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

[1]Gottfried Konecny*, [2]Andrea Wahner Hendrickson, [3]Boris Winterhoff, [1]Cinthiya Chander, [4]Sanela Bilic, [5]Simon Davenport, [6]Adrine Chung, [6]Lei-Lani Miller, [5]Michael Press, [7]Stephen Letrent, [8]Dennis Slamon. *[1]UCLA, Obstetrics and Gynecology, Los Angeles, USA; [2]Mayo Clinic, 200 First St Sw, Rochester, USA; [3]University of Minnesota, Division of Gynecologic Oncology, Minneapolis, USA; [4]Vanadro, Pharmacology, Urbandale, USA; [5]University of Southern California, Department of Pathology, Los Angeles, USA; [6]Translational Research in Oncology-US, Clinical Operations, Los Angeles, USA; [7]TORL Biotherapeutics, Clinical Development, Culver City, USA; [8]University of California Los Angeles, Department of Medicine, Los Angeles, USA*

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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 $\geq$ 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

[1]Kimberly Stewart, [2]Lien Hoang, [1]Janice Kwon*. *[1]University of British Columbia, Division of Gynecologic Oncology, Vancouver, Canada; [2]Vancouver General Hospital, Department of Pathology, Vancouver, Canada*

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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

[1]Jin Li*, [2]Feng Shao, [3]Lingjun Zhao, [4]Fei Zheng, [5]Hua Zhu, [6]Enchun Li, [7]Wei Zhou, [8]Guorong Yao, [9]Jie Liu, [10]Jianxiao Zheng, [11]Shan Pan, [12]Yue Zhang, [1]Xiaohua Wu. *[1]Fudan University Shanghai Cancer Center, Department of Gynecologic Oncology, Shanghai, China; [2]Cancer Hospital of the University of Chinese Academy of Sciences (Zhejiang Cancer Hospital), Gynecologic Surgical Department, Hangzhou, China; [3]Ningbo Women and Children's Hospital, Department of Gynecology, Ningbo, China; [4]Ningbo No.2 Hospital, Department of Gynecology, Ningbo, China; [5]The First Affiliated Hospital of Wenzhou Medical University, Department of Gynecology, WenZhou, China; [6]Women's Hospital School of Medicine Zhejiang University, Department of Gynecology, Hangzhou, China; [7]Taizhou Hospital of Zhejiang Province, Department of Gynecology, Taizhou, China; [8]Huzhou Central Hospital, Department of Integrated Chinese and Western Medicine, Huzhou, China; [9]Jinhua People's Hospital, Department of Gynecology, Jinhua, China; [10]Yueqing People's Hospital, Department of Integrated Chinese and Western Medicine, Wenzhou, China; [11]Jiaxing University Affiliated Women and Children Hospital, Department of Gynecology, Jiaxing, China; [12]The First Affiliated Hospital, Zhejiang University School of Medicine, Department of Gynecology, Hangzhou, 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.