Current GOG-P Clinical Trials: Ovarian

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Ovarian Cancer - Clinical Trial Advisor
GOG Partners

Director, Division of Gyn Oncology
Professor, Department of OB/Gyn
The Ohio State University
James CCC
## Active and Upcoming Trials

<table>
<thead>
<tr>
<th>Ovary</th>
<th>Study ID</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front-line neoadjuvant</td>
<td>GOG-3035/FLORA-5</td>
<td>A randomized controlled study of the effectiveness of neoadjuvant chemotherapy (carboplatin and paclitaxel) versus chemo-immunotherapy (carboplatin, paclitaxel and pregovomab) in patients with advanced epithelial ovarian, fallopian tube, or primary peritoneal carcinoma</td>
<td>Recruiting</td>
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<tr>
<td>Front-line</td>
<td>GOG-3036/KEYLYNK-001</td>
<td>A Randomized Phase 3, Double-Blind Study of Chemotherapy With or Without Pembrolizumab Followed by Maintenance With Olaparib or Placebo for the First-Line Treatment of BRCA Non-mutated Advanced Epithelial Ovarian Cancer</td>
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<tr>
<td>Recurrent Low Grade Serous</td>
<td>GOG-3052/VS-6766-201</td>
<td>A Phase 2 Study of VS-6766 (dual RAF/MEK inhibitor) Alone and in Combination with Defactinib (FAK inhibitor) in Recurrent Low-Grade Serous Ovarian Cancer</td>
<td>Recruiting</td>
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<tr>
<td>Low Grade Serous</td>
<td>GOG-3026</td>
<td>A Phase II Trial of Ribociclib (LEE011) plus Letrozole in Women with Recurrent Low-Grade Serous Carcinoma of the Ovary or Peritoneum</td>
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<td>Platinum-Resistant</td>
<td>GOG-3029/INNOVATE-3</td>
<td>INNOVATE-3: Pivotal, Randomized, Open-label Study of Tumor Treating Fields (TTFields, 200kHz) Concomitant With Weekly Paclitaxel for the Treatment of Recurrent Platinum-Resistant Ovarian Cancer</td>
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<td>GOG-3032/MOONSTONE</td>
<td>A Phase 2 Open-Label, Single-Arm Study to Evaluate the Efficacy and Safety of the Combination of Niraparib and Dostarlimab (TSR-042) in Patients With Platinum-Resistant Ovarian Cancer</td>
<td>Temporarily Closed for Interim Analysis</td>
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<td>A Randomized, Open-label, Phase 3 Study of Mirvetuximab Soravtansine vs. Investigator's Choice of Chemotherapy in Platinum-Resistant, Advanced High-Grade Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Cancers With High Folate Receptor-Alpha Expression</td>
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<td>GOG-3048/XMT-1536-1</td>
<td>A Phase 1b/2, First-in-Human, Dose Escalation and Expansion Study of XMT-1536 In Patients with Solid Tumors Likely to Express NaPi2b</td>
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<td>Platinum-Resistant</td>
<td>GOG-3059</td>
<td>A Phase 3, Randomized, Double-Blind, Adaptive, Placebo/Paclitaxel-Controlled Study of AVB-S6-500 in Combination with Paclitaxel in Patients with Platinum-Resistant Recurrent Ovarian Cancer</td>
<td>Upcoming – Feasibility and site selection ongoing</td>
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Ovarian Front-Line
Ovarian

• Front-line
  • **GOG-3035/FLORA-5**: 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 (PI: Angeles Alvarez Secord, MD)
    ClinicalTrials.gov Identifier: NCT04498117

  • **GOG-3036/ENGOT-ov43/MK-7339/KEYLYNK-001**: A Randomized Phase 3, Double-Blind Study of Chemotherapy With or Without Pembrolizumab Followed by Maintenance With Olaparib or Placebo for the First-Line Treatment of BRCA Non-mutated Advanced Epithelial Ovarian Cancer (PIs: Robert Coleman, MD and Rebecca Arend, MD)
    ClinicalTrials.gov Identifier: NCT003740165
GOG-3035/FLORA-5
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

PI: Angeles Alvarez Secord, MD

ClinicalTrials.gov Identifier: NCT04498117
Oregovomab: Immunotherapeutic murine monoclonal antibody for ovarian cancers expressing CA-125 (MUC16)

Mechanism of action: Induces immunity by targeting tumor and binding CA-125 rendering it more immunogenic or “neoantigen-like”:
- Processed by antigen presenting cells in circulation and at tissue sites
- Triggers immune responses (interaction with circulating and tissue-associated CA-125 modifies immune response)

Progression-free Survival
- 41.8 vs 12.2 m
- HR=0.46
- (0.28-0.77)
- P=0.0027

Overall Survival
- NE vs 43.2 m
- HR=0.35
- (0.16-0.74)
- P=0.0043

1) Gordon A et al., Gynecol Oncol 2004
2) Brewer M. et al. Gynecol Oncol 2019
# GOG-3035/FLORA-5: Schema

## Two Cohorts: Primary Surgical and Neoadjuvant

### COHORT 1 - PRIMARY SURGERY

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<th>Treatment Period</th>
<th>Post-Treatment Follow-Up</th>
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<tr>
<td>Primary Debulking Surgery</td>
<td>Cycle 1</td>
<td>Cycle 2</td>
</tr>
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<td>ICF</td>
<td>Screening Procedures</td>
<td>Randomization</td>
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### COHORT 2 - NACT + INTERVAL SURGERY

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<tr>
<td>3 Cycles NACT Paclitaxel + Carboplatin</td>
<td>Cycle 4</td>
<td>Cycle 5</td>
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### Additional Information

- Patients enter study after surgery
- N = 500
- GOG Accrual = 7/185
- GOG Activated Sites: 23/43
- Primary Endpoint: PFS
- PI: Alvarez-Secord, A
Key Eligibility Criteria

- Newly diagnosed epithelial adenocarcinoma of ovarian, fallopian tube or peritoneal origin FIGO Stage III or IV disease.

- Histologic epithelial cell types: high grade serous adenocarcinoma, high grade endometrioid adenocarcinoma, undifferentiated carcinoma, clear cell adenocarcinoma, mixed epithelial carcinoma, or adenocarcinoma not otherwise specified (N.O.S.).

- Completed debulking surgery (either primary debulking surgery or interval debulking surgery at the discretion of the investigator). Debulking surgery must be optimal, R1 or R0 (defined as R1, macroscopic no greater than 1 cm in diameter, or R0, microscopic or no evidence of tumor).

- Preoperative serum CA-125 levels ≥ 50 U/mL.
GOG-3036/KEYLYNK-001

A Randomized Phase 3, Double-Blind Study of Chemotherapy With or Without Pembrolizumab Followed by Maintenance With Olaparib or Placebo for the First-Line Treatment of BRCA Non-mutated Advanced Epithelial Ovarian Cancer (EOC)

PI: Robert Coleman, MD
Co-PI: Rebecca Arend, MD

ClinicalTrials.gov Identifier: NCT003740165
GOG-3036/KEYLYNK-001: MOA and Rationale

- Each of these modalities have at least some single agent activity in recurrent setting (g/tBRCA-wt)
- Each doublet has clinical activity in recurrent setting (g/tBRCA-wt)
  - PARPi/IOi (e.g., TOPACIO [niraparib/pembrolizumab])
  - PARPi/AAi (e.g., AVANOVA2 [niraparib/bevacizumab])
  - AAi/IO (e.g., bevacizumab/nivolumab)
- Extends some phase II/III findings in (g/tBRCA-wt) (GOG-0218, PRIMA, VELIA, MEDIOLA)
GOG-3036/KEYLYNK-001: Schema

N = 1086
Global Accrual: 1020
GOG Accrual = 70/200
GOG Activated Sites: 37/39
Primary Endpoint: PFS
• Histologically confirmed FIGO Stage III or IV epithelial ovarian, primary peritoneal, or fallopian tube cancer;
• Has not received prior treatment for advanced or metastatic ovarian cancer;
• Eligible for primary or debulking surgery;
• Candidate for adjuvant or neoadjuvant carboplatin and paclitaxel chemotherapy;
• Able to provide a newly obtained core or excisional biopsy of a tumor lesion.
• BRCA non-mutated
Ovarian Platinum-Resistant
Ovarian

• Platinum-Resistant

  • **GOG-3029/INNOVATE-3**: Pivotal, Randomized, Open-label Study of Tumor Treating Fields (TTFields, 200kHz) Concomitant With Weekly Paclitaxel for the Treatment of Recurrent Ovarian Cancer (PI: David O’Malley, MD)
    
    ClinicalTrials.gov Identifier: NCT03940196

  • **GOG-3044/PROFECTA-II**: A Randomized Phase II, Open-Label, Multicenter, Parallel Two Arm Study of Afuresertib Plus Paclitaxel and Afuresertib Plus Carboplatin in Patients with Platinum-Resistant Ovarian Cancer (Thomas Herzog, MD)
    
    ClinicalTrials.gov Identifier: NCT04374630

  • **GOG-3045/MIRASOL**: A Randomized, Open-label, Phase 3 Study of Mirvetuximab Soravtansine vs. Investigator’s Choice of Chemotherapy in Platinum-Resistant, Advanced High-Grade Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Cancers With High Folate Receptor-Alpha Expression (PI: Kathleen Moore, MD)
    
    ClinicalTrials.gov Identifier: NCT04209855

  • **GOG-3059**: A Phase 3, Randomized, Double-Blind, Adaptive, Placebo/Paclitaxel-Controlled Study of AVB-S6-500 in Combination with Paclitaxel in Patients with Platinum-Resistant Recurrent Ovarian Cancer (Katherine Fuh, MD, PhD)
GOG-3029/INNOVATE-3

Pivotal, Randomized, Open-Label Study of Tumor Treating Fields Concomitant with Weekly Paclitaxel for the Treatment of Platinum-Resistant Ovarian Cancer

PI: David O’Malley, MD

ClinicalTrials.gov Identifier: NCT03940196
GOG-3029/INNOVATE-3: MOA and Rationale

- Tumor Treating Fields (TTFields)
- FDA approvals in GBM in recurrent and primary therapy with standard chemotherapy
- Recent FDA approval in primary treatment of malignant pleural mesothelioma

- Electric fields exert forces on charged tubulin proteins, disrupting formation of the mitotic spindle

GOG-3029 INNOVATE-3: Schema

N = 540
Global Accrual: 305
GOG Accrual: 67/200
GOG Activated Sites: 41/46
Primary Endpoint: OS
PI: O’Malley

Screening/Baseline
≤28 days from signing the ICF

Randomization 1:1
≤7 days

TTFIELDS must start within +/−3 days from paclitaxel start

TTFIELDS continues until progression in the abdomen/pelvis

Weekly paclitaxel starting dose of 80 mg/m² weekly for 8 weeks and on days 1, 8, 15 for subsequent 28-day cycles

Follow up on both arms continues until local disease progression in the abdomen/pelvis

TTFields (200kHz) ≥18 h/day + Weekly paclitaxel

Weekly paclitaxel

Follow-up q4w + CT/MRI scan q8w

Follow-up q4w + CT/MRI scan q8w

Post-PD follow up visit

Post-PD follow up visit

Survival follow-up q4w

Survival follow-up q4w
GOG-3029/INNOVATE-3:

Key Eligibility Criteria

- Epithelial histology of ovarian/primary peritoneal or fallopian tube carcinoma at the time of diagnosis;
- Maximum two prior lines of systemic therapy following diagnosis of platinum-resistance;
- Maximum total of 5 prior lines of systemic therapy;
- Amenable to receive weekly paclitaxel and able to operate the NovoTTF-100L(O) System;
- ECOG 0-1;
- Evaluable (measurable or non-measurable) disease in the abdominal/pelvic region per RECIST v1.
GOG-3044/PROFECTA-II
An Open Label Randomized Active Controlled Phase II Clinical Study to Assess the Efficacy and Safety of Afuresertib Plus Paclitaxel Versus Paclitaxel in Patients With Platinum-Resistant Ovarian Cancer

PI: Tom Herzog, MD

ClinicalTrials.gov Identifier: NCT04374630
GOG-3044/PROFECTA-II: MOA and Rationale

- **Afuresertib**: MOA is a Pan AKT inhibitor
- Inhibits Akt 1/2/3
- AKT inhibition thought to restore chemo sensitivity
- Platinum resistant disease is a rational therapeutic target
- Can be combined with chemotherapy backbone
  - Phase IB data with paclitaxel and plat + paclitaxel
GOG-3044/PROFECTA-II: Schema (ver. 4.0)

-141 PROC Patients With 2:1 Ratio Randomization

PROC pts with:
• Bev ineligible or PD;
• PARPi ineligible or PD;
• Failed prior 1 to 3 chemotherapies including no more than one chemo after PROC is diagnosed.

D = Day; EOT = End of treatment; f/u = Follow-up; OS = Overall survival; PARPi = Poly ADP ribose polymerase inhibitor; PD: Progressive disease; PO = Per os (oral); PROC = Platinum-resistant ovarian cancer; Q3W = Once every 3 weeks; QD = Once daily.
EOT visit and safety follow-up: within 30 days (± 7 days) of last dose.
OS follow-up: every 12 weeks (± 7 days) continuing after EOT.
The afuresertib plus paclitaxel combination therapy arm starts from the first day (Day 1) after randomization. The PK study will be performed in both the afuresertib plus paclitaxel arm and paclitaxel alone arm.

GOG Foundation

N = 141
Global Accrual: 0
GOG Accrual: 2/102
GOG Activated Sites: 9/25
Primary Endpoint: PFS
PI: Herzog, T
Key Eligibility Criteria

- Must provide informed consent for the procedures & tests for PI3K/AKT/PTEN pathway alterations, BRCA1/2 mutations, and/or level of phospho-AKT. The archival tumor biopsy sample collected less than 1 year is preferred. If no archival tumor sample is available, fresh biopsy is recommended.

- Patients must have histologically or cytologically confirmed high grade serous OC, endometroid OC, or ovarian clear cell carcinoma (including fallopian tube and primary peritoneal cancers). Carcinosarcoma, sarcoma, mucinous OC, or low-grade serous histologies are excluded.

- Must not have previously received prior AKT or PI3K pathway or mTOR inhibitors.

- Must have PROC (including fallopian tube and primary peritoneal carcinoma), defined as cancer progression between 1 month and 6 months after completion of prior platinum-based therapy (at least 4 cycles). Progression is defined by RECIST 1.1 criteria in association with symptoms necessitating treatment.

- Must have received 1 to 3 prior chemotherapies including no more than one chemotherapy after PROC was diagnosed. No other additional anticancer treatment is allowed except for PARP inhibitor or bevacizumab. Combination therapy will be considered as one treatment, whereas maintenance therapy will be considered as continuation of the previous systemic treatment. Patients should be appropriate candidates for treatment with single agent weekly paclitaxel based on investigator's clinical assessment.

- Patients must either have received prior treatments with bevacizumab followed by disease progression, or bevacizumab cannot be used because of a specific contraindication.
GOG-3045/MIRASOL

A Randomized, Open-label, Phase 3 Study of Mirvetuximab Soravtansine vs. Investigator's Choice of Chemotherapy in Platinum-Resistant, Advanced High-Grade Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Cancers With High Folate Receptor-Alpha Expression

PI: Kathleen Moore, MD

ClinicalTrials.gov Identifier: NCT04209855
**MIRASOL STUDY DESIGN**

**PHASE 3 REGISTRATION TRIAL FOR MIRVETUXIMAB USING PS2+ SCORING IN FRα HIGH PATIENTS**

**ENROLLMENT AND KEY ELIGIBILITY**
- 430 patients/330 events for PFS by INV
  - FRα-high by PS2+ scoring
  - Platinum resistant disease (<6 months PFI)
- Prior Bev and PARP allowed
- BRCAmut patients allowed

**STRATIFICATION FACTORS**
- IC Chemotherapy Choice (Paclitaxel, PLD, Topotecan)
- Prior Therapies (1 vs 2 vs 3)

**INVESTIGATOR’S CHOICE CHEMOTHERAPY**
- Paclitaxel, PLD†, or Topotecan

**PRIMARY ENDPOINT**
- PFS by INV; BICR* for sensitivity analysis

**SECONDARY ENDPOINTS**
- ORR by INV, OS, and PRO

N = 430
GOG Accrual: 26/200
GOG Activated Sites: 69/75
PI: Moore, K
GOG-3059
A Phase 3, Randomized, Double-Blind, Adaptive, Placebo/Paclitaxel-Controlled Study of AVB-S6-500 in Combination with Paclitaxel in Patients with Platinum-Resistant Recurrent Ovarian Cancer

PI: Katherine Fuh, MD, PhD
GOG-3059/AVB500-OC-004

- Upcoming Phase III, double blind randomized trial comparing AVB-500 + Paclitaxel vs. Placebo + weekly paclitaxel sponsored by Aravive
- AVB-500 is high-affinity AXL decoy receptor that binds to GAS6, the sole ligand of AXL
- AXL is highly expressed in metastatic and advanced stage tumors in ovarian cancer
- Phase IB data demonstrated little to no added side effects of AVB-500 to paclitaxel
- Serum based biomarker will be used to correlate response to targeted agent
- GOG and study sponsor are looking for approximately 70 US sites.
- First site activated and patient randomized to be targeted for February 2021.
GOG-3059/AVB500-OC-004:

Key Eligibility Criteria

- Histologically confirmed and documented recurrent ovarian, fallopian tube or peritoneal cancer. Only patients with high-grade serous adenocarcinoma histology are eligible;
- Prior treatment with one to four prior therapy regimens;
- Platinum-resistant disease (disease progression within 6 months of last platinum therapy);
- ECOG 0-1;
- Prior bevacizumab is allowed.

If interested in participating, please contact Katie Campbell at kcampbell@gog.org
Platinum Resistant Ovarian Cancer (PROC)
### Comparison of PROC Trials

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<th>GOG-3059 (Aravive)</th>
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<td><strong>Phase</strong></td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1b</td>
<td>3</td>
<td>2/3</td>
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<td><strong>Regimen</strong></td>
<td>VB-111/placebo</td>
<td>D1 (56 day cycle)</td>
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<td>1-3 prior platinum</td>
<td>1-3 (permission can be granted for 4 prior)</td>
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<td>1-2</td>
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<td>&lt; 3</td>
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<td>1-2</td>
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<td>yes</td>
<td>no</td>
<td>no</td>
<td>no</td>
</tr>
</tbody>
</table>
## Comparison of PROC Trials

<table>
<thead>
<tr>
<th></th>
<th>GOG-3018 (OVAL)</th>
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<th>GOG-3044 (PROFECTA)</th>
<th>GOG-3045 (MIRASOL)</th>
<th>GOG-3048 (Mersana)</th>
<th>GOG-3059 (Aravive)</th>
<th>NRG-GY009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase</strong></td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1b</td>
<td>3</td>
<td>2/3</td>
</tr>
<tr>
<td><strong>Regimen</strong></td>
<td>VB-111/placebo D1 (56 day cycle) + weekly paclitaxel vs. weekly Paclitaxel</td>
<td>TTFIELDS &gt;18 hr/day + weekly paclitaxel vs. weekly Paclitaxel</td>
<td>Niraparib daily + Dostarlimab D1 (3-week cycle)</td>
<td>Afuresertib PO QD + Paclitaxel D1,8,15 Q3W vs. weekly Paclitaxel</td>
<td>Mirvetuximab vs Investigator Choice chemotherapy</td>
<td>XMT-1536 every 4 weeks</td>
<td>PLD/Atezo (D1&amp;15) vs. PLD/Bev(D1&amp;15)/Atezo (D1&amp;15) vs. PLD/Bev (D1&amp;15)</td>
<td></td>
</tr>
<tr>
<td><strong>Prior total therapies</strong></td>
<td>≤ 5</td>
<td>≤ 5</td>
<td>1-3</td>
<td>1-3 prior platinum</td>
<td>1-3 (permission can be granted for 4 prior)</td>
<td>1-4</td>
<td>1-2</td>
<td></td>
</tr>
<tr>
<td><strong>Prior therapies for PROC</strong></td>
<td>&lt; 3</td>
<td>&lt; 3</td>
<td>1-2</td>
<td>0</td>
<td>not defined (only 2 prior taxanes allowed)</td>
<td>not defined (no prior taxanes for recurrence)</td>
<td>not defined</td>
<td></td>
</tr>
<tr>
<td><strong>Tumor Testing/Prevalence</strong></td>
<td>No</td>
<td>No</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>no</td>
<td>no</td>
<td>no</td>
</tr>
</tbody>
</table>

**CONFIDENTIAL**
# Comparison of PROC Trials

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<tbody>
<tr>
<td><strong>Definition of</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Platinum-Resistance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. CT confirmed progression disease within 90 - 180 days from completion of a minimum of 4 platinum therapy OR</td>
<td>Progression &lt; 6 months from completion of a minimum of four cycles of platinum (as evidenced by radiographic progression per RECIST v.1.1)</td>
<td>Progression &lt; 6 months from completion of a minimum of four cycles of platinum (as evidenced by radiographic progression per RECIST v.1.1)</td>
<td>1. Cancer progression 1-6m after platinum (at least 4 cycles). Exclusion for Platinum-refractory disease (progression &lt;1m platinum)</td>
<td>2. Platin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Platinum-refractory disease defined as CT confirmed progression during platinum therapy or up to 90 days from the last platinum.</td>
<td>No</td>
<td>No</td>
<td>Yes (clear cell)</td>
<td>Yes (clear cell)</td>
<td>No (endometrioid not allowed)</td>
<td>No (endometrioid not allowed)</td>
<td>No (endometrioid not allowed)</td>
<td>Yes (clear cell; undiff, adenoCa NOS)</td>
</tr>
<tr>
<td><strong>Non-high grade serous/endometrioid Histologies Allowed</strong></td>
<td>No</td>
<td>No</td>
<td>Yes (clear cell)</td>
<td>Yes (clear cell)</td>
<td>No (endometrioid not allowed)</td>
<td>No (endometrioid not allowed)</td>
<td>No (endometrioid not allowed)</td>
<td>Yes (clear cell; undiff, adenoCa NOS)</td>
</tr>
<tr>
<td><strong>Frequency of Visits</strong></td>
<td>Weekly</td>
<td>Weekly</td>
<td>Every 3 weeks for 4 cycles, then every 6 weeks on cycle 5</td>
<td>3 times each cycle (cycle = 3 weeks)</td>
<td>MIRV every 3 weeks (cycle = 3 weeks)</td>
<td>Every 4 weeks (cycle = 4 weeks)</td>
<td>Weekly (3 of 4 weeks)</td>
<td>Day 1 and 15 of each 28-day period (cycle = 4 weeks)</td>
</tr>
<tr>
<td><strong>Primary Platinum Refractory Allowed (defined)</strong></td>
<td>Yes (&lt;90 days)</td>
<td>No (1 month)</td>
<td>No (&lt;3 months)</td>
<td>No (&lt;1 month)</td>
<td>No (&lt;3 months)</td>
<td>No (&lt;3 months)</td>
<td>No (&lt;1 month)</td>
<td>No (not defined)</td>
</tr>
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# The OSU/James Schema for PROC

## Platinum Resistant Ovarian, Primary Peritoneal, & Tubal Cancer

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<thead>
<tr>
<th>Disease</th>
<th>Measureable</th>
<th>Or</th>
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</tr>
</thead>
<tbody>
<tr>
<td>OSU-18207 (Ph1)</td>
<td>&amp;+/-</td>
<td>Cipamceptib</td>
<td>Must have elevated CA 125; No standard/glycemic</td>
</tr>
<tr>
<td>OSU-18208 (Ph1)</td>
<td>&amp;+/-</td>
<td>Cipamceptib</td>
<td>Must have elevated CA 125; No standard/glycemic</td>
</tr>
</tbody>
</table>

## Updated 12.21.2020

### 1st PD

#### 2nd Line

<table>
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<td>OSU-18199/NCI 10150 (Ph1)</td>
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### 2nd PD

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### 3rd PD

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### 4th PD

#### 5th Line

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### 8th PD

#### 9th Line

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### 9th PD

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### G-Lines

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*CONFIDENTIAL*
Can/Should I Open more than 1 PROC trial?

Case Studies

• A patient with primary platinum resistance (1 prior line):
  • First treatment: GY009 (PLD +/- Atezo +/- Bev)
  • Second Treatment: 3045 (MIRASOL) or 3048 (Mersana)
  • Third Treatment: 3032 (MOONSTONE) - if didn’t receive Atezo with GY009
  • Fourth Line: weekly paclitaxel regimen
    • 3018 (OVAL)
    • 3029 (INNOVATE-3)
    • 3059 (Aravive) ****Important to consider the projected closure dates of the above trials*****

• A patient who has received 3 prior lines of therapy (2 platinum regimens and an additional regimen)
  • 4th Line (first PROC trial): 3045 (MIRASOL)
  • 5th Line (2nd PROC trial): weekly paclitaxel regimen (3018/OVAL; 3029/INNOVATE; 3059/Aravive)
Can/Should I Open more than 1 PROC trial? YES!!!!!!!!

- Alternative:
  - Weekly topo:
    - 0% ORR in AURELIA
    - 12% ORR weekly (146Q)
    - 27% ORR daily (146Q)
  - Single Agent PLD: 8% ORR in AURELIA
  - PLD: 4% ORR in JAVELIN 200
  - PLD/Bev: 14% ORR in AURELIA
  - PLD/Pac/Topo: 16% ORR in FORWARD-1

- Expectation:
  - Institutions should have 2-5 trials open for PROC
  - Prioritize clinical trials in this population

- PROC is arguably our greatest unmet need
- Consider institutional algorithms which help prioritize trials in a sequential fashion
- Tissue Testing prior to clear progression (screening consents)
- GOG-P can help
  - Provide information which highlights the differences to prepare for IRB/SRCs reviews
  - Help predict when trials will be closing to help in defining the queue


Moore K. Forward-1. ESMO 2019
FDA-Approved Drugs for Ovarian Cancer

12+ Approvals since Nov 2014
More approvals in the last 6 years than the prior 60 years combined
Thank you

The James

Creating a cancer-free world. One person, one discovery at a time.