Abstract PO007LBA/#1550 Table 2

			Responders/Total	ORR by INV, % (95% CI)
Endometrial	HER2 amp	ISH+	11/13	84.6 (54.6, 98.1)
		ISH-	9/20	45.0 (23.1, 68.5)
		Unknown	3/7	42.9 (9.9, 81.6)
	Plasma *HER2*amp*	*ERBB2* amplified	10/11	90.9 (58.7, 99.8)
		Not detected	13/29	44.8 (26.4, 64.3)
		Unknown†	0	0
Cervical	HER2 amp	ISH+	6/10	60.0 (26.2, 87.8)
		ISH-	12/26	46.2 (26.6, 66.6)
		Unknown	2/4	50.0 (6.8, 93.2)
	Plasma *HER2*amp*	*ERBB2* amplified	3/4	75.0 (19.4, 99.4)
		Not detected	16/35	45.7 (28.8, 63.4)
		Unknown†	1/1	100.0 (2.5, NE)
Ovarian	HER2 amp	ISH+	6/10	60.0 (26.2, 87.8)
		ISH-	9/25	36.0 (18.0, 57.5)
		Unknown	3/5	60.0 (14.7, 94.7)
	Plasma *HER2*amp*	*ERBB2* amplified	1/1	100.0 (2.5, NE)
		Not detected	15/37	40.5 (24.8, 57.9)
		Unknown†	2/2	100.0 (15.8, NE)

HER2 amplification was evaluated centrally using Ventana dual ISH on archival tissue and detected in baseline plasma ctDNA using Guardant Health OMNI assay; CI calculated using Clopper-Pearson method. *Focal amplification only. †Includes low shedders (no mutations detected, very low frequency mutations, or only variants of uncertain significance detected). amp, amplification; CI, confidence interval; INV, investigator; ISH, in situ hybridization; NE, not evaluable; ORR, objective response rate

encouraging survival outcomes in patients with gynecological tumors. Safety was consistent with the known profile. These data support T-DXd as a potential treatment for patients with gynecological HER2-expressing tumors who progressed on prior therapy.

Plenary 03: Oral Abstract Presentations – Ovarian Cancer

AS11. Ovarian cancer

PO008/#393

TIMED ADOPTIVE T-CELL THERAPY DURING CHEMOTHERAPY IN PLATINUM SENSITIVE RECURRENT EPITHELIAL OVARIAN CANCER, THE OVACURE PHASE I/II TRIAL

[1]Judith Kroep*, [1]Linda De Bruin, [1]Lien Van Der Minne, [1]Inge Roozen, [2]Pauline Meij, [3]Sjoerd Van Der Burg, [3]Els Verdegaal. *[1]Leiden University Medical Center (LUMC), Medical Oncology, Leiden, Netherlands; [2]Leiden University Medical Center (LUMC), Clinical Pharmacology and Toxicology, Leiden, Netherlands; [3]Leiden University Medical Center (LUMC) and Oncode Institute, Medical Oncology, Leiden, Netherlands*

10.1136/ijgc-2023-IGCS.8

Introduction T-cell infiltration correlates with epithelial ovarian cancer (EOC) survival, suggesting that EOC may be sensitive to ACT with autologous TIL. Carboplatin-paclitaxel (CP) chemotherapy lowers tumor induced immune-suppressive myeloid-cells, thereby creating a window-of-opportunity for TILs. IFNα may support the TIL.

Methods This phase I/II OVACURE trial (NCT04072263) studied the feasibility and safety of TIL during CP +/- IFNα in patients with recurrent platinum-sensitive EOC. Sixteen patients were enrolled. Patients received CP iv q3 weeks, 6x and TIL iv 2 weeks after the 2nd, 3rd and 4th CP +/- IFNα 12 weeks around the TIL infusion. CP +/- IFNα were used for lymphodepletion instead of IL-2. Patients who received 3 TIL cycles were evaluable. Secondary, signs of activity, immunomodulation, and T-cell reactivity were studied.

Results Fourteen patients were evaluable. Median age: 63 years (29–77), 13 HGSOC and 1 LGMOC. TIL could successfully be cultured for all patients. Addition of TIL during CP did not add toxicity, while additional IFNα resulted in grade 3 thrombocytopenia in the first 2 patients. Therefore, it was decided to continue treatment without IFNα. CP reduced plasma IL-6 levels and circulating myeloid-cell numbers. The optimal myeloid/lymphocyte ratio reduction was obtained 1–2 weeks after the 2nd CP. Interestingly, the platinum-free interval (PFI) exceeded the previous PFI after similar CP in 2 patients, including an ongoing PFI which increased from 8 to currently 43+ months.

Conclusion/Implications Combined treatment with CP chemotherapy and timed TIL did not increase toxicity and may result in clinical benefit for patients with EOC.