q3W + prophylactic pegfilgrastim for 2 cycles followed by 4.3 mg/kg Q3W. Part 2 will commence with the selected optimized dose versus investigator’s choice chemotherapy, with a 2:1 randomization schedule. Key inclusion criteria: progressive PROC, up to 3 prior regimens, TPS of ≥25% for FolRα expression, and measurable disease. Key exclusion criteria: primary platinum refractory disease and prior treatment with a FolRα ADC or ADC-containing tubulin inhibitor.

Current Trial Status Currently enrolling