

PR061/#869

A RETROSPECTIVE STUDY ON THE COMPARISON OF RESPONSIVENESS OF EACH CHEMOTHERAPY FOR RECURRENT OVARIAN CANCER AFTER MAINTENANCE TREATMENT WITH PARP INHIBITORS

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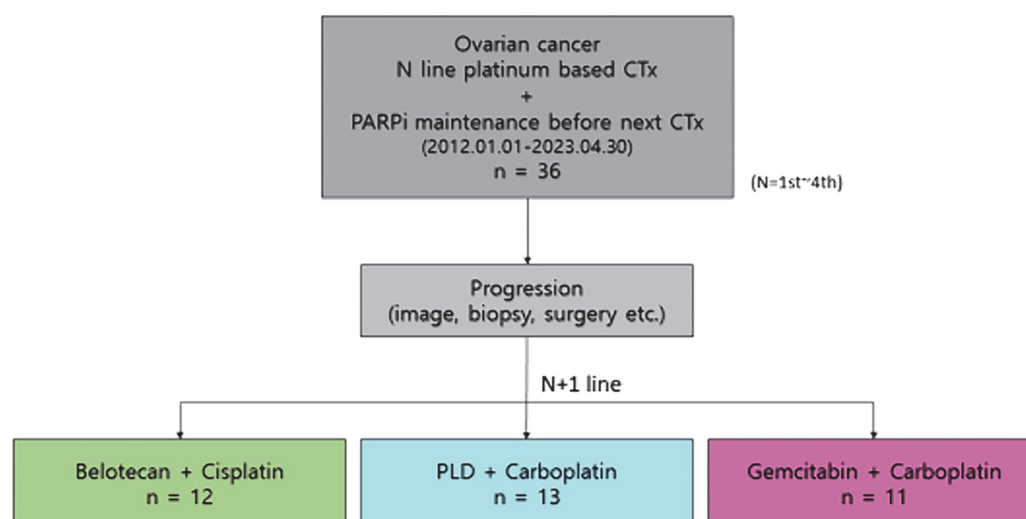
Introduction In the SOLO2 trial, olaparib demonstrated a significant benefit in disease-free survival in platinum sensitive recurrent ovarian cancer patients with BRCA1/2 mutations, so importance and utility of poly (adenosine diphosphate-ribose) polymerase inhibitors (PARPi) in therapy is gradually increasing. However, there is no medical agreement for treatment after recurrence in ovarian cancer patients who have been

administered PARPi, so they are generally treated with platinum-based chemotherapy that have been used previously, or undergo surgery and radiation therapy. Therefore, this study was conducted to confirm the efficacy of each chemotherapy for recurrent ovarian cancer after using PARPi.

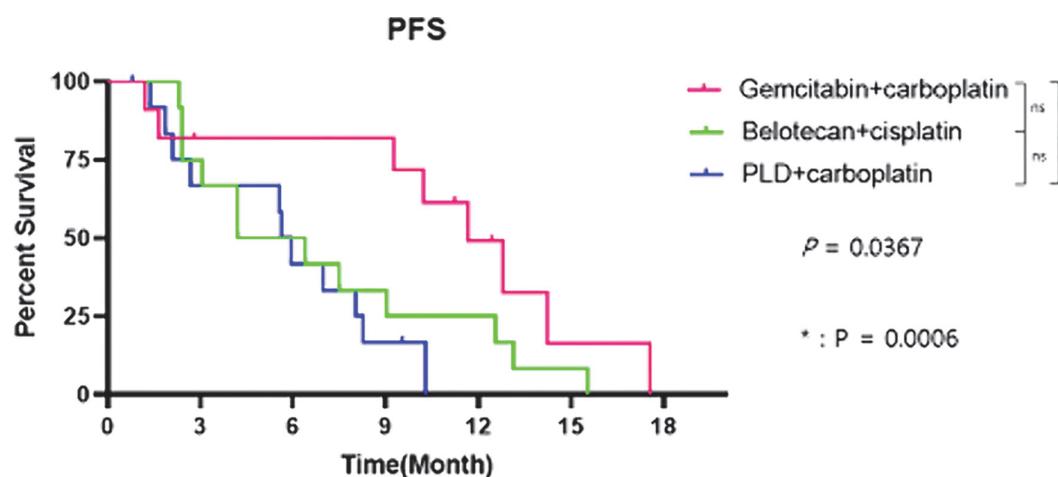
Methods This retrospective study collected the data on recurrent ovarian cancer patients who have used PARPi after platinum-based chemotherapy in front-line to forth-line and using next chemotherapy of Liposomal doxorubicin (PLD)+Carboplatin, Belotecan+Cisplatin and Gemcitabin+Carboplatin from January 01, 2012 to April 30, 2023. The primary endpoint was progression free survival(PFS) from the date of disease progression after using PARPi to the date of next disease progression after using those chemotherapy methods.

Results There was a significant different PFS (p value = 0.0367) in the three groups. And overall, the Gemcitabin +Carboplatin group showed better results than the other two groups, in particular, a significant difference with the PLD +carboplatin group (p value = 0.0060, Hazard ratio : 2.964, 95% CI 1.128–7.791).

Conclusion/Implications In the treatment of recurrent ovarian cancer using platinum-based chemotherapy and PARPi,



Abstract PR061/#869 Figure 1 Schema



Abstract PR061/#869 Figure 2 Progression free survival(PFS) in among three chemotherapies

Gemcitabin + Carboplatin chemotherapy may show slightly better results than other chemotherapies, so additional research on this seems necessary.

PR062/#686

FIRST-IN-HUMAN PHASE 1 STUDY OF TORL-1-23, A NOVEL CLAUDIN 6 (CLDN6) TARGETED ANTIBODY DRUG CONJUGATE (ADC) IN PATIENTS WITH OVARIAN CANCER

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Introduction CLDN6 is highly expressed in multiple cancers with little to no expression in normal tissues, thus is an ideal target to explore a novel therapeutic. TORL-1-23 is first-in-class ADC targeting the tumor-specific antigen CLDN6.

Methods A first in human, 2-part study (TORL123-001 [NCT05103683]) is characterizing the safety, tolerability, pharmacokinetics (PK), maximum tolerated dose (MTD), and anti-tumor activity of TORL-1-23 monotherapy in participants with ovarian and other advanced solid tumors. Dose escalation (Part 1) implemented an accelerated titration design with up to 6 participants per dose level cohort. Dose expansion (Part 2) will assess participant cohorts with CLDN6-expressing tumors including gynecologic cancers using a CLDN6 IHC companion diagnostic.

Results 19 patients with platinum-resistant/refractory ovarian cancer were evaluated across 8 dose levels (0.2 to 2.4 mg/kg IV every 3 weeks, 21 day cycles) (data cutoff 01APR2023). Most pts had ≥ 3 prior treatment lines in the metastatic setting. The most common treatment-related adverse events were Gr1 peripheral neuropathy (n=3), Gr1/2 fatigue (n=2), and Gr1 nausea (n=2). Dose-limiting toxicities have not been observed. PK data show sustained exposure over the dosing interval. Partial responses (PR) were reported in 6/18 efficacy evaluable participants with CLDN6+ ovarian cancer across all dose levels. 3 of 4 participants with ovarian cancer responded at the 2.4 mg/kg dose level.

Conclusion/Implications In participants with heavily-pretreated CLDN6-expressing ovarian cancer, the novel TORL-1-23 ADC shows a favorable safety/tolerability profile and encouraging antitumor activity. Dose finding is ongoing to identify optimal doses for subsequent development.

PR063/#79

SEROUS TUBAL INTRAEPITHELIAL CARCINOMA (STIC) OUTCOMES IN AN AVERAGE RISK POPULATION

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Introduction Serous tubal intraepithelial carcinoma (STIC) are precursors for high grade serous carcinomas (HGSC) of tubo-ovarian origin. It is most commonly encountered during risk-reducing surgery for patients with a BRCA germline pathogenic variant (PV). An isolated STIC at risk-reducing surgery is associated with a 27.5% risk of primary peritoneal HGSC at 10 years. There is little known about the risk of subsequent HGSC in an average risk patient found to have an isolated STIC. The objective of this study is to explore the outcomes of STIC diagnosed in a population of patients without a known hereditary mutation at the time of surgery.

Methods Retrospective population based cohort study from British Columbia, Canada. Chart review of patients with an isolated STIC from January 2012 to May 2022. The estimated population prevalence of STIC, and outcomes including subsequent HGSC and BRCA mutations are described.

Results Twenty nine patients were identified, including 20 patients with no known BRCA PV ('average risk') undergoing primary surgery for non-risk reducing indications. The estimated prevalence of STIC in this population was 0.1%. Patients were followed for a median of 63 (9-127) months. Five of these 20 average risk patients (25%) developed HGSC at 18, 29, 70, 80, 106 months, and only 1 (5%) of these was subsequently found to have a BRCA PV.

Conclusion/Implications STIC identified in average risk population patients with negative genetic testing are still at risk of subsequent HGSC. Recommendations for STIC management should be applied to all patients regardless of BRCA status.

PR064/#206

MULTICENTER REAL-WORLD EXPERIENCES OF PARPI RECHALLENGE IN PATIENTS WITH OVARIAN CANCER IN CHINA

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Introduction The OReO/ENGOT Ov-38 trial showed maintenance olaparib rechallenge improved progression-free survival (PFS) compared with placebo. However, subpopulation benefit more from Poly (ADP-ribose) polymerase inhibitors (PARPi) rechallenge was unclear. The objective of this real-world study is to evaluate the effectiveness, safety and explore benefit population of PARPi rechallenge in China.

Methods This multi-center, non-interventional study included patients with PARPi-treated recurrent ovarian cancer who rechallenged PARPi as maintenance therapy or salvage treatment at 12 institutions between June 2019 and March 2023. Patients' demographics and outcomes were analyzed.