Treating Cervical Cancer with Antibody Conjugates

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Faculty Disclosure Relative to This Presentation*

	No, nothing to disclose
x	Yes, please specify:

Company Name	*Honoraria/ Expenses*	*Consulting/ Advisory Board*	*Funded Research*	*Royalties/ Patent*	*Stock Options*	*Ownership/ Equity Position*	*Employee*	*Other (please specify)*
Merck	x	x	x					
GSK	x	x	x					
AstraZeneca	x	x	x					
Regeneron	x	x	x					
GOG Foundation	x	x	x					
GNE/Roche	x	x	x					
EMD Serono	x	x						
Akeso Biopharma	x	x	x					
Genmab/Seagen	x	x	x					

* Refer to the Website for other disclosures not related cervical cancer

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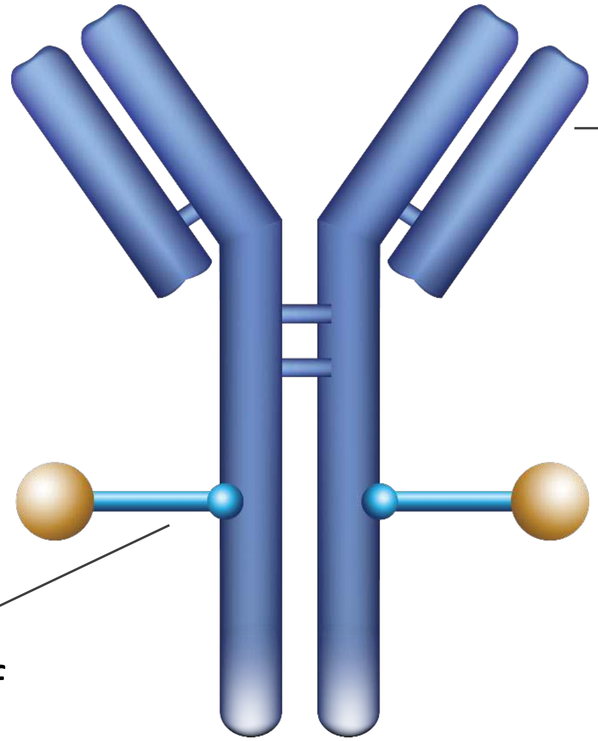
Anatomy of an Antibody-Drug Conjugate



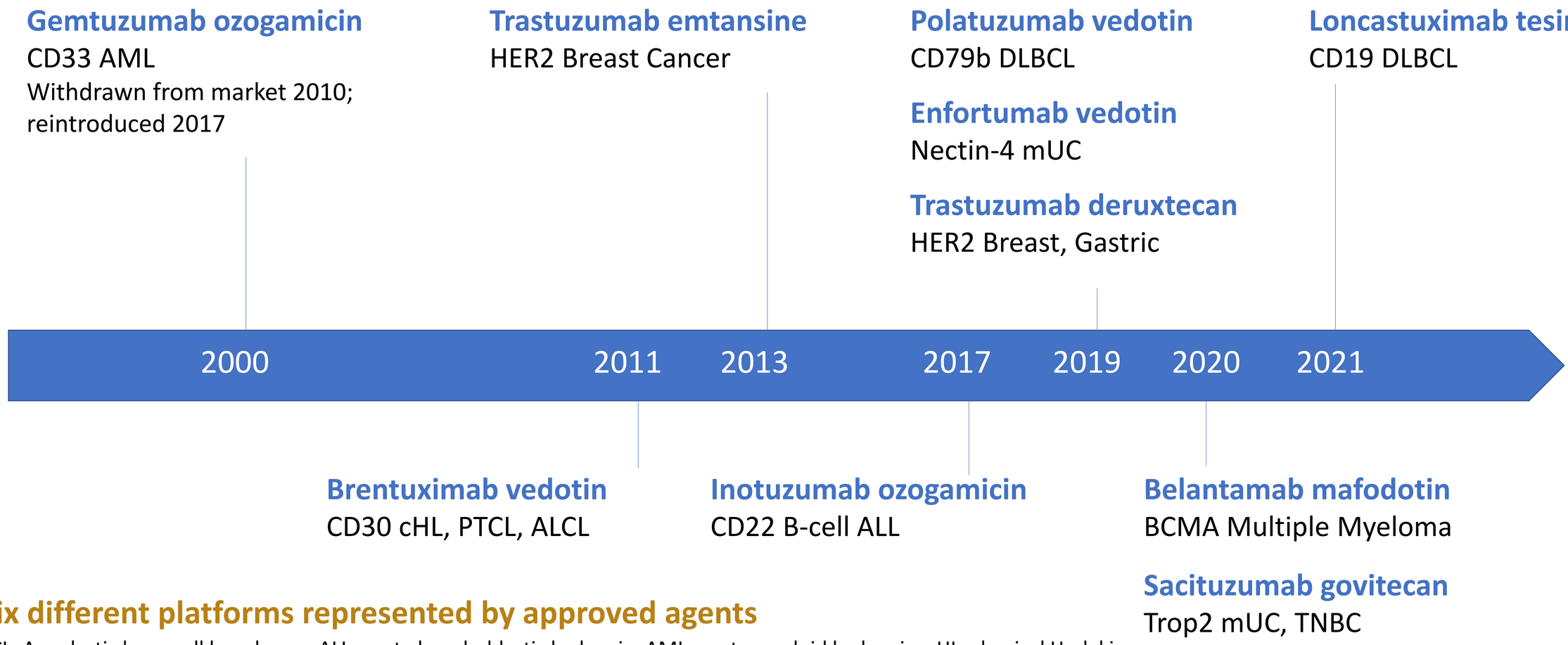
Antibody – specific to a tumor antigen

Payload – highly potent cytotoxic agent

Linker – Efficient release of payload at tumor site; Stable in circulation

Panowski S, et al. mAbs. 2014;6:34-45.

Antibody Drug Conjugates Currently Approved for Cancer Therapy in the US



Six different platforms represented by approved agents

ALCL, Anaplastic large cell lymphoma; ALL, acute lymphoblastic leukemia; AML, acute myeloid leukemia; cHL, classical Hodgkins lymphoma; DLBCL, diffuse large B-cell lymphoma; mUC, metastatic urothelial cancer; PTCL, peripheral T-cell lymphoma; TNBC, triple negative breast cancer.

FDA website. Drugs@FDA. https://www.accessdata.fda.gov/scripts/cder/daf/ Accessed July 13, 2021.

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Target: Tissue Factor (TF)

= transmembrane receptor for coagulation factor VII/VIIa
expressed on subendothelial vessel wall cells

Normal physiological conditions:
central role in initiation of the extrinsic pathway of the coagulation cascade

In oncogenesis: role in tumour angiogenesis, proliferation, metastases, thrombotic events

Antigen	Gynaecologic malignancy	Expression frequency
Tissue factor	Ovarian cancer	23.8%-100%
	Uterine cancer	100%
	Cervical cancer	**94-100%**

highly expressed in squamous AND adenocarcinomas of the uterine cervix

Lee et Lui, *Gynecol Oncol 2019;* Cocco et al, *BMC Cancer 2011;* Förster Y, et al. *Clin Chim Acta 2006*

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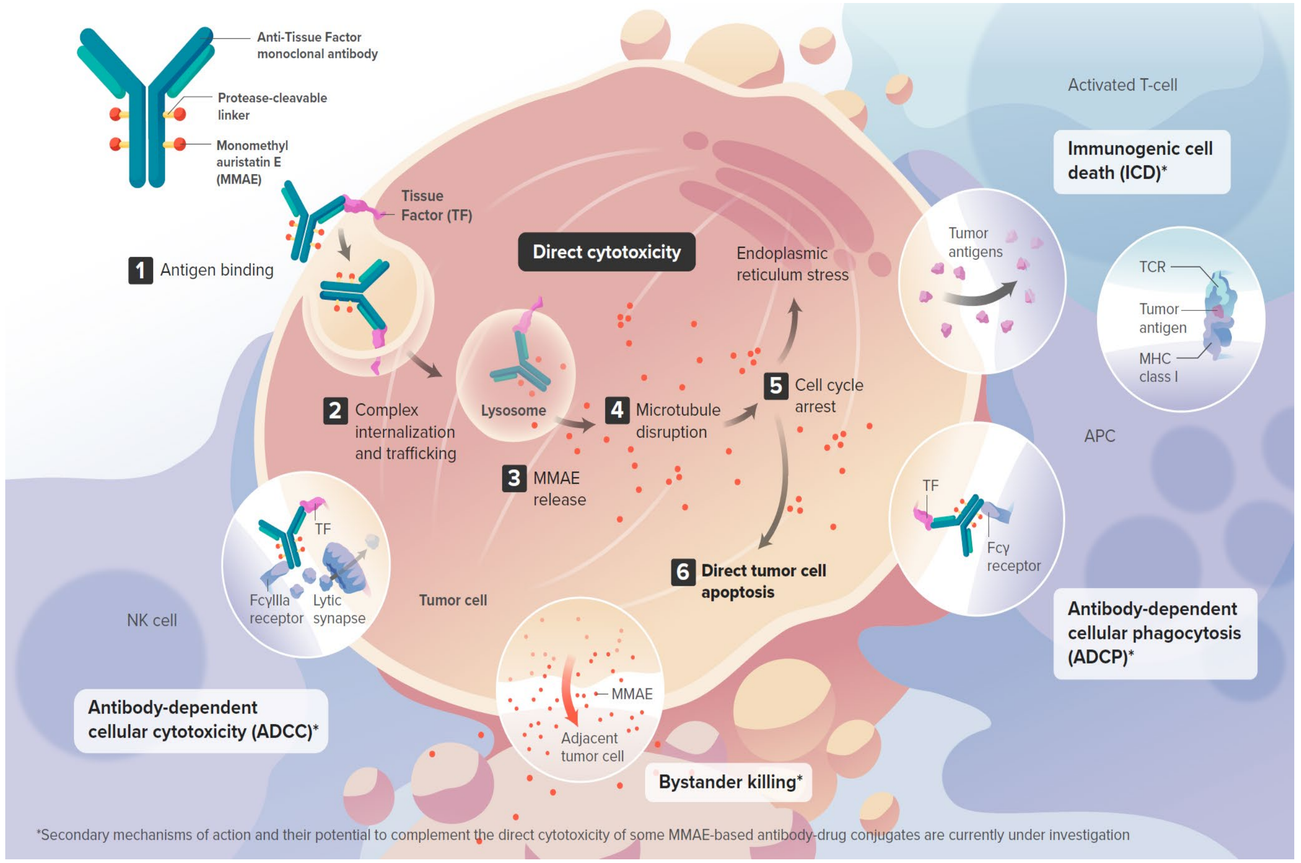
Proposed MOA of Tisotumab Vedotin

- Tisotumab vedotin is an **investigational antibody-drug conjugate directed to tissue factor** (TF) and covalently linked to the microtubule-disrupting agent MMAE via a protease-cleavable linker[1,2]
- **TF (thromboplastin) is highly prevalent in cervical cancer** and other solid tumors and is associated with cancer pathophysiology and poor prognosis[3-5]
  - TF is co-opted by tumor cells to promote tumor growth, angiogenesis, and metastasis[6]
  - In normal physiology, TF's primary role is to initiate the coagulation cascade after vascular injury[6]
- Tisotumab vedotin has **multiple** anti-tumor effects[1,2,7]



Tisotumab vedotin is an investigational agent, and its safety and efficacy have not been established.

1. Breij EC et al. Cancer Res. 2014;74(4):1214-1226. 2. De Goeij BE et al. Mol Cancer Ther. 2015;14(5):1130-1140. 3. Pan L et al. Mol Med Rep. 2019;19:2077-2086. 4. Cocco E et al. BMC Cancer. 2011;11:263. 5. Zhao X et al. Exp Ther Med. 2018;16:4075-4081. 6. Forster Y et al. Clin Chim Acta. 2006;364:12-21 7. Alley SC et al. American Association for Cancer Research Annual Meeting; March 29 – April 3, 2019; Atlanta, GA, USA; Abstract #221.

ADCC, antibody-dependent cellular cytotoxicity; ADCP, antibody-dependent cellular phagocytosis; MMAE, monomethyl auristatin E; MOA, mechanism of action; TF, tissue factor.

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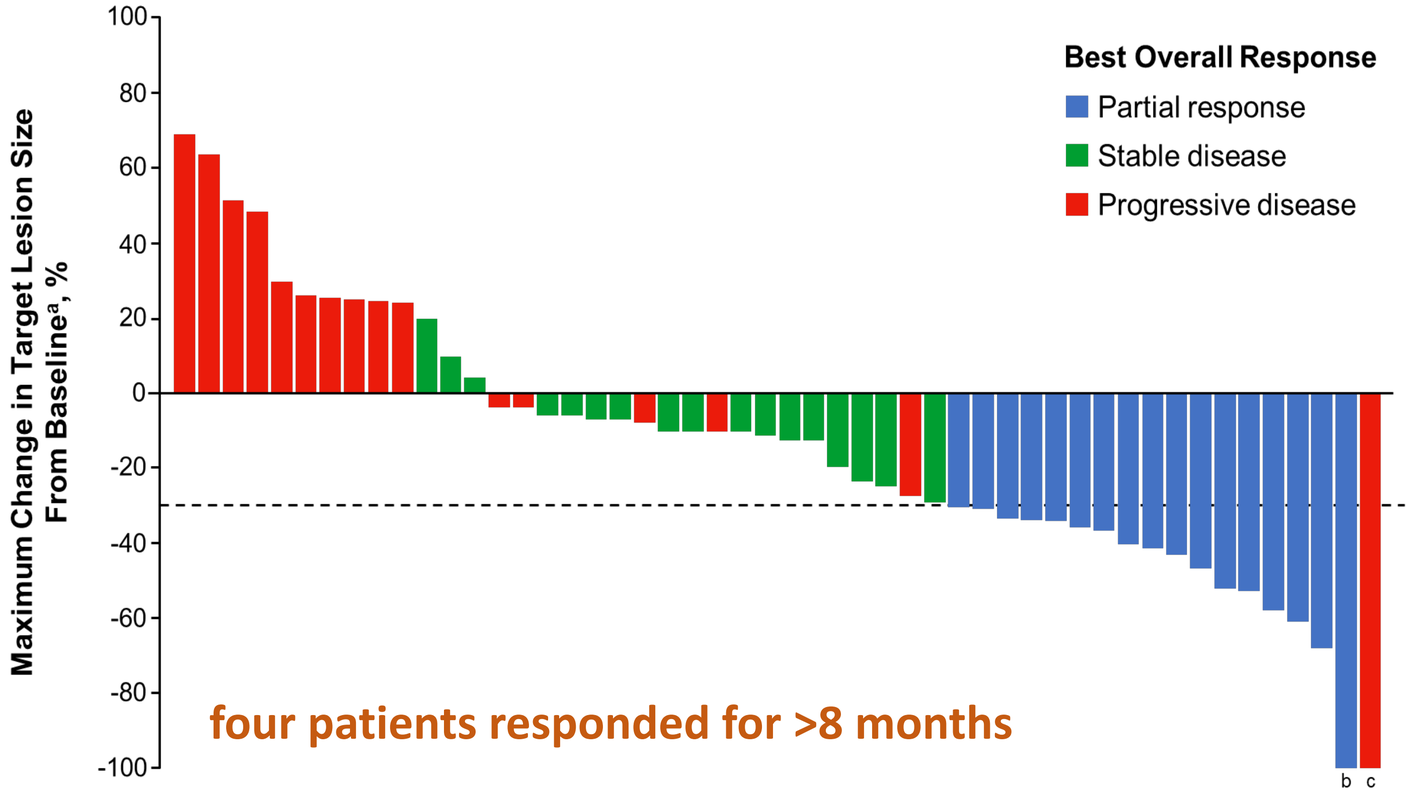
Tisotumab Vedotin:
Cervical Cancer Expansion cohort (n=55)
Phase I /II innovaTV 201 Study (NCT02001623)

Investigator- / independent review committee-assessed antitumor activity of tisotumab vedotin

	Cervical Cancer Cohort *N* = 55	
Antitumor Activity	**Investigator-assessed**	**IRC-assessed**
ORR (95% CI), %[a]	24 (13–37)	22 (12–35)
CR, *n* (%)	0	1 (2)
PR, *n* (%)	13 (24)	11 (20)
SD, *n* (%)	21 (38)	19 (35)
Non-CR/Non-PD, *n* (%)	0	2 (4)
PD, *n* (%)	17 (31)	17 (31)
Not evaluable, *n* (%)	4 (7)	5 (9)
Median TTR (range), months	2.6 (1.1–3.9)	2.1 (1.1–4.6)
Median DOR (range), months	4.2 (1.0+–9.7)	6.0 (1.0+–9.7)
Median PFS (95% CI), months	4.2 (2.1–5.3)	4.1 (1.7–6.7)
6-month PFS rate, % (95% CI)	29 (17–43)	40 (24–55)

CI, confidence interval; CR, complete response; DOR, duration of response; IRC, independent review committee; ORR, objective response rate; PD, progressive disease; PFS, progression-free survival; PR, partial response; SD, stable disease; TTR, time to response. +Indicates censored value due to ongoing response.
[a]Confirmed ORR by Response Evaluation Criteria In Solid Tumors v1.1 criteria.

Maximum changes in target lesion size from baseline (investigator-assessed)



Vergote I et al. ESMO 2017. Abstract 1067.
Hong D & Concin N et al, *Clincial Cancer Research 2020*

GOG-3023/ENGOT-cx6/innovaTV 204 Study Design

innovaTV 204 (NCT03438396) is a pivotal phase 2 single-arm, multicenter (United States and Europe) study evaluating tisotumab vedotin in patients with previously treated recurrent and/or metastatic cervical cancer

Key Eligibility Criteria

- Recurrent or extrapelvic metastatic cervical cancer
- Progressed during or after doublet chemotherapy[a] with bevacizumab (if eligible)
- Received ≤2 prior systemic regimens[b]
- ECOG PS 0-1

Enrolled: 102[c]
Treated: 101*

Tisotumab vedotin
2.0 mg/kg IV Q3W

Until PD or unacceptable toxicity

Tumor responses assessed using CT or MRI at baseline, every 6 weeks for the first 30 weeks, and every 12 weeks thereafter

Primary Endpoint

- ORR[d] per RECIST v1.1, by independent imaging review committee (IRC)

Secondary Endpoints

- ORR[d] per RECIST v1.1, by investigator
- DOR, TTR, and PFS by IRC and investigator
- OS
- Safety

Exploratory Endpoints

- Biomarkers
- HRQoL

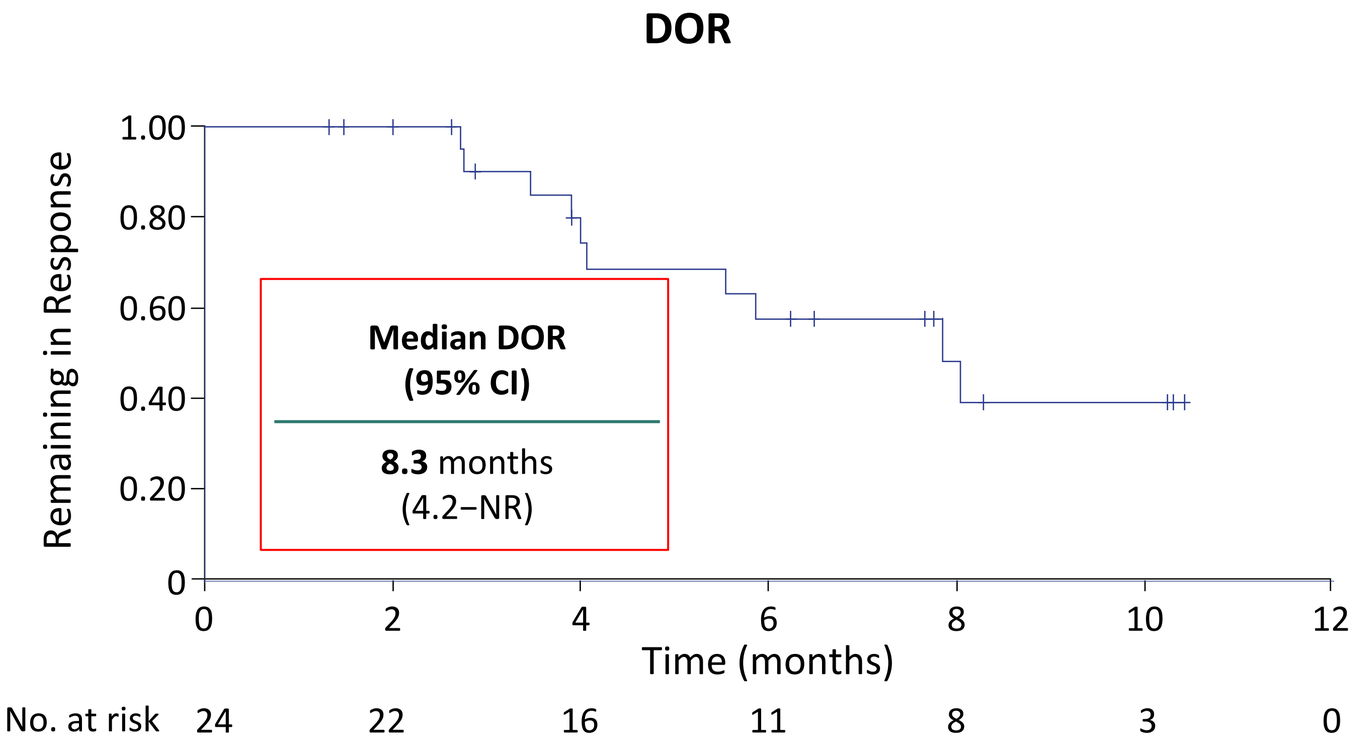
*Study sample size calculated assuming a confirmed ORR of 21% to 25% with tisotumab vedotin and to provide ≥80% power to exclude an ORR of ≤11%[e]

Study was performed according to ENGOT-GOG Model C

[a]Paclitaxel plus platinum (cisplatin or carboplatin) or paclitaxel plus topotecan. [b]Adjuvant or neoadjuvant chemotherapy or if administered with radiation therapy, was not counted as a prior systemic regimen. [c]June 2018 to April 2019. [d]Responses were confirmed by subsequent repeat imaging performed ≥4 weeks after initial response assessment. [e]Using one-sided exact binomial test at 0.025 significance level.
CT, computed tomography; ECOG PS, Eastern Cooperative Oncology Group performance status; HRQoL, health-related quality of life; IRC, independent review committee; IV, intravenous; MRI, magnetic resonance imaging; OS, overall survival; PD, progressive disease; Q3W, every 3 weeks; RECIST v1.1, Response Evaluation Criteria In Solid Tumors version 1.1; TTR, time to response.

Antitumor Activity by IRC Assessment

	N=101
Confirmed ORR (95% CI),[a] %	**24 (15.9−33.3)**
CR, n (%)	7 (7)
PR, n (%)	17 (17)
SD, n (%)	49 (49)
PD, n (%)	24 (24)
Not evaluable, n (%)	4 (4)



Clinically meaningful and durable responses were observed

Data cutoff: February 06, 2020. Median duration of follow-up: 10.0 months.
[a]Based on the Clopper-Pearson method.
CI, confidence interval; CR, complete response; DOR, duration of response; IRC, independent review committee; NR, not reached; ORR, objective response rate; PD, disease progression; PR, partial response; SD, stable disease.

Coleman RL et al. ESMO 2020. Abstract LBA32.
Coleman RL. *Lancet Oncol.* 2021:S1470-2045(21)00056-5.

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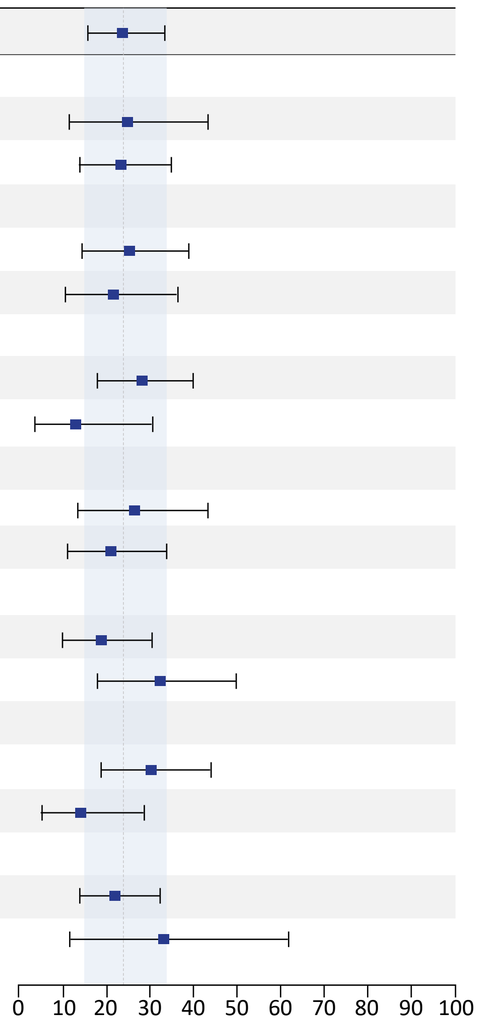
ORR Subgroup Analysis

Subgroup	n/N	% (95% CI)
Overall	24/101	24 (15.9–33.3)
Histology		
Nonsquamous	8/32	25 (11.5–43.4)
Squamous	16/69	23 (13.9–34.9)
Prior cisplatin + radiation		
Yes	14/55	26 (14.7–39.0)
No	10/46	22 (10.9–36.4)
Prior lines of systemic regimen		
1 line	20/71	28 (18.1–40.1)
2 lines	4/30	13 (3.8–30.7)
Response to last systemic regimen[a]		
Yes	10/38	26 (13.4–43.1)
No	12/57	21 (11.4–33.9)
Bevacizumab in combination with chemotherapy doublet as 1L therapy[b]		
Yes	12/64	19 (10.1–30.5)
No	12/37	32 (18.0–49.8)
ECOG performance status		
0	18/59	31 (19.2–43.9)
1	6/42	14 (5.4–28.5)
Region		
European Union	19/86	22 (13.9–32.3)
United States	5/15	33 (11.8–61.6)



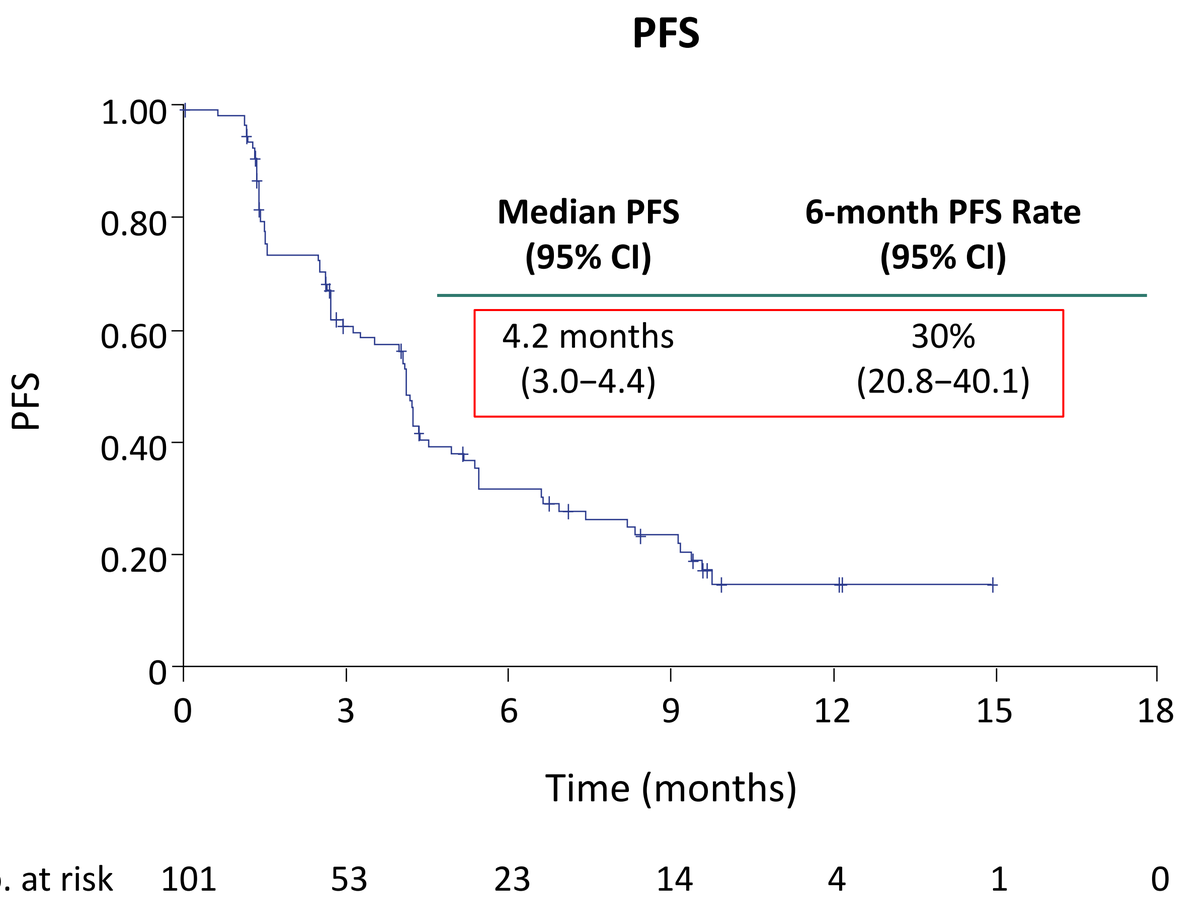
Responses generally consistent across subgroups regardless of:

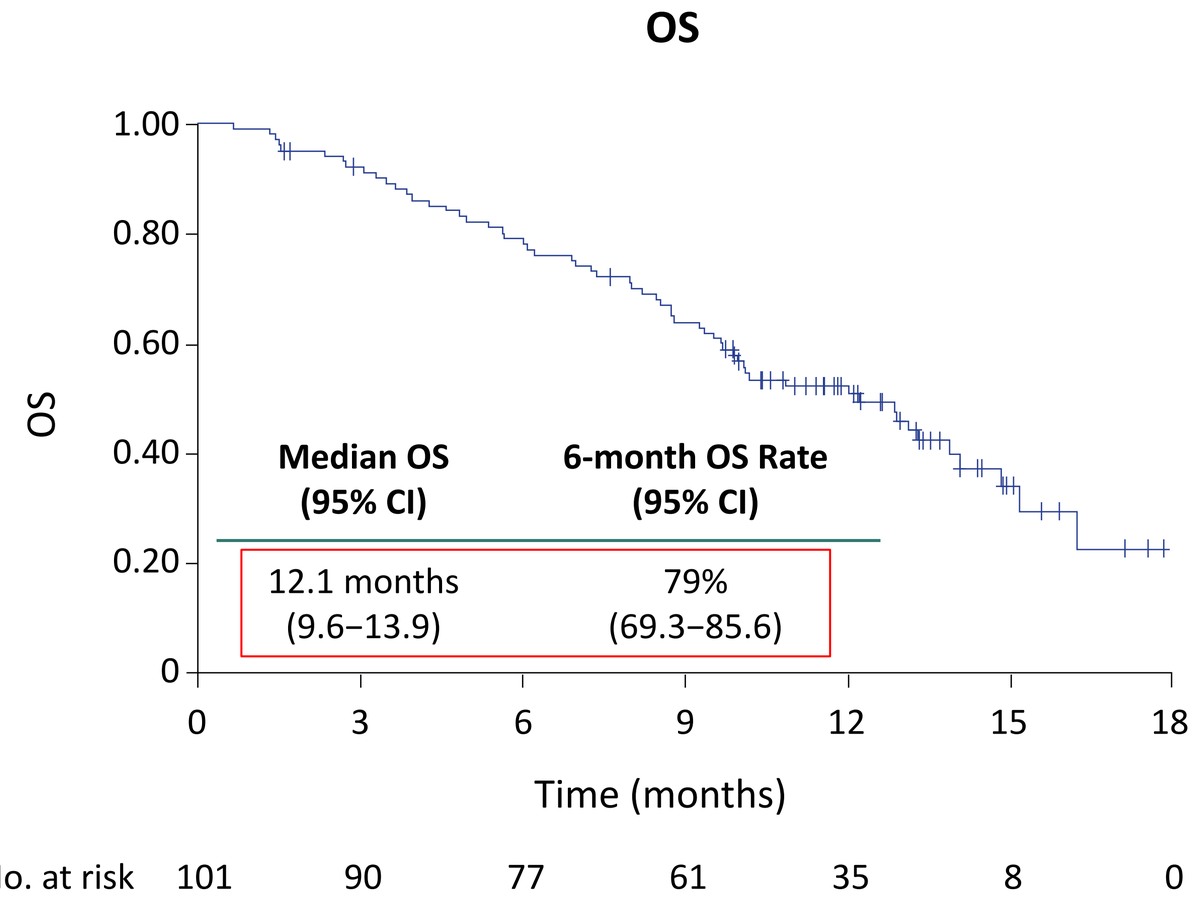
- **Tumor histology**
- **Responses to prior systemic regimen**
- **Doublet chemotherapy with bevacizumab as 1L treatment**

Coleman RL et al. ESMO 2020. Abstract LBA32.
Coleman RL. *Lancet Oncol.* 2021:S1470-2045(21)00056-5.

Data cutoff: February 06, 2020. Median duration of follow-up: 10.0 months. The vertical line indicates 24%, which was the ORR of the entire study cohort.
[a]Response to last systemic regimen was not available for 6 subjects. [b]The term chemotherapy doublet includes either paclitaxel plus cisplatin or carboplatin or paclitaxel plus topotecan.
1L, first-line; CI, confidence interval; ECOG, Eastern Cooperative Oncology Group; ORR, objective response rate.

PFS by IRC Assessment and OS





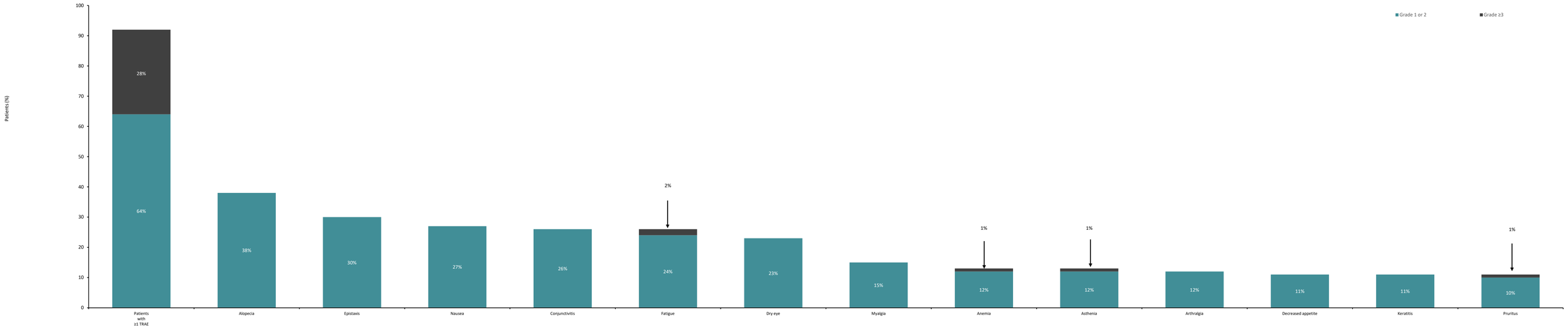
Data cutoff: February 06, 2020. Median duration of follow-up: 10.0 months.
CI, confidence interval; OS, overall survival; PFS, progression-free survival.

Coleman RL et al. ESMO 2020. Abstract LBA32.
Coleman RL. *Lancet Oncol.* 2021:S1470-2045(21)00056-5.

Most Common TRAEs with Tisotumab Vedotin

N=101

TRAEs with ≥10% incidence[a]



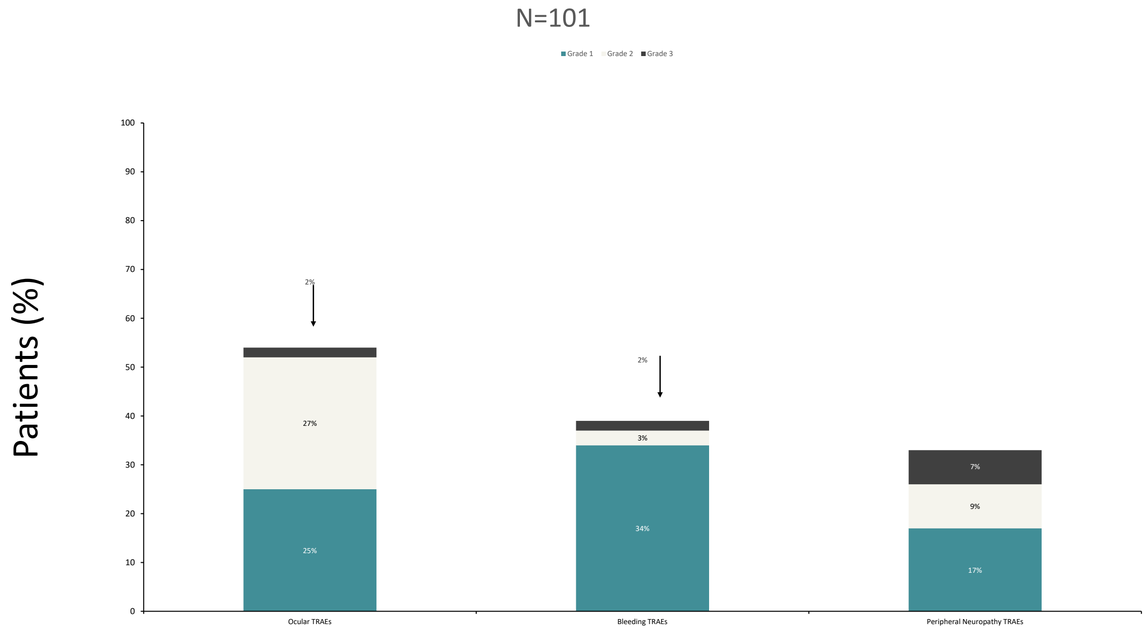
- **Most TRAEs were grade 1 or 2 and no new safety signals were reported**
- **One death due to septic shock was considered by the investigator to be related to therapy[b]**

Coleman RL et al. ESMO 2020. Abstract LBA32.
Coleman RL. *Lancet Oncol.* 2021:S1470-2045(21)00056-5.

Data cutoff: February 06, 2020. Median duration of follow-up: 10.0 months. Median duration of treatment: 4.2 months (range, 1–16).
[a]Any-grade AEs included if ≥10%. [b]Three treatment-emergent deaths unrelated to therapy included one case of ileus and two with unknown causes.
TRAE, treatment-related adverse event.

Prespecified AEs of Interest of Tisotumab Vedotin

Ocular,[a] bleeding,[b] and peripheral neuropathy[c] TRAEs



	Ocular	Bleeding	Peripheral Neuropathy
Time to onset (median, months)	1.4	0.3	3.1
Events resolved, %	86	90	21
Time to resolution[d] (median, months)	0.7	0.5	0.6

- **Ocular AEs were mostly mild to moderate, resolved, and were manageable with an eye care plan**
- **Most bleeding events were grade 1 epistaxis (28%) of which majority resolved**
- **Most peripheral neuropathy events (known MMAE-related toxicity) were grade 1 and manageable with dose modifications; resolution was limited by follow-up period**

Coleman RL et al. ESMO 2020. Abstract LBA32.
Coleman RL. *Lancet Oncol.* 2021:S1470-2045(21)00056-5.

Data cutoff: February 06, 2020. Median duration of follow-up: 10.0 months.
[a]Any ocular SMQ (conjunctival disorders SMQ, corneal disorders SMQ, scleral disorders SMQ, retinal disorders SMQ, periorbital and eyelid disorders SMQ, ocular infections SMQ, optic nerve disorders SMQ, glaucoma SMQ, lacrimal disorders SMQ, and eye disorders SMQ). [b]Hemorrhage SMQ. [c]Peripheral neuropathy SMQ. [d]Assessment limited by the protocol-defined follow-up period for AE of only 30 days after the last dose.
AE, adverse event; MMAE, monomethyl auristatin E; SMQ, standardized MedDRA queries; TRAE, treatment-related adverse events.

Bringing TV to the Clinic

- FDA filing of the tisotumab vedotin BLA (Biologics License Application) for accelerated approval announced in April 21
- Under the PDUFA (Prescription Drug User Fee Act), the FDA has set a target action date 10 October 21 (priority review)

ENGOT cx12/GOG-3057/innovaTV 301: Schema

Phase 3, randomized trial of Tisotumab Vedotin vs Investigator's choice chemotherapy in 2nd or 3rd line recurrent cervical cancer

Primary endpoints: Overall survival
Secondary endpoints: PFS (Inv), Confirmed ORR (Inv), Safety, PRO, TTR, DOR
Exploratory endpoints: PK, biomarkers

- **Progressed during or after 1L chemo of taxane/platin or tax/topo w/wo Bev for metastatic/ recurrent cxca**
- **1 or 2 prior lines for metastatic or recurrent disease**
- **Measurable disease**

1:1
R
N= 482

Tisotumab Vedotin 2 mg/kg Q3W

Investigator's choice chemo

Options (provided by Sponsor, if needed):
- Topotecan 1,5 mg/m² d1-5 q3wks*
- Irinotecan 100 or 125 mg/m² d1,8,15,22 q6wks*
- Gemcitabine 1000 mg/m² d1,8 q3wks*
- Vinorelbine 30 mg/m² d1,8 q3wks*
- Pemetrexed 500 mg/m² d1 q3wks*

*** Fast reduction rules will be applied**

Imaging: q 6 wks for 30 wks, then q 12 wks until radiographic PD

OS

Stratification:
- ECOG (0 vs 1)
- Region
- Prior PD-1 or PD-L1 therapy Y/N
- Prior Bev Y/N

Planned No. of patients: 482

https://www.clinicaltrials.gov/ct2/show/NCT04697628

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Tisotumab Vedotin + Bevacizumab or Pembrolizumab or Carboplatin in Recurrent/Metastatic Cervical Cancer: Phase 1b/2 ENGOT-Cx8/GOG-3024/innovaTV 205 Study Dose-Escalation Results

Bradley J. Monk,[1] Toon Van Gorp,[2] Domenica Lorusso,[3] Roisin Eilish O'Cearbhaill,[4] Anneke Westermann,[5] Susana Banerjee,[6] Dearbhaile Catherine Collins,[7] Jaroslav Klat,[8] Kristine Madsen,[9] Jean-Francois Baurain,[10] Amanda Jackson,[11] Ingrid Boere,[12] Sandro Pignata,[13] Eelke Gort,[14] John Moroney,[15] Ibrahima Soumaoro,[16] Camilla Mondrup Andreassen,[17] Leonardo Viana Nicacio,[18] Christine Gennigens,[19] Ignace Vergote [20]

[1]Arizona Oncology (US Oncology Network), University of Arizona College of Medicine, Creighton University School of Medicine, Phoenix, AZ, USA; [2]Gynecological Oncology, KU Leuven University Hospitals Leuven, Leuven, Flanders, Belgium; [3]Fondazione IRCCS, Foundation Policlinico Universitario Agostino Gemelli IRCCS; [4]Memorial Sloan Kettering Cancer Center, New York, NY, USA; [5]Academisch Medisch Centrum, Amsterdam, The Netherlands; [6]The Royal Marsden NHS Foundation Trust, London, UK; [7]Cork University Hospital/Oncology Trials Unit, Cork, Ireland; [8] University Hospital Ostrava, Ostrava, Czech Republic; [9]Righospitalet, University Hospital of Copenhagen, Copenhagen, Denmark; [10]Université Catholique de Louvain (UCLouvain), Brussels, Belgium; [11]University of Cincinnati Cancer Center, Cinnacinnati, OH, USA; [12]Department of Medical Oncology, Erasmus MC Cancer Institute, Erasmus University Medical Center, Rotterdam, The Netherlands; [13]Istituto Nazionale Tumori IRCCS Fondazione G. Pascale, Napoli, Italy; [14]University Medical Center Utrecht, The Netherlands; [15]Department of Obstetrics and Gynecology, University of Chicago, IL, USA; [16]Genmab US, Inc., Princeton, NJ, USA; [17]Genmab, Copenhagen, Denmark; [18] Seagen Inc., Bothell, WA, USA; [19]Department of Medical Oncology, Centre Hospitalier Universitaire de Liege, Liege, Belgium; [20]Belgium and Luxembourg Gynaecological Oncology Group, University of Leuven, Leuven Cancer Institute, Leuven, Belgium

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Phase 1b/2 ENGOT-Cx8/GOG-3024/innovaTV 205: Design of Dose-Escalation (Part 1b) and Objectives

- ≥18 years of age with recurrent or metastatic cervical cancer
- Measurable disease at baseline per RECIST v1.1
- Progressed on/after or were ineligible/intolerant to standard-of-care
- ECOG performance status of 0 or 1 and life expectancy ≥3 months

Arm A TV + Bevacizumab	**Arm B** TV + Pembrolizumab	**Arm C** TV + Carboplatin
DL1 (n = 3): TV 1.3 mg/kg + Bevacizumab 7.5 mg/kg	DL1 (n = 6): TV 1.3 mg/kg + Pembrolizumab 200 mg	DL1 (n = 6): TV 1.3 mg/kg + Carboplatin AUC 5
DL2 (n = 3): TV 1.3 mg/kg + Bevacizumab 15 mg/kg	DL2 (n = 7): TV 2.0 mg/kg + Pembrolizumab 200 mg	DL2 (n = 7): TV 2.0 mg/kg + Carboplatin AUC 5
DL3 (n = 9): TV 2.0 mg/kg + Bevacizumab 15 mg/kg		

Primary Objective: To establish the maximum tolerated dose (MTD) and recommended phase 2 dosing (RP2D) of TV + bevacizumab (Arm A) or pembrolizumab (Arm B) or carboplatin (Arm C) all given Q3W

Secondary Objectives: Evaluation of safety and tolerability, antitumor activity, durability of tumor response, clinical efficacy including survival outcomes, and the pharmacokinetics and immunogenicity of TV combinations

AUC, area under the curve; DL, dose level; DLT, dose-limiting toxicity; ECOG, Eastern Cooperative Oncology Group; Q3W, every 3 weeks; TV, tisotumab vedotin.
Drugs administered IV on day 1 of 21-day cycle. Patients were treated for at least 2 cycles to evaluate DLTs.

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Baseline Demographics and Clinical Characteristics

	Arm A: TV/Bev (N=15)	Arm B: TV/Pembro (N=13)	Arm C: TV/Carbo (N=13)
Age, median (range), years	46.0 (30–62)	45.0 (32–75)	52.0 (35–65)
ECOG performance status, n (%)			
0	13 (86.7)	8 (61.5)	9 (69.2)
1	2 (13.3)	5 (38.5)	4 (30.8)
Histology, n (%)			
Squamous	8 (53.3)	7 (53.8)	6 (46.2)
Adenocarcinoma	7 (46.7)	6 (46.2)	6 (46.2)
Adenosquamous	0	0	1 (7.7)
Prior lines of systemic treatment*, n (%)			
0	1 (6.7)	0	0
1	6 (40.0)	5 (38.5)	5 (38.5)
2	6 (40.0)	4 (30.8)	4 (30.8)
3	1 (6.7)	3 (23.1)	2 (15.4)
4	1 (6.7)	1 (7.7)	2 (15.4)
Bevacizumab plus chemotherapy doublet as first-line therapy#, n (%)			
Yes	6 (40.0)	6 (46.2)	4 (30.8)
No	9 (60.0)	7 (53.8)	9 (69.2)

*In the metastatic or recurrent setting;
paclitaxel + cisplatin/carboplatin or paclitaxel + topotecan
Bev, bevacizumab; Carbo, carboplatin; ECOG, Eastern Cooperative Oncology Group; pembro, pembrolizumab; TV, tisotumab vedotin

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Patient Disposition

- At the time of data cutoff (March 1, 2021) the median duration of followup was 8.6 (5 – 20) months in Arm A, 16.0 (0 – 22) months in Arm B, and 12.5 (0 – 20) months in Arm C
- No patients discontinued from the study due to pregnancy, loss to follow-up, poor/non-compliance, sponsor decision, patient request, COVID-19 or other reasons
  - The most common reason for discontinuation of study treatment was disease progression

	Arm A: TV/Bev (N=15)	Arm B: TV/Pembro (N=13)	Arm C: TV/Carbo (N=13)
Patients with ongoing treatment	9 (60.0)	1 (7.7)	2 (15.4)
Patients who discontinued treatment	6 (40.0)	12 (92.3)	11 (84.6)
Radiographical PD	6 (40.0)	7 (53.8)	8 (61.5)
Death	0	1 (7.7)	1 (7.7)
AEs	0	2 (15.4)	2 (15.4)
Withdrawal of consent	0	1 (7.7)	0
Clinical PD	0	1 (7.7)	0

AE, adverse event; Bev, bevacizumab; Carbo, carboplatin; PD, progressive disease; Pembro, pembrolizumab; TV, tisotumab vedotin.

Safety Summary

- AEs of special interest with TV included ocular adverse events, peripheral neuropathy, and bleeding and were mostly grade 1 or 2
- Serious AEs related to TV occurred in 3 patients each in Arms B and C
- No patients in Arms A and B had grade 4 events related to TV; 3 patients in Arm C had grade 4 events related to TV
- No fatal AEs were reported

	Arm A: TV/Bev (N=15)	Arm B: TV/Pembro (N=13)	Arm C: TV/Carbo (N=13)
Patients with at least one TEAE, n (%)			
AE	15 (100.0)	13 (100.0)	13 (100.0)
AE related to TV	15 (100.0)	12 (92.3)	12 (92.3)
AESI for TV, n (%)			
Ocular AE	12 (80.0)	7 (53.8)	8 (61.5)
Peripheral neuropathy	9 (60.0)	7 (53.8)	3 (23.1)
Bleeding AE	11 (73.3)	6 (46.2)	7 (53.8)
Grade ≥3 AE, n (%)	5 (33.3)	12 (92.3)	8 (61.5)
Grade ≥3 AE related to TV	2 (13.3)	8 (61.5)	7 (53.8)
SAE, n (%)	3 (20.0)	8 (61.5)	5 (38.5)
SAE related to TV	0	3 (23.1)	3 (23.1)
Fatal AE, n (%)	0	1 (7.7)	1 (7.7)
Fatal AE related to TV	0	0	0

AE, adverse event; AESI, adverse event of special interest; Bev, bevacizumab; Carbo, carboplatin; pembro, pembrolizumab; PN, peripheral neuropathy; SAE, serious adverse event; TEAE, treatment-emergent adverse event; TV, tisotumab vedotin.

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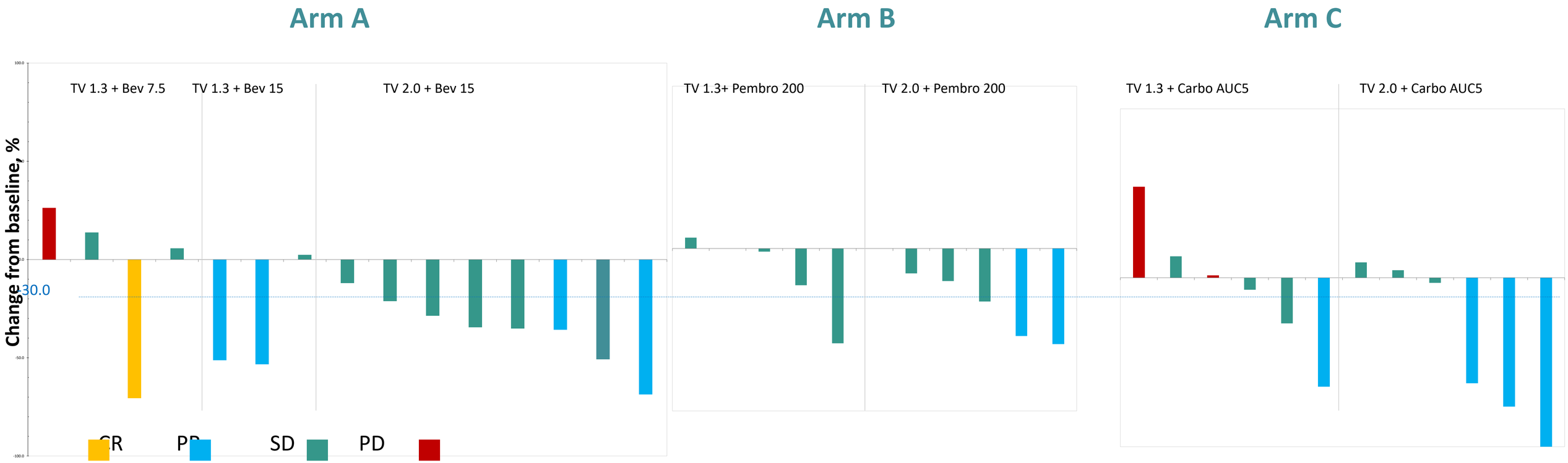
Tumor Response

- Compared to baseline, the tumors in most patients receiving TV plus bevacizumab, pembrolizumab, or carboplatin decreased in size, and many showed a decrease >30%
- The median time to response was 2.8, 2.1, and 1.5 months in Arms A, B, and C, respectively



AUC, area under the curve; Bev, bevacizumab; Carbo, carboplatin; CR, complete response; DL, dose level; DLT, dose-limiting toxicity; ECOG, Eastern Cooperative Oncology Group; PD, progressive disease; Pembro, pembrolizimab; PR, partial response; SD, stable disease; Q3W, every 3 weeks; TV, tisotumab vedotin.

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Efficacy Summary

- The confirmed ORR was 33.3%, 15.4%, and 30.8% of patients in Arms A, B, and C, respectively

	Arm A: TV/Bev (N=15)	Arm B: TV/Pembro (N=13)	Arm C: TV/Carbo (N=13)
Median follow-up time (months) (range)	8.6 (5–20)	16.0 (0–22)	12.5 (0–20)
Confirmed BOR, n (%)			
CR	1 (6.7)	0	0
PR	4 (26.7)	2 (15.4)	4 (30.8)
SD	9 (60.0)	9 (69.2)	6 (46.2)
PD	1 (6.7)	0	2 (15.4)
Not evaluable	0	2 (15.4)	1 (7.7)
ORR*, n (%) [95% CI[#]]	5 (33.3) [11.8–61.6]	2 (15.4) [1.9–45.4]	4 (30.8) [9.1–61.4]
DCR, n (%) [95% CI[#]]	14 (93.3) [68.1–99.8]	11 (84.6) [54.6–98.1]	10 (76.9) [46.2–95.0]
Time to response (months), median (range)	2.8 (1.5–9.8)	2.1 (1.2–2.9)	1.5 (1.2–2.8)
Median DOR (months)	NE	NE	6.5
Median PFS (months)	11.3	5.6	4.4
Median OS (months)	NE	17.1	12.5

*Objective Response Rate is the proportion of patients whose best overall response is either CR or PR according to RECIST v1.1. [#] Exact 95% two-sided confidence interval using the Clopper-Pearson method

Bev, bevacizumab; BOR, best overall response; Carbo, carboplatin; CI, confidence interval; CR, complete response; DCR, disease control rate [DCR=CR+PR+SD]; DOR, duration of response; NE, not estimable; ORR, objective response rate; OS, overall survival; PD, progressive disease; pembro, pembrolizumab; PR, partial response; SD, stable disease; TV, tisotumab vedotin.

Evolving Cervical Cancer Treatment Paradigm

- Cisplatin with radiation (CCRT) 1999
- Platinum + paclitaxel +/- bevacizumab 1-L 2014
- Pembrolizumab 2-L 2018
  - Bastilimab 2021
  - Cemiplimab 2022
- Adding pembrolizumab to 1-L based on KN-826 2022
- Adding durvalumab to CCRT based on CALLA? TBD

Thank you for your attention!

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