Future Treatment of Ovarian Cancer Patients with non-BRCA Mutation or HRD (-)

Myong Cheol Lim
National Cancer Center

11:00-11:30 Sep 3, 2023, EAGOT 2nd Annual Meeting

COI

- **Consulting or Advisory Role**: AstraZeneca, Boryung, CKD Pharm, Genexine, Hospicare, GI Innovation, Takeda

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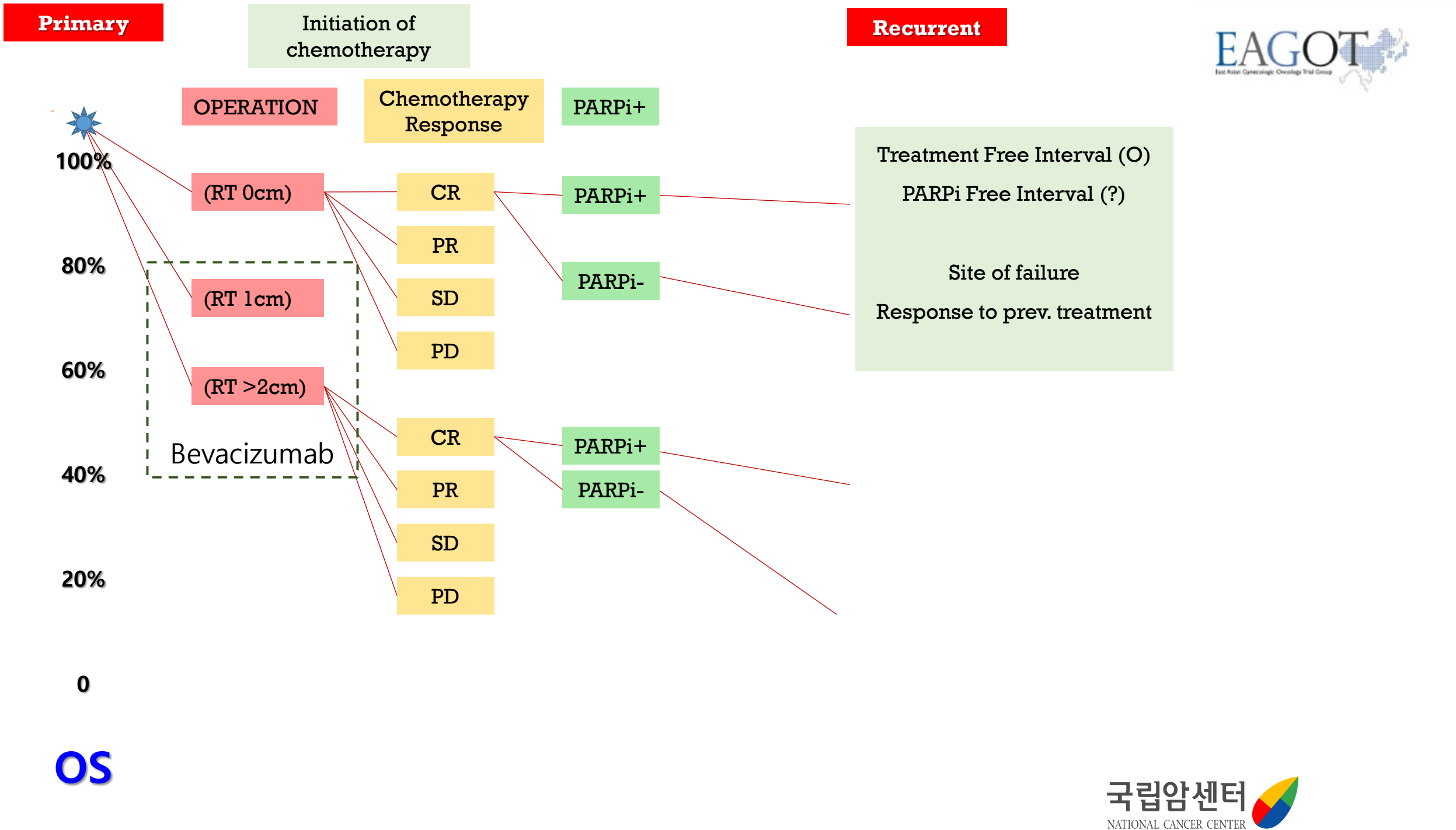
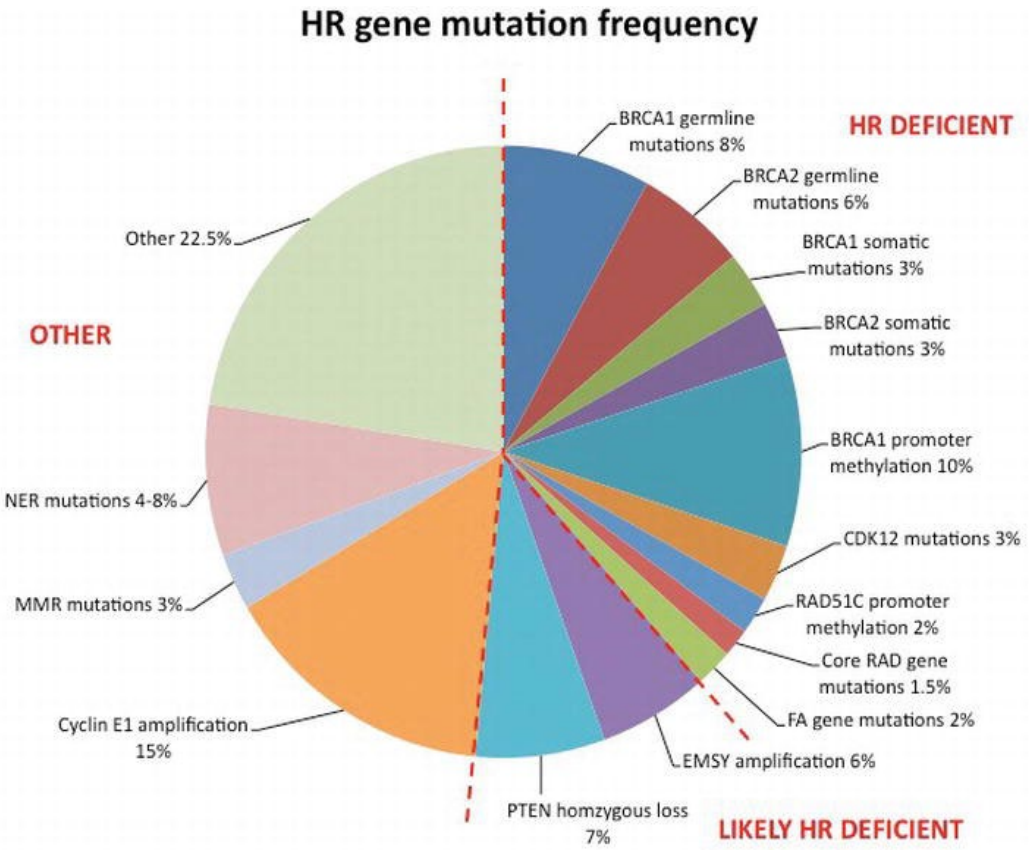
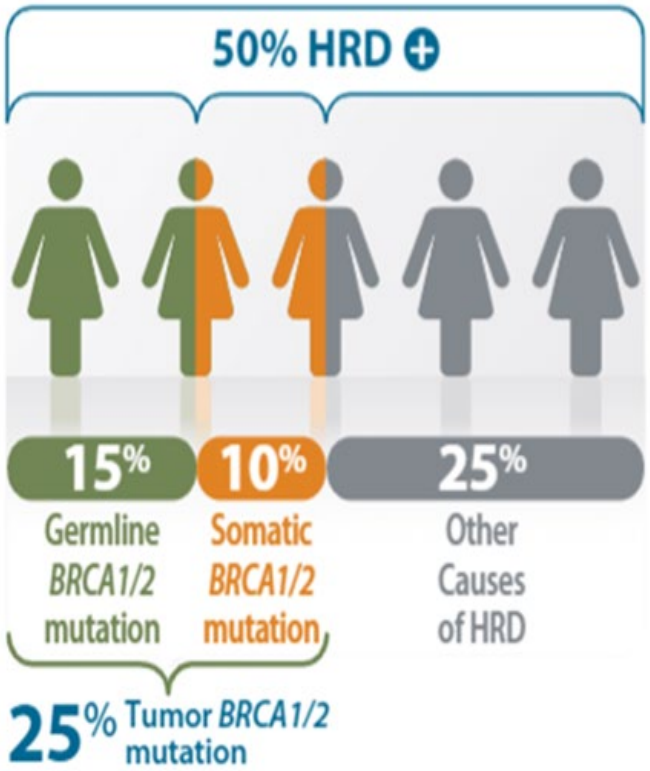

Primary
Initiation of chemotherapy
Recurrent
OPERATION
Chemotherapy Response
PARPi+
100%
(RT 0cm)
CR
PARPi+
PR
80%
(RT 1cm)
SD
PARPi-
PD
60%
(RT >2cm)
Bevacizumab
CR
PARPi+
PR
40%
PARPi-
SD
20%
PD
0
Treatment Free Interval (O)
PARPi Free Interval (?)
Site of failure
Response to prev. treatment
OS





Konstantinopoulos PA, Ceccaldi R, Shapiro GI, D'Andrea AD. Homologous recombination deficiency: exploiting the fundamental vulnerability of ovarian cancer. Cancer Discovery 2015;5(11):3570-3576. DOI: 10.1200/JCO.2009.27.2997
https://www.dlongwood.com/en/products/mychoice-cdx/

NCCN Guidelines Version 2.2023
Epithelial Ovarian Cancer/Fallopian Tube Cancer/ Primary Peritoneal Cancer

NCCN Guidelines I
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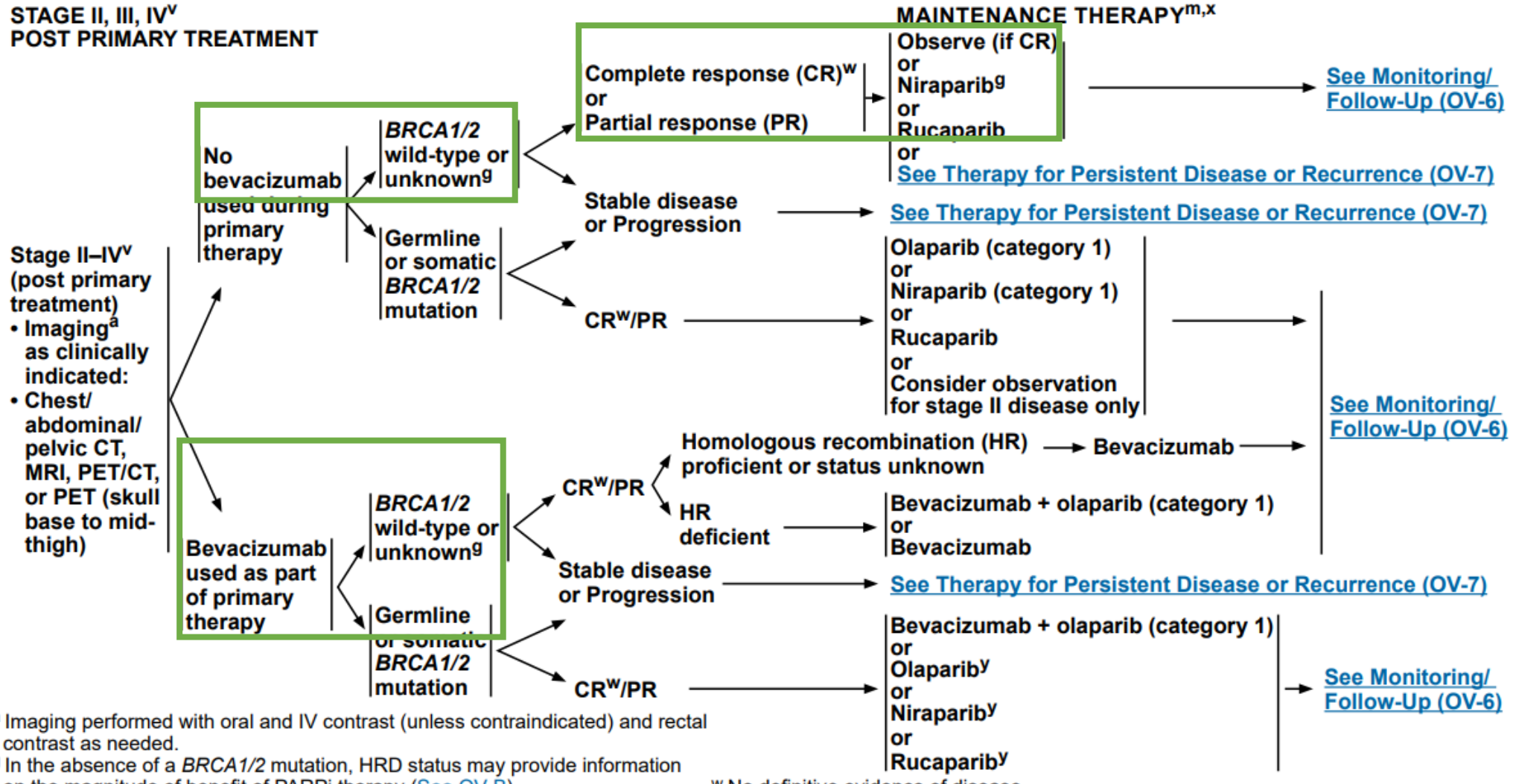


[a] Imaging performed with oral and IV contrast (unless contraindicated) and rectal contrast as needed.

[g] In the absence of a *BRCA1/2* mutation, HRD status may provide information on the magnitude of benefit of PARPi therapy (See OV-B).

[m] See Principles of Systemic Therapy (OV-C) and Management of Drug Reactions (OV-D).

[v] Post primary treatment recommendations for stage II–IV high-grade serous or grade 2/3 endometrioid carcinoma; consider for clear cell carcinoma or carcinosarcoma with a *BRCA1/2* mutation.

[w] No definitive evidence of disease.

[x] Data are limited for maintenance therapy with a PARPi for patients with stage II disease.

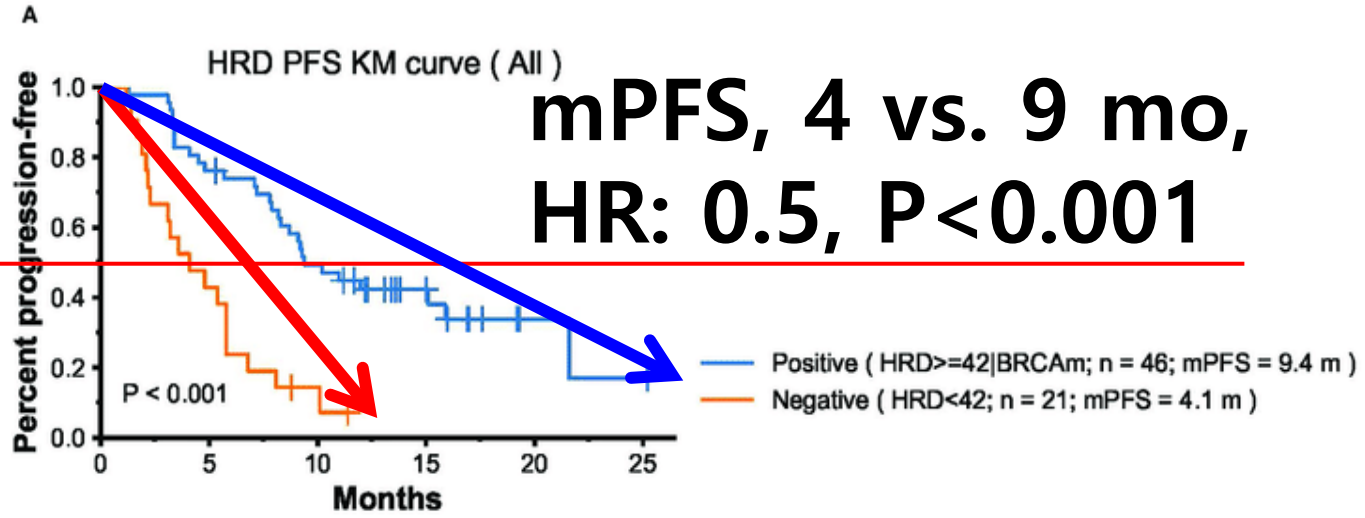
[y] After first-line therapy with bevacizumab, data are limited on maintenance therapy with a single-agent PARPi (olaparib, niraparib, or rucaparib) for patients with a germline or somatic *BRCA1/2* mutation. However, based on the magnitude of benefit of PARPi maintenance therapy for other subgroups, single-agent PARPi can be considered.

Homologous Recombination Deficiency Associated With Response to Poly (ADP-ribose) Polymerase Inhibitors in Ovarian Cancer Patients: The First Real-World Evidence From China

Jing Ni[1†], Wenwen Guo[2†], Qian Zhao[1†], Xianzhong Cheng[1], Xia Xu[3], Rui Zhou[1], Hongyuan Gu[1], Chen Chen[1] and Xiaoxiang Chen[1]*

(Nanjing Medical University, Front Oncol, 2022)

mPFS, 4 vs. 9 mo, HR: 0.5, P<0.001



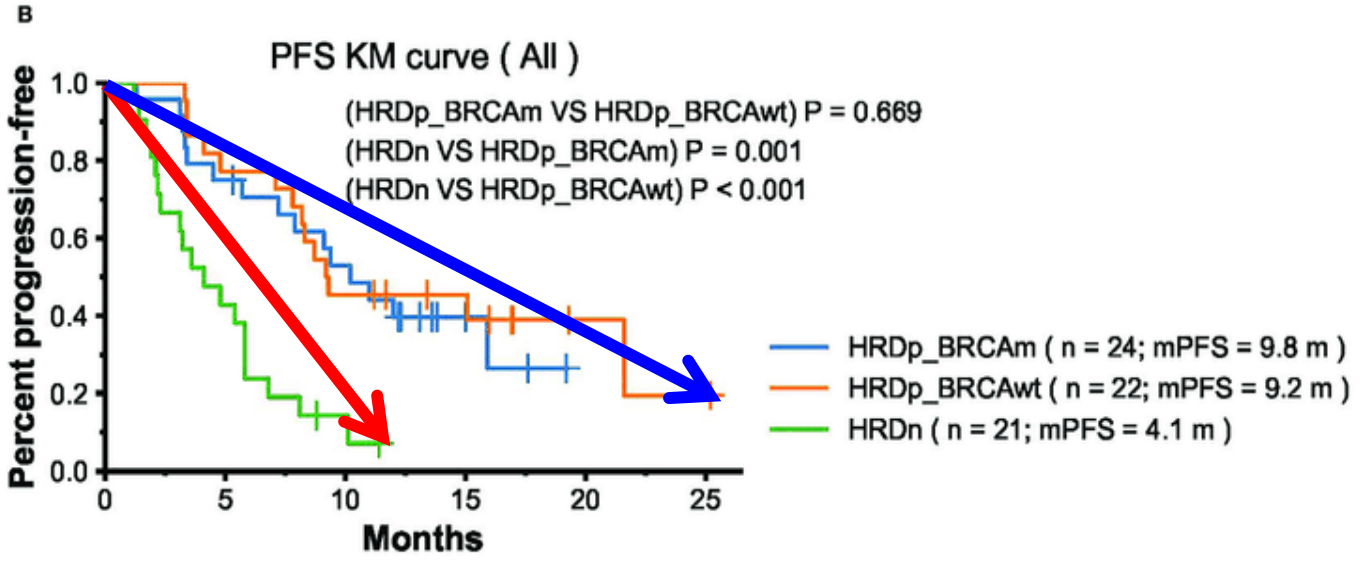


TABLE 2 | Univariable and Multivariable Analysis of Progression-Free Survival for the total 67 patient cohort (N = 67).

Parameter	Univariable Analysis		Multivariable Analysis	
	HR (95% CI)	*P*-Value	HR (95% CI)	*P*-Value
HRD Status	0.60 (0.45–0.82)	<0.001	0.67 (0.49–0.92)	0.01
HRR mutation status	0.84 (0.47–1.50)	0.55	NA	NA
BRCA mutation status	0.66 (0.36–1.23)	0.19	0.74 (0.39–1.42)	0.37
ECOG	2.49 (1.39–4.44)	0.002	2.20 (1.14–4.23)	0.02
NACT	1.45 (0.81–2.61)	0.21	NA	NA
Treatment Lines	1.58 (0.87–2.87)	0.13	1.16 (0.61–2.20)	0.64
Family History	0.71 (0.39–1.32)	0.28	NA	NA
Secondary cytoreductive surgery	1.59 (0.85–2.98)	0.15	1.80 (0.91–3.53)	0.09
R0 resection or not	1.54 (0.86–2.77)	0.15	1.75 (0.96–3.26)	0.07
Stage	0.72 (0.42–1.23)	0.23	NA	NA

ECOG, Eastern Cooperative Oncology Group; ECOG performance status ≥2 vs 1 or 0; NACT, New Adjuvant Chemo Therapy yes or no; HR, hazard ratio; Treatment lines, lines ≤2 as 0, ≥3 lines as 1; NA, not applicable. Baseline variables that achieved a level of significance of P <0 .2 in the univariable analysis were entered into multivariable models.

(Nanjing Medical University, Front Oncol, 2022)

NCCN Comprehensive Cancer Network®

Epithelial Ovarian Cancer/Fallopian Tube Cancer/ Primary Peritoneal Cancer

Tab

EAGOT East Asian Gynecologic Oncology Trial Group

DISEASE STATUS[e,cc,dd]	THERAPY FOR PERSISTENT DISEASE OR RECURRENCE[m,ff,gg,hh]
Platinum-resistant disease:[ee] Progression on primary, maintenance or recurrence therapy or Stable or persistent disease (if not on maintenance therapy) or Complete remission and relapse <6 mo after completing chemotherapy	→ Clinical trial[ii,jj] and/or Best supportive care (See NCCN Guidelines for Palliative Care) and/or Recurrence therapy (see OV-C, 9 of 11)[m,ii,kk]
Platinum-sensitive disease:[ee] Complete remission and relapse ≥6 mo after completing prior chemotherapy	→ See OV-8

Definitions of platinum-sensitive and platinum-resistant disease are imprecise; clinical judgment and flexibility should be utilized in determining treatment options

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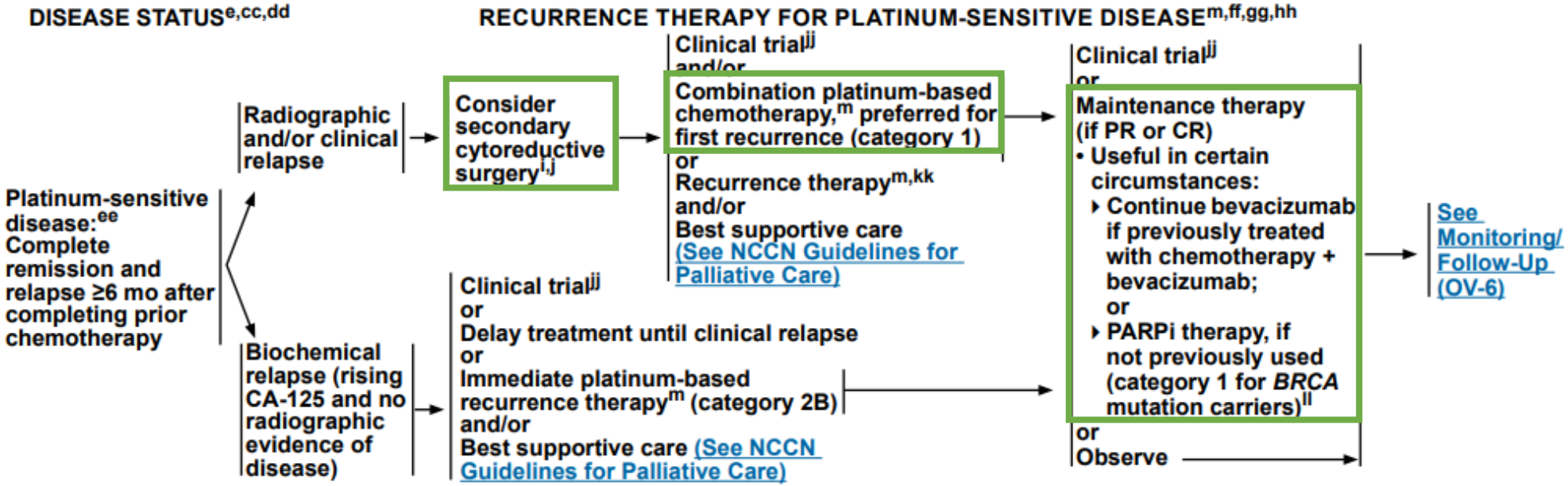
Epithelial Ovarian Cancer/Fallopian Tube Cancer/ Primary Peritoneal Cancer



[e] See NCCN Guidelines for Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic and NCCN Guidelines for Genetic/Familial High-Risk Assessment: Colorectal.

[i] See Principles of Surgery (OV-A).

[j] See Principles of Pathology (OV-B).

[m] See Principles of Systemic Therapy (OV-C) and Management of Drug Reactions (OV-D).

[cc] Validated molecular testing should be performed in a CLIA-approved facility using the most recent available tumor tissue. Tumor molecular analysis is recommended to include, at a minimum, tests to identify potential benefit from targeted therapeutics that have tumor-specific or tumor-agnostic benefit including, but not limited to, *BRCA1/2*, HRD status, MSI, MMR, TMB, FRα, *RET*, and *NTRK* if prior testing did not include these markers. More comprehensive testing may be particularly important in LCOC with limited approved therapeutic options (See OV-B).

[dd] Tumor molecular testing prior to initiation of therapy for persistent/recurrent disease, if not previously done.

[ee] Definitions of platinum-sensitive and platinum-resistant disease are imprecise; clinical judgment and flexibility should be utilized in determining treatment options.

[ff] Data are limited on primary and maintenance therapy for recurrent/persistent LCOC.

[gg] During and after treatment for recurrence, patients should be evaluated as indicated with tumor markers and repeat imaging (with modalities previously used) to document response and/or disease status.

[hh] See Ancillary Palliative Surgical Procedures (OV-A 4 of 4).

[jj] Clinical trials with newer agents should be strongly considered.

[kk] Palliative localized RT can be considered.

[ll] PARPi options include niraparib, olaparib, or rucaparib. For patients with platinum-sensitive disease who have completed two or more lines of platinum-based therapy. Olaparib may be used regardless of *BRCA* status (preferred for those with a *BRCA* mutation). Niraparib is limited to those with a deleterious or suspected deleterious germline *BRCA* mutation. Rucaparib is limited to those with a deleterious or suspected deleterious *BRCA* mutation. Caution should be used when using maintenance PARPi for longer than 24 months. There are limited data on the use of a maintenance PARPi in patients who previously received a PARPi or after recurrence therapy with bevacizumab. Combination bevacizumab/PARPi is not recommended at this time for maintenance after recurrence therapy.

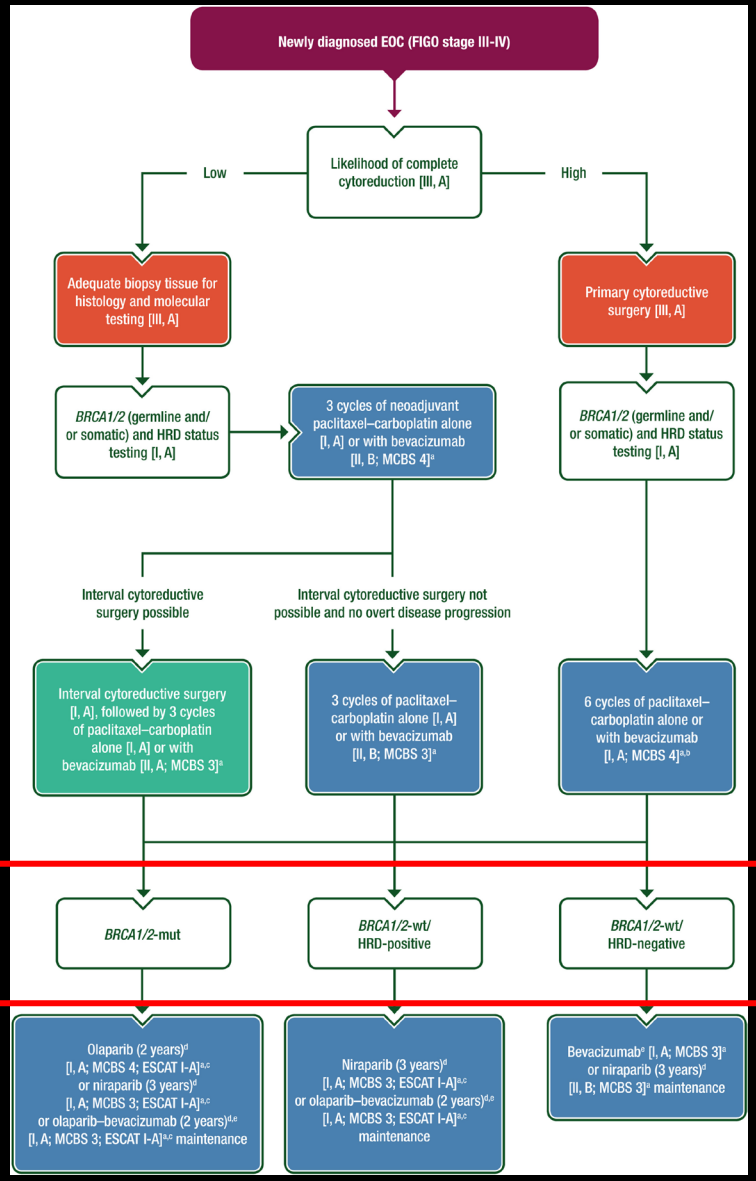
PRINCIPLES OF SYSTEMIC THERAPY

Acceptable Recurrence Therapies for Epithelial Ovarian (including LCOC)[n]/Fallopian Tube/Primary Peritoneal Cancer[o]

Recurrence Therapy for Platinum-Resistant Disease (alphabetical order)

Preferred Regimens	Other Recommended Regimens	Useful in Certain Circumstances
Cytotoxic Therapy Cyclophosphamide (oral)/ bevacizumab[i,35] Docetaxel[36] Etoposide, oral[37] Gemcitabine[38,39] Liposomal doxorubicin[38,39] Liposomal doxorubicin/ bevacizumab[i,q,40] Paclitaxel (weekly)[f,41] Paclitaxel (weekly)/ bevacizumab[f,i,q,40] Topotecan[42,43] Topotecan/bevacizumab[i,q,40] Targeted Therapy (single agents) Bevacizumab[i,q,17,18] Mirvetuximab soravtansine-gynx (for FRα-expressing tumors)[x,44]	Cytotoxic Therapy[s] Capecitabine Carboplatin[*] Carboplatin/docetaxel[*] Carboplatin/paclitaxel (weekly)[f,*] Carboplatin/gemcitabine[10] ± bevacizumab[i,q,r,11,*] Carboplatin/liposomal doxorubicin[12] ± bevacizumab[i,q,13,*] Carboplatin/paclitaxel[f,14] ± bevacizumab[i,q,r,15,*] Cyclophosphamide Doxorubicin Gemcitabine/bevacizumab[i,46] Gemcitabine/cisplatin[16,*] Ifosfamide Irinotecan Ixabepilone/bevacizumab (category 2B)[i,y,47] Melphalan Oxaliplatin Paclitaxel Paclitaxel, albumin bound Pemetrexed Sorafenib/topotecan[45] Vinorelbine Targeted Therapy (single agents) Niraparib (category 3)[u,23] Olaparib (category 3)[v,24] Pazopanib (category 2B)[25] Rucaparib (category 3)[w,26] Hormone Therapy Aromatase inhibitors (anastrozole, exemestane, letrozole) Leuprolide acetate Megestrol acetate Tamoxifen	Carboplatin/paclitaxel (for age >70)[f,t,*] Carboplatin/paclitaxel, albumin bound (for confirmed taxane hypersensitivity)[*] Immunotherapy Dostarlimab-gxly (for dMMR/MSI-H recurrent or advanced tumors)[x,32] Pembrolizumab (for patients with MSI-H or dMMR solid tumors, or TMB-H tumors ≥10 mutations/ megabase)[x,33] Hormone Therapy Fulvestrant (for low-grade serous carcinoma) Targeted Therapy Dabrafenib + trametinib (for *BRAF* V600E-positive tumors)[x,28] Entrectinib or larotrectinib (for *NTRK* gene fusion positive tumors)[x] Mirvetuximab soravtansine-gynx/bevacizumab (for FRα-expressing tumors) (category 2B)[i,x,48,49] Selpercatinib (for *RET* gene fusion-positive tumors)[x,29] For low-grade serous carcinoma: • Trametinib[30] • Binimetinib (category 2B)[31,32]

Newly diagnosed and relapsed epithelial ovarian cancer: ESMO Clinical Practice Guideline for diagnosis, treatment and follow-up†



Annals of Oncology DOI: (10.1016/j.annonc.2023.07.011)

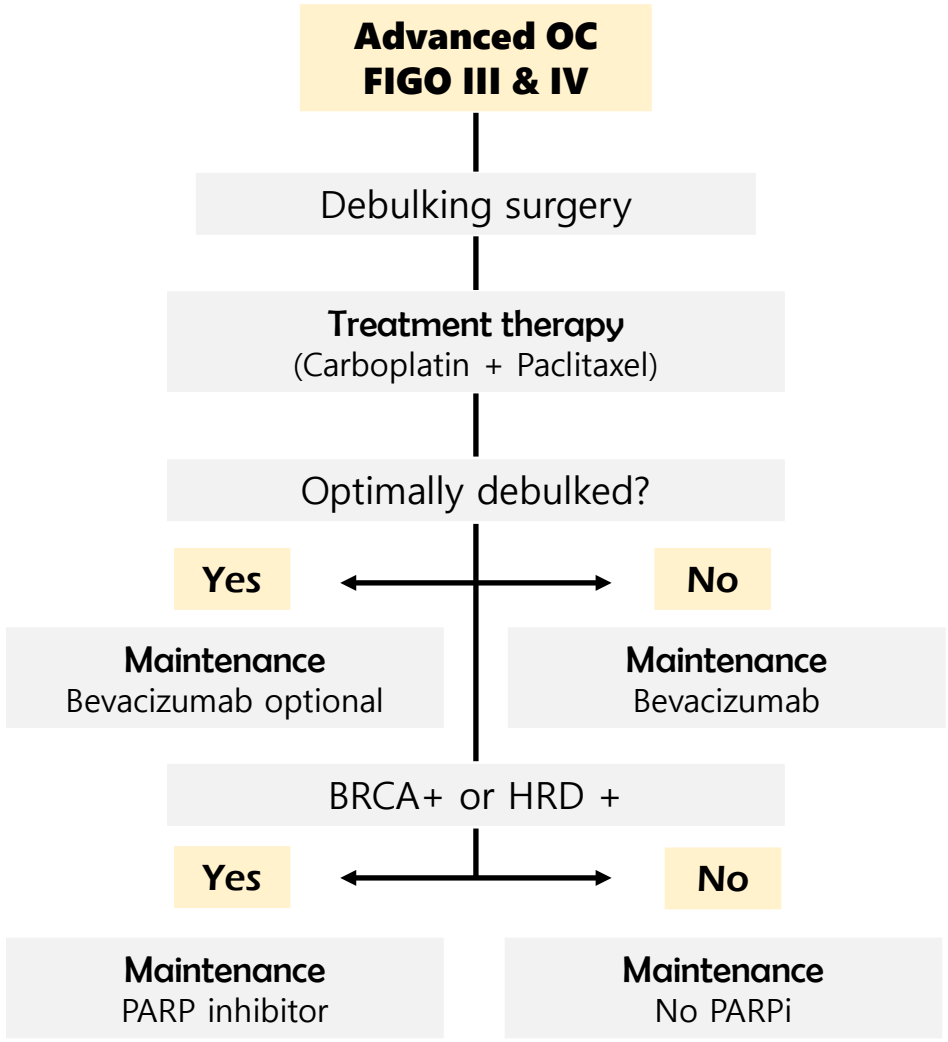
CanariaBio

EAGOT
East Asian Gynecologic Oncology Trial Group

Oregovomab

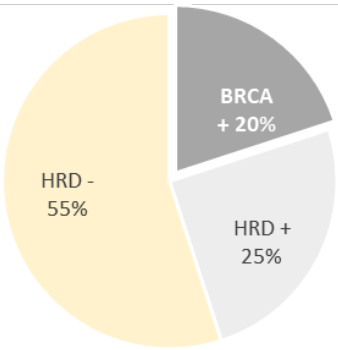
Categories	Definitions
Clinical Indication	FIGO Stage III & IV epithelial ovarian, fallopian tube, or peritoneal cancer following optimally debulked surgical resection
Modality	**Murine monoclonal antibody** IgG1-k mAb with high affinity (1.16X10^10/M) **to CA125**
Biological Activity	**Oregovomab initiates tumor specific immunity by targeting CA125 in patients with CA125 positive cancers.** The therapeutic intent is to induce clearance of CA-125 by antigen processing cells.
Efficacy	**In the randomized phase 2 study (n=97), PFS and OS were significantly better (PFS: 42 months vs. 12 months)**
Safety profile	**Treatment-related toxicity clearly related to oregovomab has not been encountered** in patients with ovarian cancer or patients in the completed or ongoing clinical studies.
Administration Route	**Intravenous infusion over 20** ± 5 minutes
Formulation	**Oregovomab solution is prepared by saline reconstitution of the lyophilized vial powder, which is added to a 50 mL saline infusion bag for IV administration.**

Oregovomab First in Class, Front Line & Recurrent



First in class, front line treatment therapy

- ✓ First immunotherapy for ovarian cancer (OC)
- ✓ IOs shown unsatisfactory results for OC.
- ✓ 4 treatment of 2mg, with extremely low toxicity
- ✓ Combination study with Bev, PARPi underway



Unmet need for recurrent patients

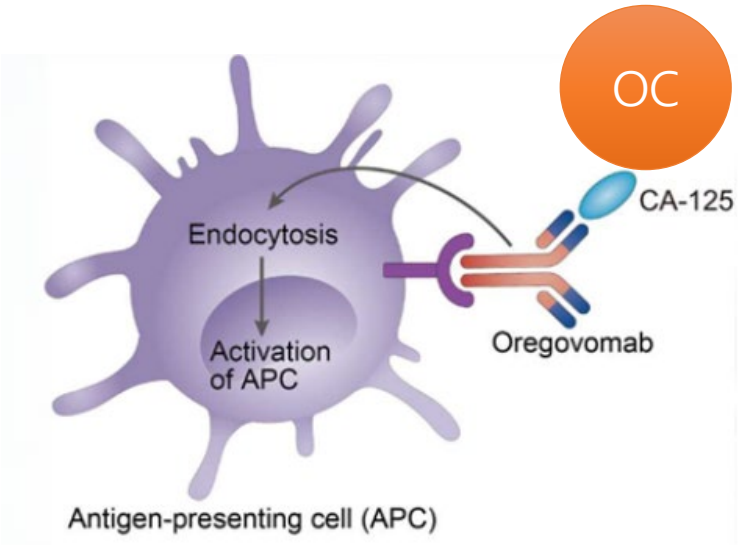
- ✓ Chemo±Bev or PARPi still is the only treatment therapy available
- ✓ Huge unmet needs for platinum resistant patients
  - ✓ Mirvetuximab: Limited benefit to limited patients
- ✓ PARPi for PARPi-naïve BRCAm patients

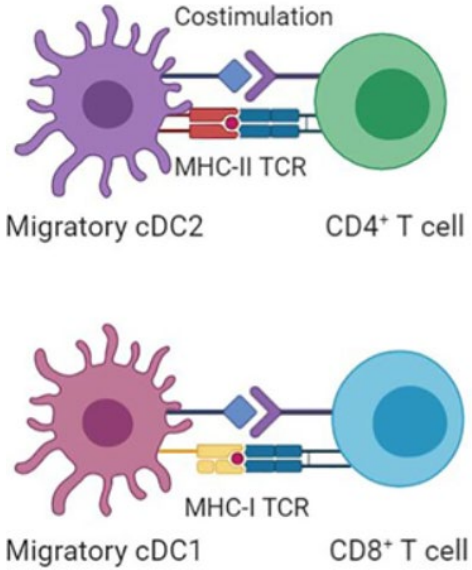
Study	Population	Treatment	Maintenance	PFS (months)
QPT-ORE-002	all comers	C + P	None	12
QPT-ORE-002	all comers	C + P + oregovomab	None	42
NOVA	BRCA +	C + P	Bev + Niraparib	37
NOVA	HRD +	C + P	Bev + Niraparib	28
NOVA	HRD -	C + P	Bev + Niraparib	17
GOG-0218	all comers	C + P	None	12
GOG-0218	all comers	C + P + Bev	None	13
GOG-0218	all comers	C + P + Bev	Bevacizumab	18

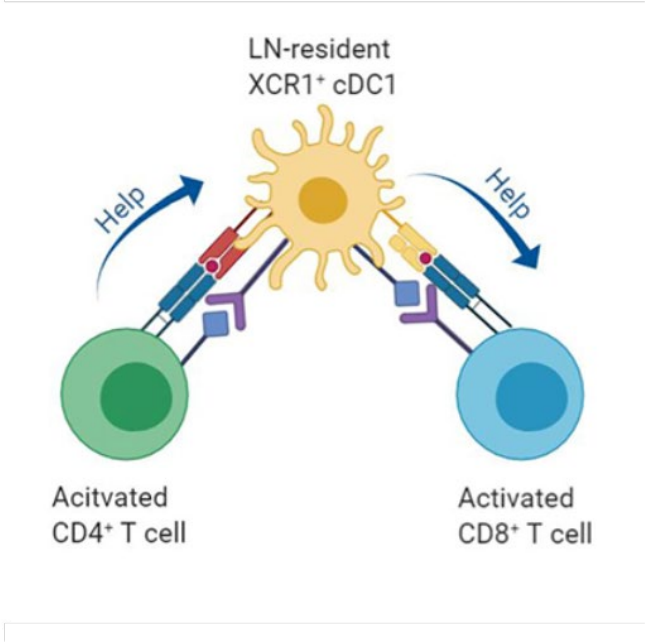
Mechanism of Action

Oregovomab is a murine IgG1-k mAb with high affinity (1.16 x 10^10/M) to CA125.

The therapeutic intent is to induce clearance of CA-125 by antigen processing cells.







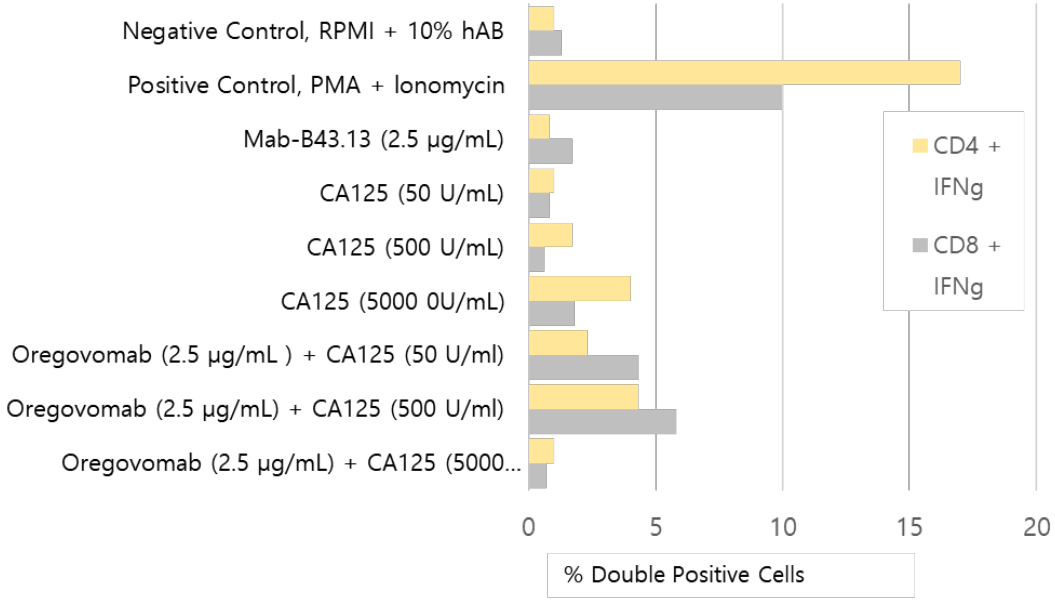
Mechanism of Action

Activates immune response via immune complex formation with CA125

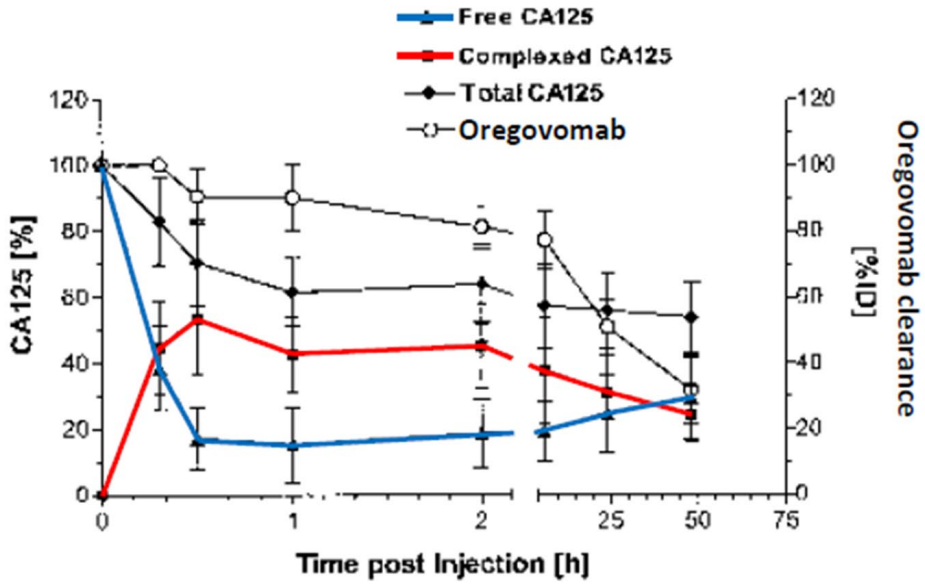
- ✓ Oregovomab binds with circulating CA125 to form antibody antigen complexes within 30 min.
- ✓ Induction of anti-CA125 specific T cells occurs
- ✓ Human anti-CA125 antibodies recognize multiple epitopes of CA125

Intracellular IFN-γ Release from T cells Stimulated with CA125

Two Stimulation Rounds - Increase in CD8+ Cytotoxic T-cells



Rapid binding of Oregovomab to CA125 in humans



VOLUME 22 · NUMBER 17 · SEPTEMBER 1 2004

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

EAGOT
East Asian Gynecologic Oncology Trial Group

Randomized, Placebo-Controlled Study of Oregovomab for Consolidation of Clinical Remission in Patients With Advanced Ovarian Cancer

Jonathan S. Berek, Peyton T. Taylor, Alan Gordon, Mary J. Cunningham, Neil Finkler, James Orr Jr, Saul Rivkin, Birgit C. Schultes, Theresa L. Whiteside, and Christopher F. Nicodemus

- Inclusion Criteria
  - OC, stage III or IV
  - CR after primary Tx (PCS or NAC→ ICS) with normal serum CA125 (≤35 U/mL)
  - <10 weeks of completing primary chemotherapy

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Low Risk Sub-population SFLT (Successful Front Line Tx):

RT<2cm, CA125≤ 65 U/mL before 3rd cycle of chemoTx

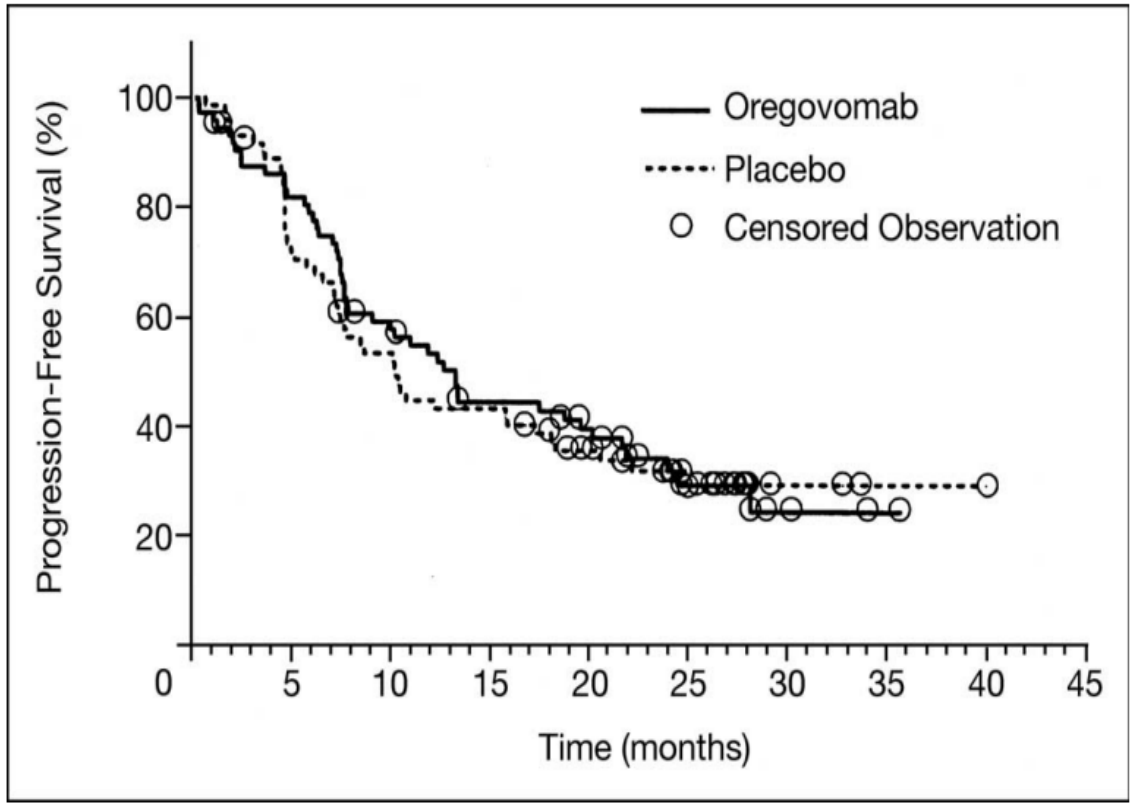
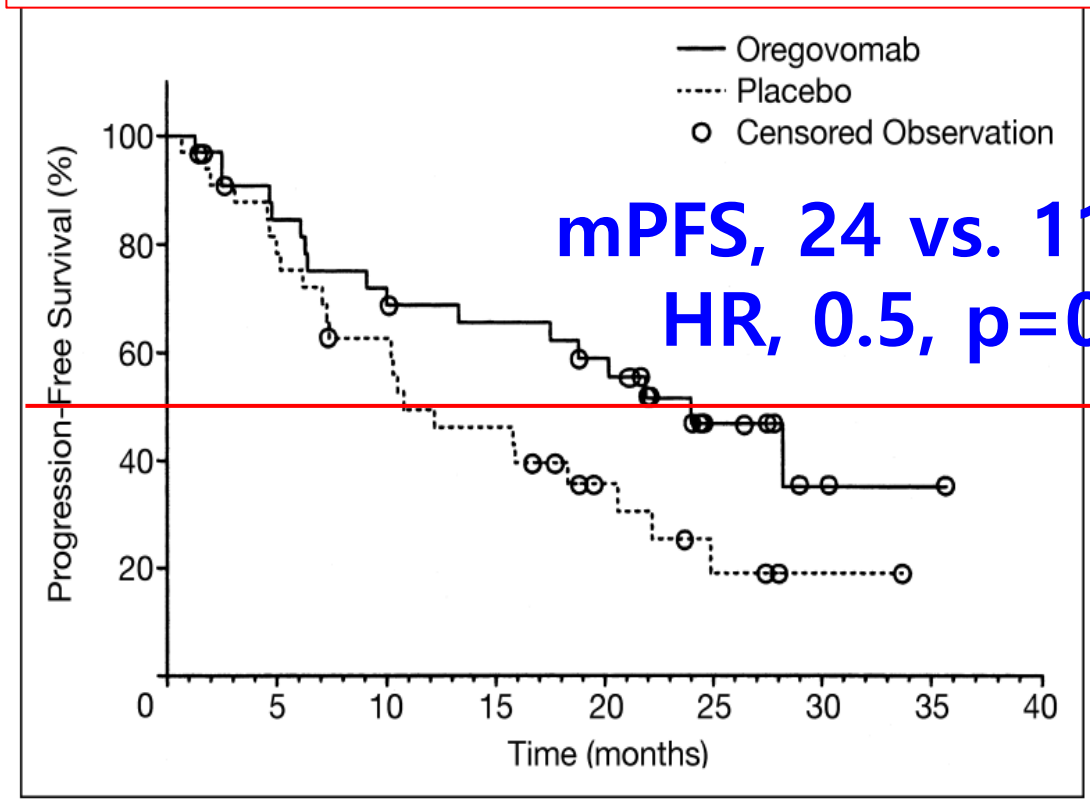


Fig 1. Kaplan-Meier curve of time-to-disease relapse from the time of randomization for the modified intent-to-treat population. Median progression-free survival: oregovomab (n = 73; 48 events), 13.3 months; placebo (n = 72; 48 events), 10.3 months. *P* = .71 (log-rank test).



mPFS, 24 vs. 11 mo

HR, 0.5, p=0.059

Fig 6. Kaplan-Meier of progression-free survival from randomization (successful front-line therapy population [SFLT]). SFLT defined by ≤ 2 cm residual and CA-125 ≤ 65 U/mL by third cycle, CA-125 between 5 and 35 U/mL, and no evidence of disease at first dose. Oregovomab (n = 34; 17 events), 24.0 months; placebo (n = 35; 23 events), 10.8 months.

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Conclusion

Consolidation therapy with oregovomab did not significantly improve TTR overall. A set of confirmatory phase III studies has been initiated to determine whether the SFLT population derives benefit from oregovomab treatment.

J Clin Oncol 22:3507-3516. © 2004 by American Society of Clinical Oncology

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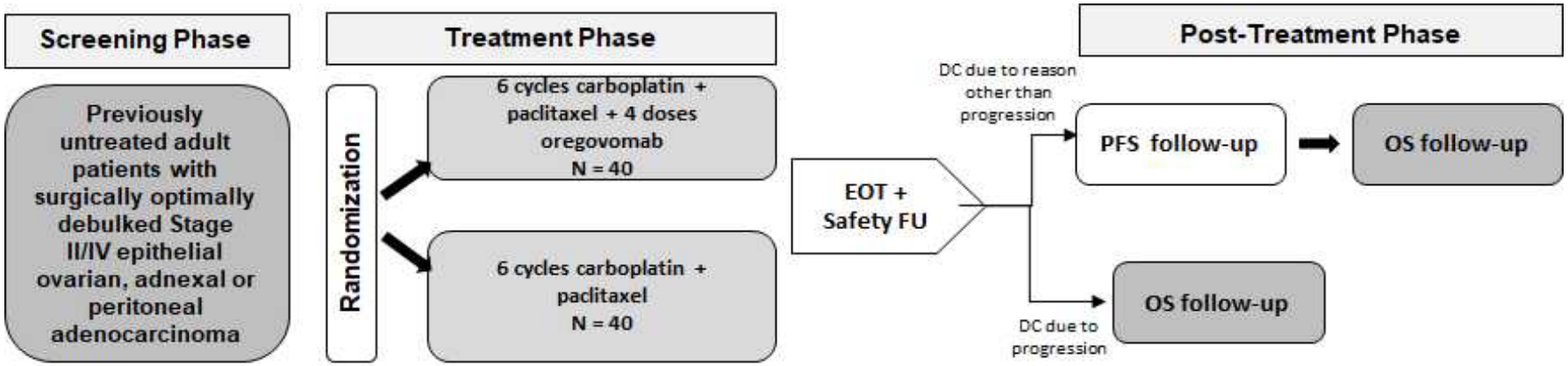
Gynecologic Oncology

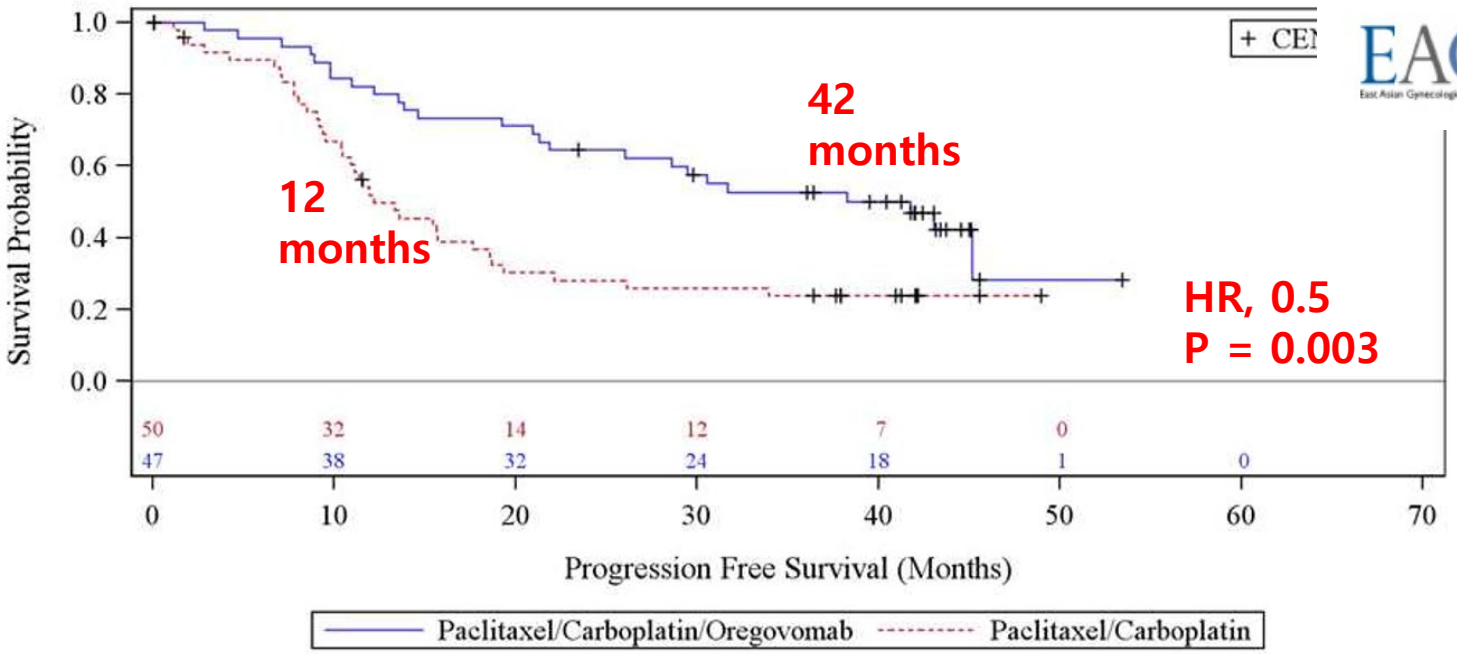
journal homepage: www.elsevier.com/locate/ygyno

Front-line chemo-immunotherapy with carboplatin-paclitaxel using oregovomab indirect immunization in advanced ovarian cancer: A randomized phase II study☆

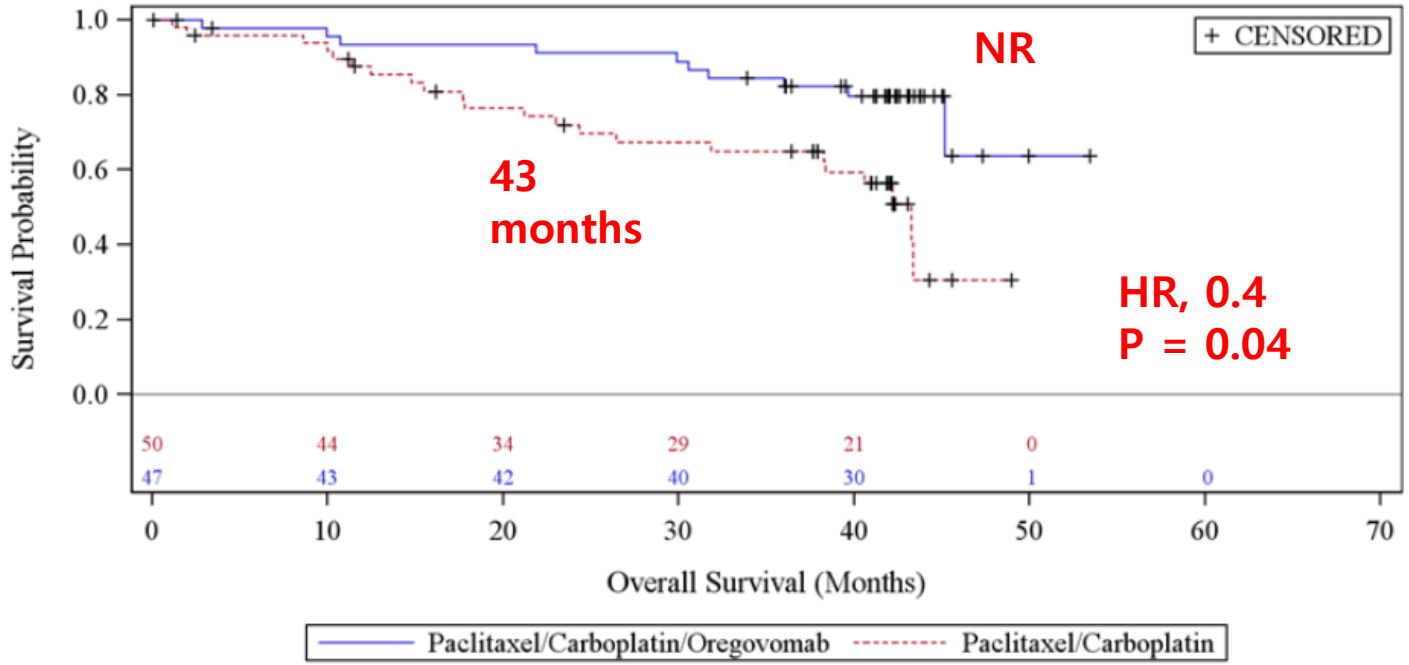
- N=97
- RT
  - Microscopic, 45%
  - <1cm, 55%
- Pre-surgery CA125, 475 (29-34,144) U/mL



PFS


+ CE
42 months
12 months
HR, 0.5
P = 0.003
Survival Probability
1.0
0.8
0.6
0.4
0.2
0.0
50 32 14 12 7 0
47 38 32 24 18 1 0
0 10 20 30 40 50 60 70
Progression Free Survival (Months)
Paclitaxel/Carboplatin/Oregovomab
Paclitaxel/Carboplatin

OS


+ CENSORED
NR
43 months
HR, 0.4
P = 0.04
Survival Probability
1.0
0.8
0.6
0.4
0.2
0.0
50 44 34 29 21 0
47 43 42 40 30 1 0
0 10 20 30 40 50 60 70
Overall Survival (Months)
Paclitaxel/Carboplatin/Oregovomab
Paclitaxel/Carboplatin

Phase 2 Safety Evaluation

Summary of Treatment-Emergent Adverse Events

Patients with:	Arm 1:Paclitaxel/Carboplatin/Oregovomab (N=46) n (%)	Arm 2:Paclitaxel/Carboplatin (N=48) n (%)	Overall (N=94) n (%)
At least 1 TEAE	38 (82.6)	41 (85.4)	79 (84.0)
At least 1 related TEAE	8 (17.4)	10 (20.8)	18 (19.1)
At least 1 TEAE Grade≥3	24 (52.2)	29 (60.4)	53 (56.4)
At least 1 related TEAE Grade≥3	2 (4.3)	5 (10.4)	7 (7.4)
At least 1 serious TAAE	9 (19.6)	7 (14.6)	16 (17.0)
At least 1 related serious TEAE	0	0	0
At least 1 TEAE leading to study drug discontinuation	3 (6.5)	1 (2.1)	4 (4.3)
At least 1 TEAE leading to death	1 (2.2)	1 (2.1)	2 (2.1)

Abbreviations: TEAE = treatment-emergent adverse event

Treatment-Emergent Severe or Life-Threatening Events Occurring in≥2 Patients in Either Treatment Arm

MedDRA System Organ Class/ Preferred Term	Arm 1:Paclitaxel/Carboplatin/Oregovomab (N=46) n (%)	Arm 2: Paclitaxel/Carboplatin (N=48) n (%)	Overall (N=94)
Blood and lymphatic system disorders	19 (41.30)	21 (43.75)	40 (42.55)
Neutropenia	14 (30.43)	20 (41.67)	34 (36.17)
Leukopenia	4 (8.70)	6 (12.50)	10 (10.64)
Anaemia	5 (10.87)	2 (4.17)	7 (7.45)
Thrombocytopenia	2 (4.35)	2 (4.17)	4 (4.26)
Investigations	0	2 (4.17)	2 (2.13)
Granulocyte count decreased	0	2 (4.17)	2 (2.13)

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities, version 19.0.

Phase 2 Safety Evaluation

Treatment-Emergent Adverse Events Occuring in ≥ 5% of Patients Overall (Safety Population)

MedDRA System Organ Class / Preferred Term	Arm 1: Paclitaxel/Carboplatin Oregovomab (N=46) n (%)	Arm 2: Paclitaxel/Carboplatin (N=48) n (%)	Overall (N=94) n (%)
Blood and lymphatic system disorders	28 (60.87)	31 (64.58)	59 (62.77)
Neutropenia	21 (45.65)	25 (52.08)	46 (48.94)
Anaemia	18 (39.13)	16 (33.33)	34 (36.17)
Leukopenia	17 (36.96)	17 (35.42)	34 (36.17)
Thrombocytopenia	3 (6.52)	5 (10.42)	8 (8.51)
General disorders and administration site conditions	20 (43.48)	13 (27.08)	33 (35.11)
Asthenia	7 (15.22)	6 (12.50)	13 (13.83)
Fatigue	6 (13.04)	7 (14.58)	13 (13.83)
Gastrointestinal disorders	15 (32.61)	17 (35.42)	32 (34.04)
Nausea	9 (19.57)	7 (14.58)	16 (17.02)
Constipation	8 (17.39)	5 (10.42)	13 (13.83)
Diarrhea	4 (8.70)	4 (8.33)	8 (8.51)
Vomiting	3 (6.52)	3 (6.25)	6 (6.38)
Nervous system disorders	15 (32.61)	16 (33.33)	31 (32.98)
Paraesthesia	8 (17.39)	9 (18.75)	17 (18.09)
Peripheral sensory neuropathy	4 (8.70)	3 (6.25)	7 (7.45)
Neuropathy peripheral	2 (4.35)	3 (6.25)	5 (5.32)
Musculoskeletal and connective tissue disorders	8 (17.39)	9 (18.75)	17 (18.09)
Arthralgia	1 (2.17)	5 (10.42)	6 (6.38)
Myalgia	2 (4.35)	3 (6.25)	5 (5.32)
Skin and subcutaneous tissue disorders	9 (19.57)	6 (12.50)	15 (15.96)
Alopecia	8 (17.39)	6 (12.50)	14 (14.89)

Abbreviations: MedDRA = Medical Dictionary for Regulatory Activities, version 19.0.

Oregovomab Plus Chemo in Newly Diagnosed Patients With Advanced Epithelial Ovarian Cancer Following Optimal Debulking Surgery (FLORA-5)

ClinicalTrials.gov Identifier: NCT04498117

Recruitment Status : Active, not recruiting
First Posted : August 4, 2020
Last Update Posted : July 24, 2023

View this study on the modernized ClinicalTrials.gov

Study Type :	Interventional (Clinical Trial)
Actual Enrollment :	615 participants
Allocation:	Randomized
Intervention Model:	Parallel Assignment
Masking:	Quadruple (Participant, Care Provider, Investigator, Outcomes Assessor)
Primary Purpose:	Treatment
Official Title:	A Multicenter Phase 3, Double-Blind, Placebo-Controlled Study Comparing Chemo-Immunotherapy (Paclitaxel-Carboplatin- Oregovomab) vs Chemotherapy (Paclitaxel-Carboplatin- Placebo) in Patients With Advanced Epithelial Ovarian, Fallopian Tube or Peritoneal Carcinoma
Actual Study Start Date :	August 25, 2020
Estimated Primary Completion Date :	September 26, 2025
Estimated Study Completion Date :	August 26, 2027

Criteria

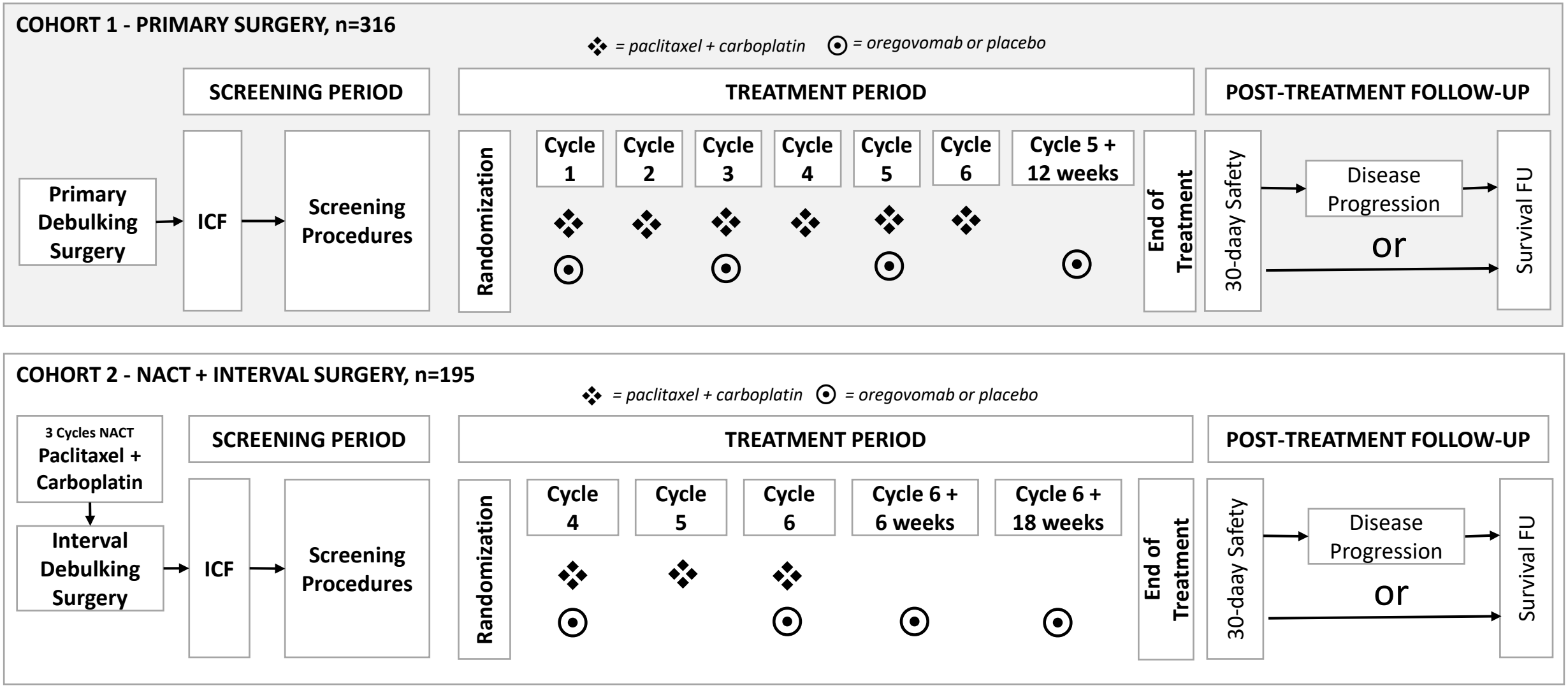
- INCLUSION
  - Microscopic RT or RT<1cm
  - Pre-treatment serum CA-125 levels ≥ 50 U/mL

- EXCLUSION
  - gBRCAm
  - HRD with PARPi use

Low Risk Sub-population
SFLT (Successful Front Line Tx):
RT<2cm, CA125≤ 65U/mL before 3rd cycle of chemoTx

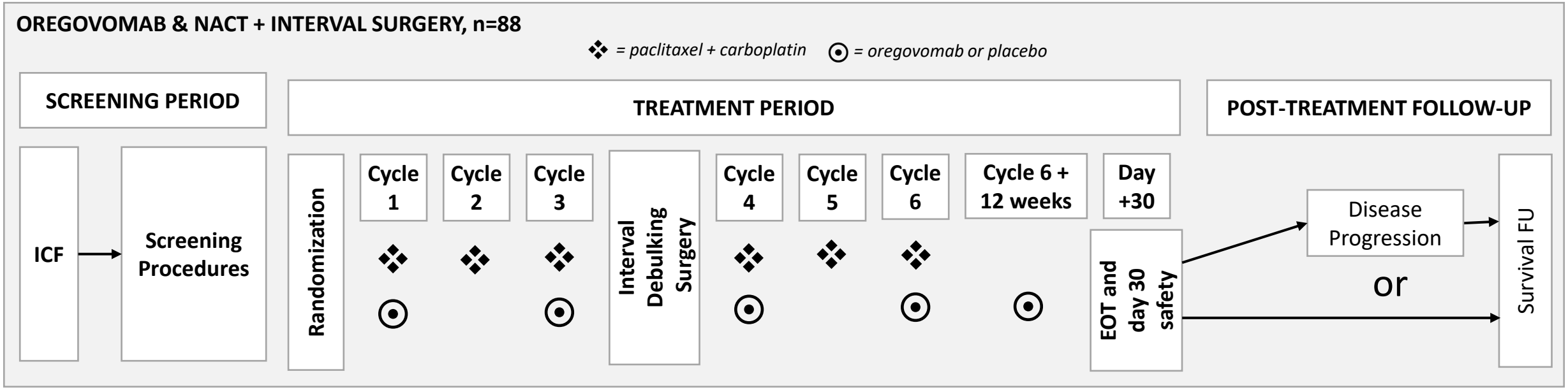
FLORA-5 Phase 3 protocol

Two cohorts to be evaluated



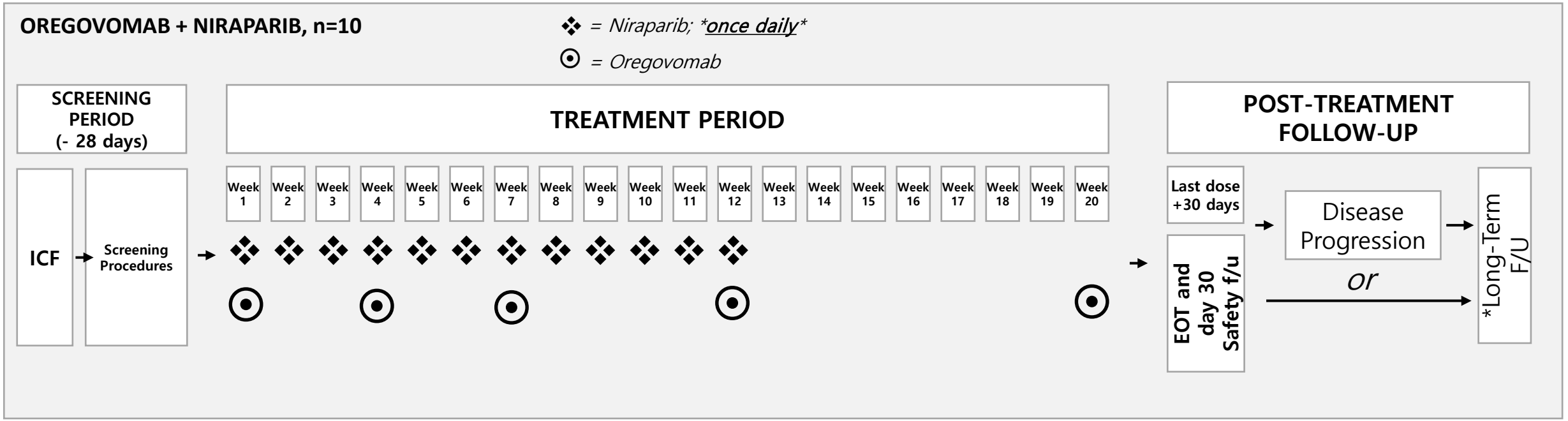
FLORA-6 Phase 2 protocol

- ✓ Newly diagnosed ovarian cancer
- ✓ To be conducted across 16 study sites in India
- ✓ 1:1 Randomization to active vs placebo
- ✓ Assume ~96 patients to be screened for 88 randomized
- ✓ 1° EP PFS Rate at 1 year: PFS is defined from date of Randomization to date of 1st documented PD (Investigator assessed) per RECIST v1.1 or death
- ✓ PFS and OS set as 2° EP



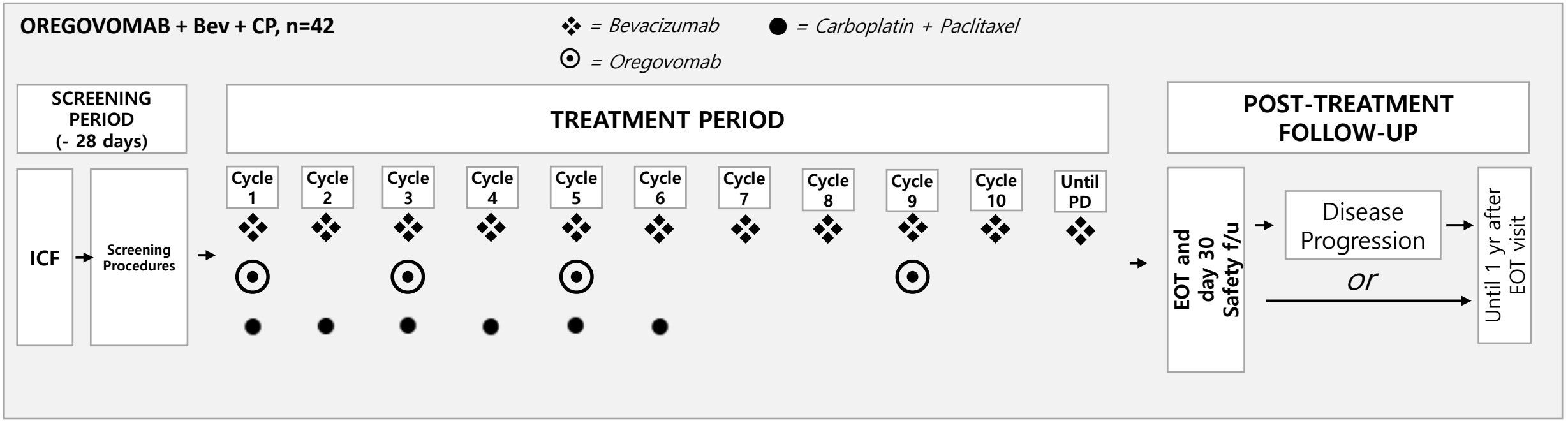
FLORA-4 Phase 2 protocol

- ✓ Underway in 3 US sites
- ✓ Single arm, open label study
- ✓ Platinum sensitive recurrent ovarian cancer patients with 3 prior lines of therapy including at least one platinum-based therapy
- ✓ Enrollment completed with 10 patients as of Aug 2023
- ✓ 1° EP DCR at 12 weeks and 24 weeks: DCR is defined as the portion of subjects with CR, PR, and SD, determined as defined by RECIST 1.1



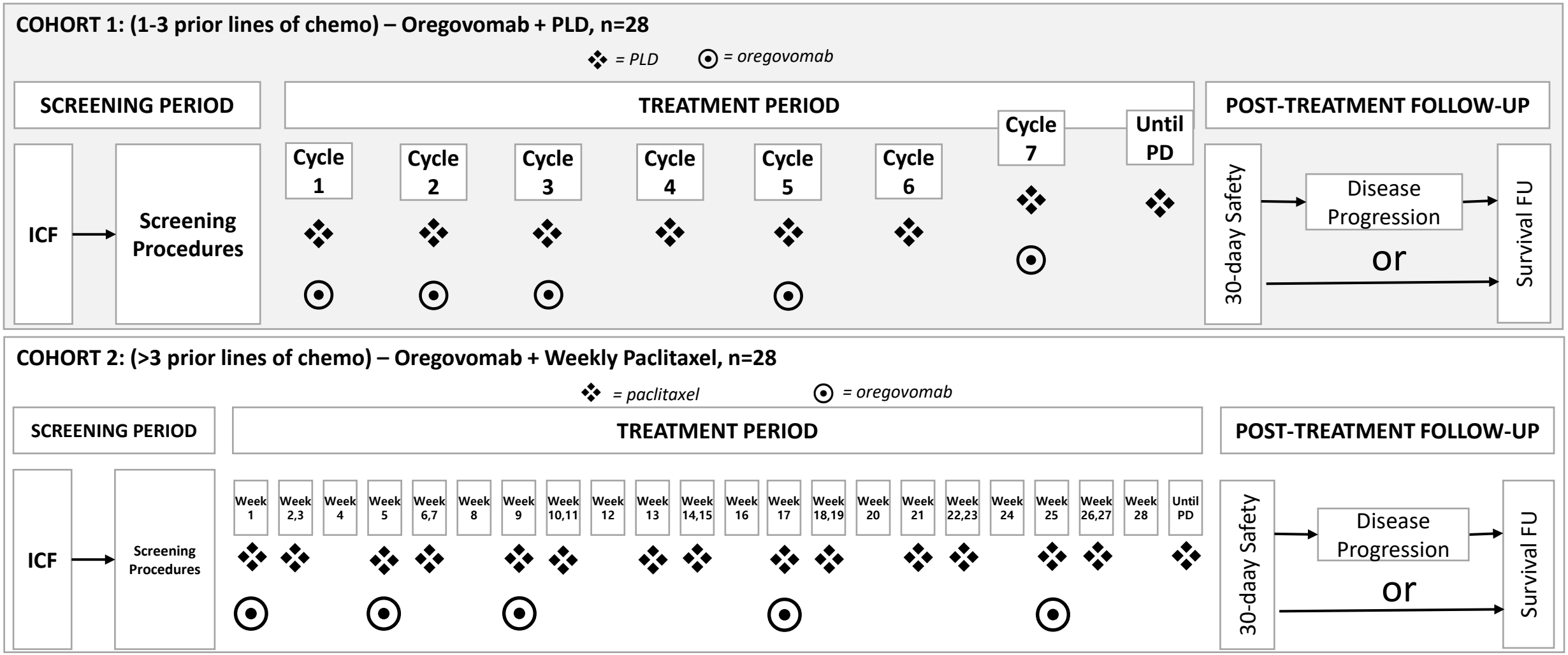
IIT KCSG GY20-10 Phase 2 protocol

- ✓ Oregovomab + bevacizumab + SOC chemo combination
- ✓ To be conducted across 6 study sites in Korea
- ✓ Open-label, single arm, phase 1b/2
- ✓ Platinum sensitive recurrent ovarian cancer patients with BRCA-wild type, previously treated with 1 prior line of therapy
- ✓ Assume minimum 42, maximum 51 patients to be enrolled in both phase 1b/2
- ✓ 1° EP Safety and Tolerability & ORR
- ✓ PFS and OS set as 2° EP

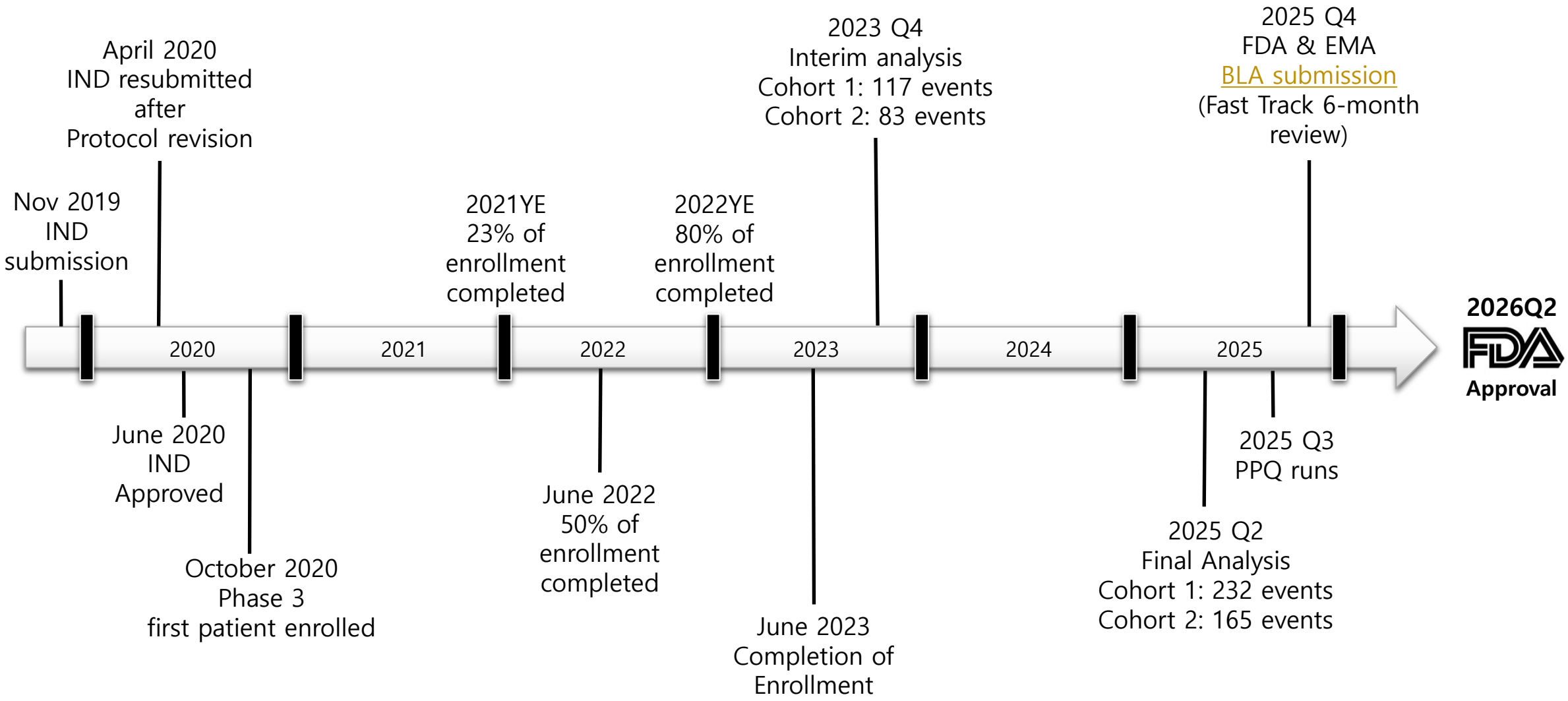


IIT KGOG3065, APGOT OV6 Phase 2 protocol

- ✓ Oregovomab + non-platinum chemotherapy combination for platinum resistant and PARPi resistant patients
- ✓ 1° EP ORR: Objective Response Rate based on radiographically confirmed response according to CR+PR rate



Oregovomab Development timeline



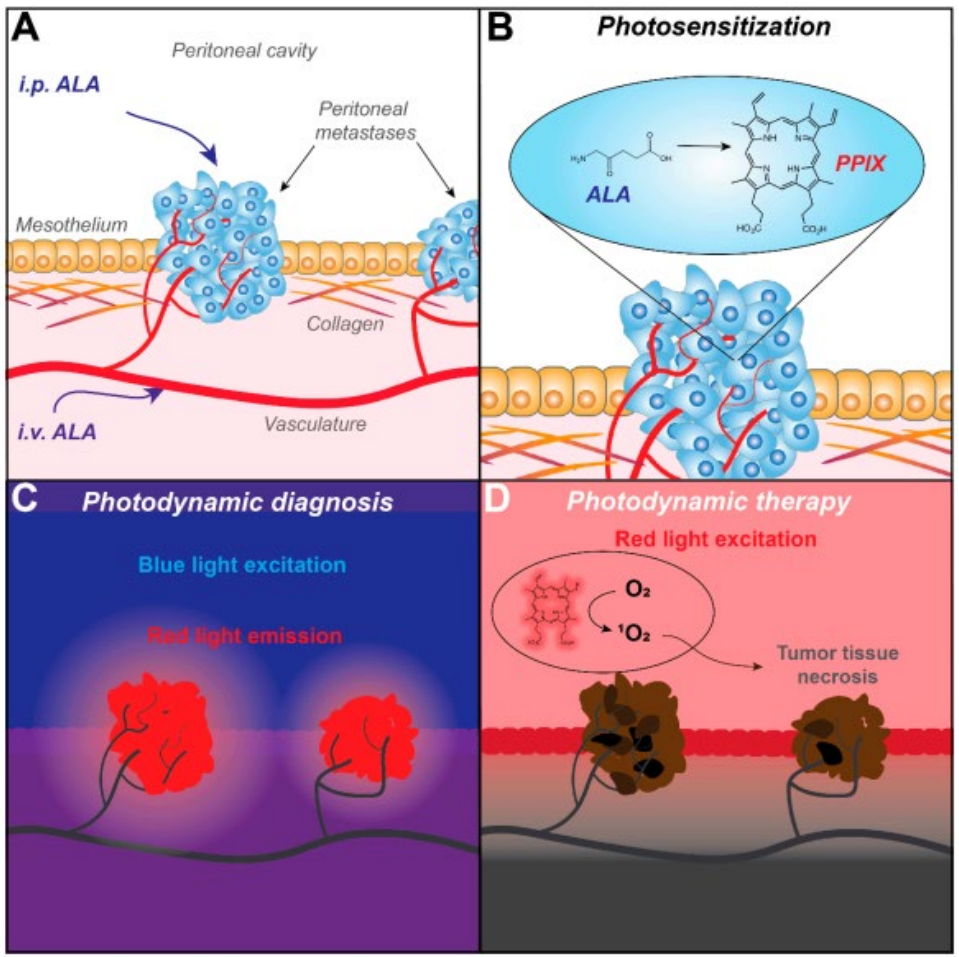
cancers

MDPI

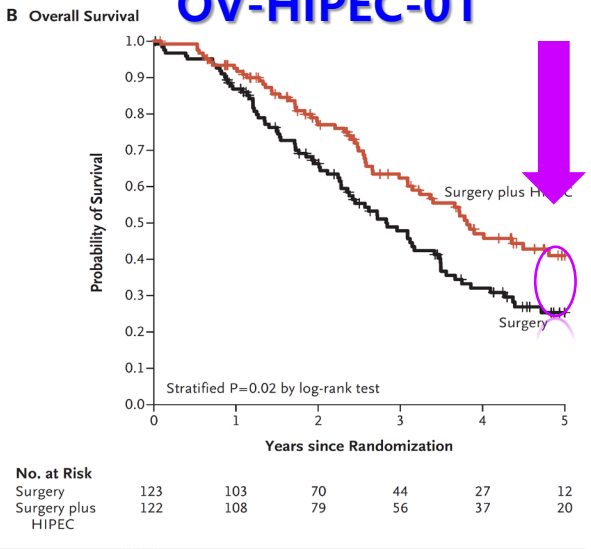
EAGOT
East Asian Gynecologic Oncology Trial Group

Review

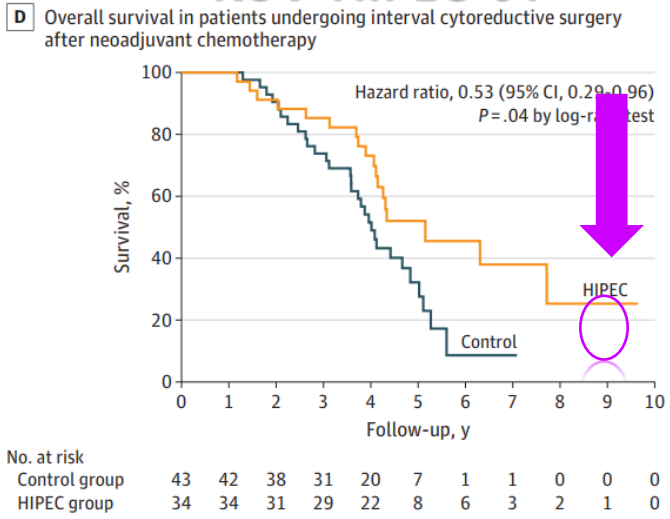
Photodynamic Diagnosis and Therapy for Peritoneal Carcinomatosis: Emerging Perspectives



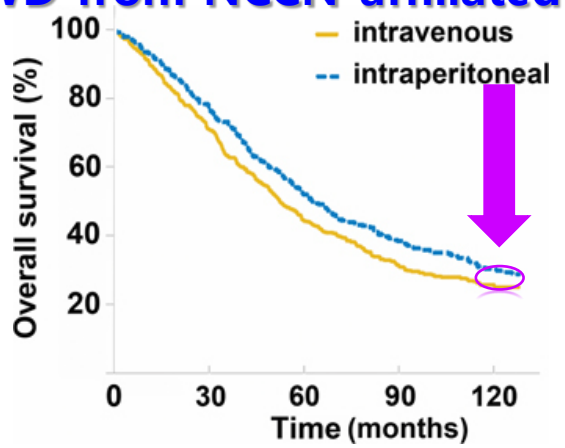
OV-HIPEC-01

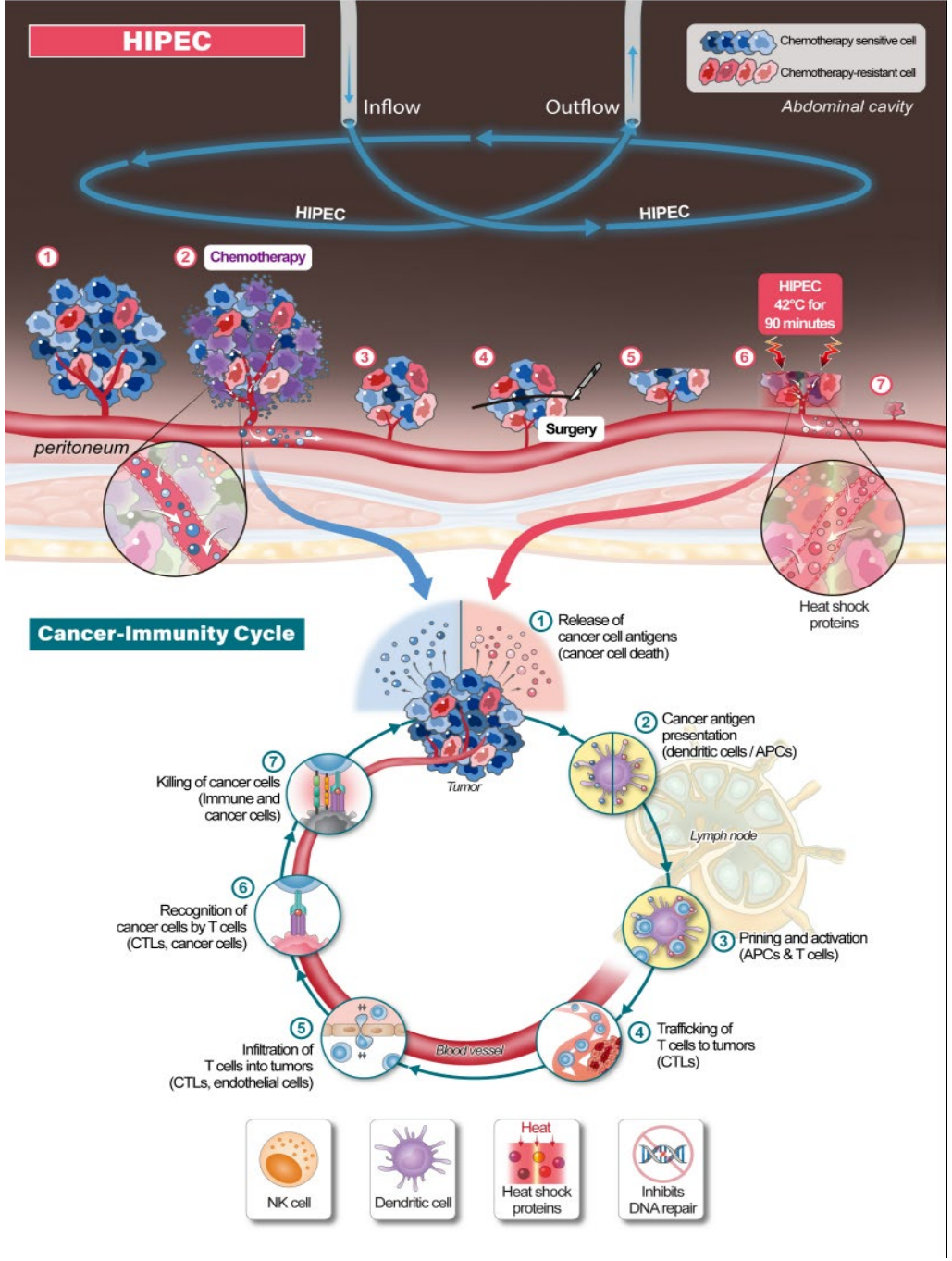


KOV-HIPEC-01



RWD from NCCN-affiliated hospital





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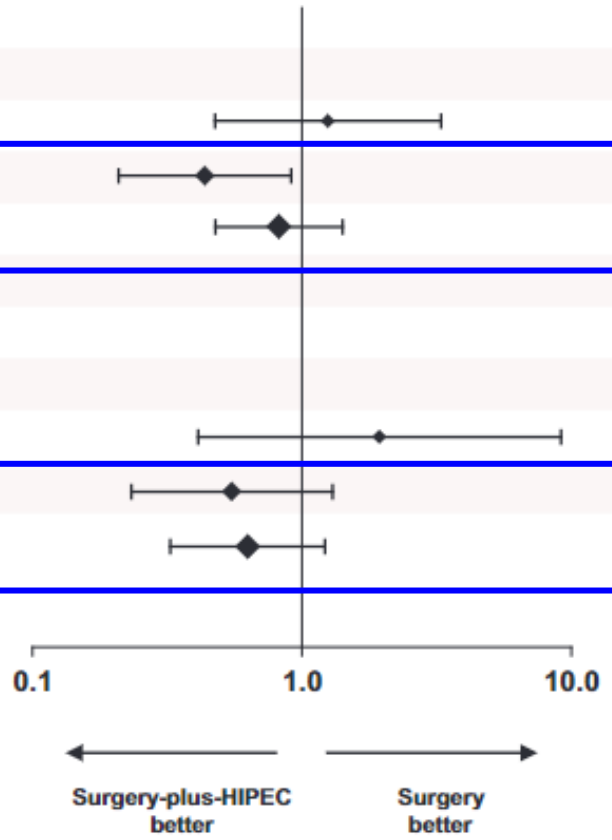
TUMOR MARKERS AND SIGNATURES

IJC INTERNATIONAL JOURNAL of CANCER

Effect of HIPEC according to HRD/*BRCA*wt genomic profile in stage III ovarian cancer: Results from the phase III OVHIPEC trial

Simone N. Koole[1,2] | Philip C. Schouten[3] | Jan Hauke[4] | Roel J. C. Kluin[5] |

	Subgroup	Surgery	Surgery-plus-HIPEC	Hazard ratio (99% CI)	
	RFS	*No. of events/total no.*			
	HRD/HRP			Interaction P = .024	
g/tBRCA(+)	gBRCA1/2 or sBRCA1/2	14/18	16/16	1.251	(0.476-3.289)
HRD(+)/BRCA(-)	BRCA1like/BRCAwt	33/35	24/30	0.437	(0.209-0.914)
HRD(-)	Non-BRCA1like/BRCAwt	50/53	41/48	0.822	(0.477-1.415)
	OS				
	HRD/HRP			Interaction P = .099	
g/tBRCA(+)	gBRCA1/2 or sBRCA1/2	4/18	9/16	1.941	(0.412-9.155)
HRD(+)/BRCA(-)	BRCA1like/BRCAwt	24/35	15/30	0.550	(0.233-1.299)
HRD(-)	Non-BRCA1like/BRCAwt	39/53	25/48	0.630	(0.325-1.220)



Conclusion

- Huge therapeutic unmet needs for HRD(-) OC.
- Biomarker for HRD(-).

- Promising, Ongoing Studies, using mAb of CA125
  - SFLT

- Effective discharge of Cancer Ag.

Thank You !