An Educational Symposium at the 2026 FSGO Annual Meeting

Evolving Evidence and Treatment Strategies

Low-Grade Serous

OVARIAN CANCER

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In Person

Saturday, June 13, 2026

12:00 pm - 1:15 pm

This educational activity is supported by an independent medical education grant from Verastem

GOG Faculty Disclosure Information

Evolving Evidence and Treatment Strategies in Low Grade Serous Ovarian Cancer (LGSOC)
Industry Supported Symposium
Saturday, June 13, 2026 | Long Boat Key, Florida

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GOG Faculty Disclosure Information

LAST NAME	FIRST NAME	Individual's Role(s) in Activity	Name of Ineligible Company(s)	Nature of Relevant Financial Relationship(s)
Planning Disclosures				
Slomovitz, MD	Brian	**Moderator**	Novocure; AstraZeneca; Aasi; Regeneron; Immunocore; Merck; Gilead; Eisai; Incyte	Consultant
Speaker Disclosures				
Brown, MD	Jubilee	**Speaker**	Verastem; AbbVie; Natera; Aadi; Eisai; Tract Bio; Caris Life Sciences; Corcept; PMV Pharmaceuticals; AstraZeneca	Consultant
Engbert	Holley	**Staff**	Nothing to disclose	
Rush	Heather	**Staff**	Nothing to disclose	
Shumaker	Kara	**Reviewer/Staff**	Nothing to disclose	
Small, MPH	Michelle N	**Reviewer/Staff**	Nothing to disclose	
Alvarez Secord, MD	Angeles	**Reviewer/Edu-Chair**	AbbVie; Aravive; AstraZeneca; Daiichi Sankyo; Ellipses Pharma; Genmab; GSK; Immunogen; Karyopharm; Merck; Mersana; Myriad; Oncoquest/Canaria Bio; Oncoquest; Roche/Genentech; TORL Biotherapeutics; Zentalis; Foundation Medicine; Gilead; Histosonics; Medtronic; Porject Nana; Up to Date; SGO; FWC; GOG Foundation; Amgen; Johnson & Johnson	Research funds to Institution (AbbVie; Aravive; AstraZeneca; Daiichi Sankyo; Ellipses Pharma; Genmab; GSK; Immunogen; Karyopharm; Merck; Mersana; Myriad; Oncoquest/Canaria Bio; Oncoquest; Roche/Genentech; TORL Biotherapeutics; Zentalis) Honorarium (Merck; GSK) Advisory Board with Honoraria (AbbVie; AstraZeneca; Daiichi Sankyo; Foundation Medicine; GSK; Genmab; Gilead; Histosonics; Medtronic; Merck) Medical Advisory Board (Porject Nana) Steering Committee Uncomp. (Oncoquest; Genmab) Royalties (Up to Date) Board of Directors (SGO; FWC; GOG Foundation) Stock-Divested in June 2024 (Amgen; Johnson & Johnson)
Duska, MD	Linda	**Edu-Co-Chair/ Reviewer**	Merck; Corcept	Honoraria (Merck) Speakers Bureau (Corcept) Research Funding (Merck)
Blank, MD	Stephanie	**Reviewer**	American Board of Obstetrics and Gynecology; Merck; AstraZeneca; GlaxoSmithKline; Pfizer; Seattle Genetics/Astellas; Acrivon; Zentalis; NX Development Corp.	Leadership (American Board of Obstetrics and Gynecology) Research Funding (Merck; AstraZeneca; GlaxoSmithKline; Pfizer; Seattle Genetics/Astellas; Acrivon; Zentalis; NX Development Corp.)
Gien, MD	Lilian	**Reviewer**	Glaxo Smith Kline; Merck; Abbvie; AstraZeneca	Speaker Honoraria (Glaxo Smith Kline; Merck) Advisory Board (Abbvie; AstraZeneca)
Mutch, MD	David	**Reviewer**	Nothing to disclose	
Zweizig, MD	Susan	**Reviewer**	Nothing to disclose	

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All presentations will discuss details that are in the public domain.

THANK YOU

Verastem

For Supporting This Activity With
An Independent Medical Education Grant

Welcome & Introductions

Moderator

Brian Slomovitz, MD

Mount Sinai Medical Center
Miami Beach, Florida, USA

Faculty

Jubilee Brown, MD

Atrium Health Levine Cancer Institute
Charlotte, North Carolina

Learning Objectives

After participating in this activity, learners will have a better understanding of:

- Current competitive landscape, new indication, Folate Receptor Alpha Data
- What's next including the future of ADCs in Low Grade Serous Ovarian Cancer, MEK Inhibitors and understanding the KRAS mutated gene
- Averse Events and helping patients with adverse reactions and dose modifications.
- Biomarkers and Understanding first line management of recurrent disease

Agenda

10 minutes	**Welcome & Introduction**	Brian Slomovitz, MD
15 minutes	**Current Competitive Landscape & New Indications**	Jubilee Brown, MD
15 minutes	**What's Next in LGSOC Cancer Treatment**	Brian Slomovitz, MD
15 minutes	**Adverse Events & Patient Support, A Panel Discussion**	All Faculty
15 minutes	**Q&A and Closing Remarks**	All Faculty

Current Competitive Landscape & New Indications

Jubilee Brown, MD

Atrium Health Levine Cancer Institute
Charlotte, North Carolina

Epidemiology

Type	US cases/year	Incidence rate
HGSOC	~13,000-14,000	~6-7/100,000
Borderline (BOT)	~3,000	1.5-2.5/100,000
LGSOC	~1,500-2,000	0.11-0.86/100,000

Incidence decreasing?

Maybe better pathology criteria?

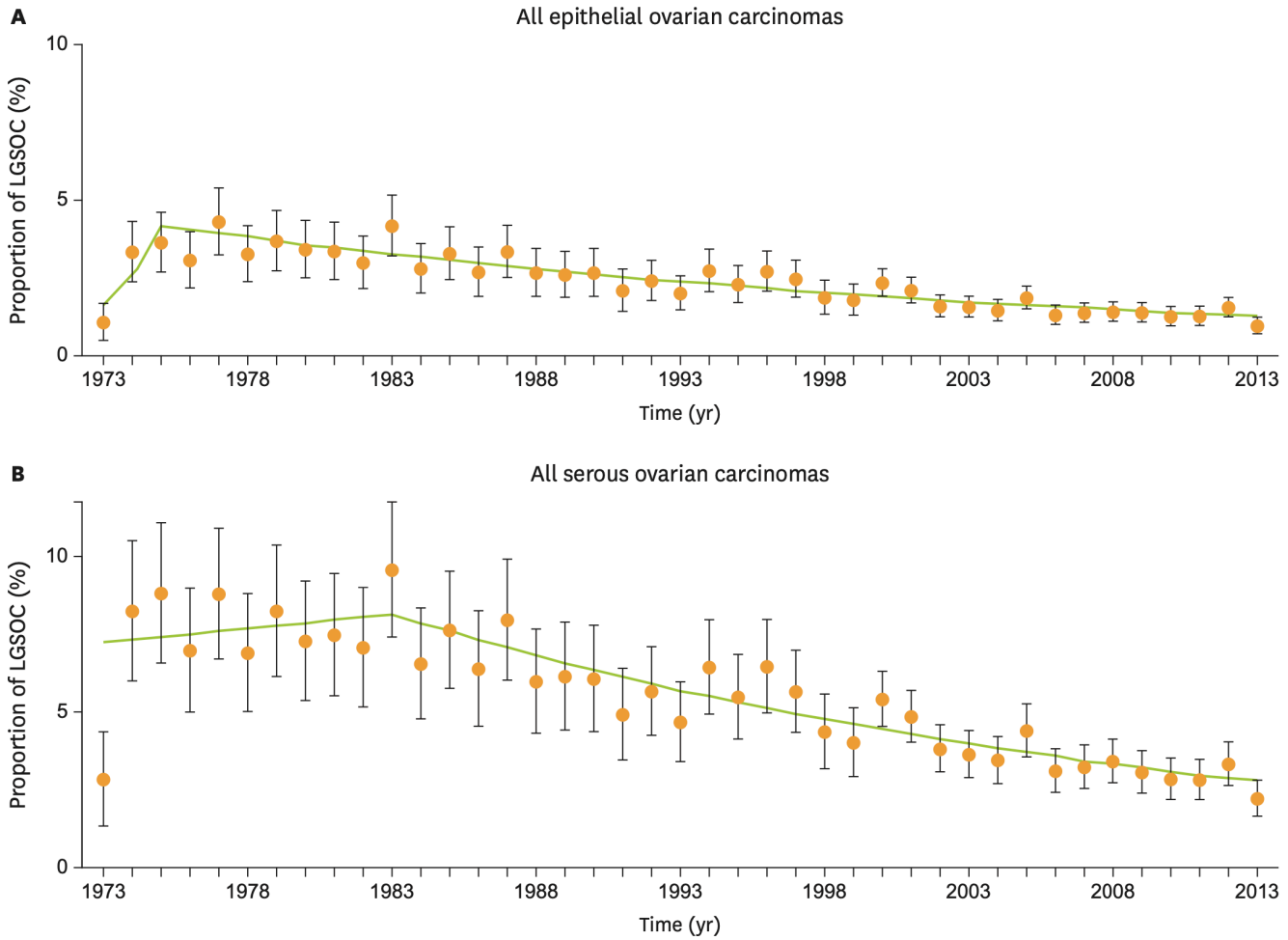


Fig. 1. Trends of LGSOCs (all stages). Dots represent proportion of LGSOC at given year, and bars represent 95% CI. (A) All epithelial ovarian carcinomas. (B) All serous ovarian carcinomas.
CI, confidence interval; LGSOC, low-grade serous ovarian carcinoma.

Abbreviations: *HGSOC, high-grade serous ovarian carcinoma; BOT, borderline ovarian tumor; LGSOC, low-grade serous ovarian carcinoma;*
Matsuo K, et al. J Gynecol Oncol. 2018;29(1):e15.

Serous Borderline Tumor versus Low-Grade Serous Ovarian Carcinoma

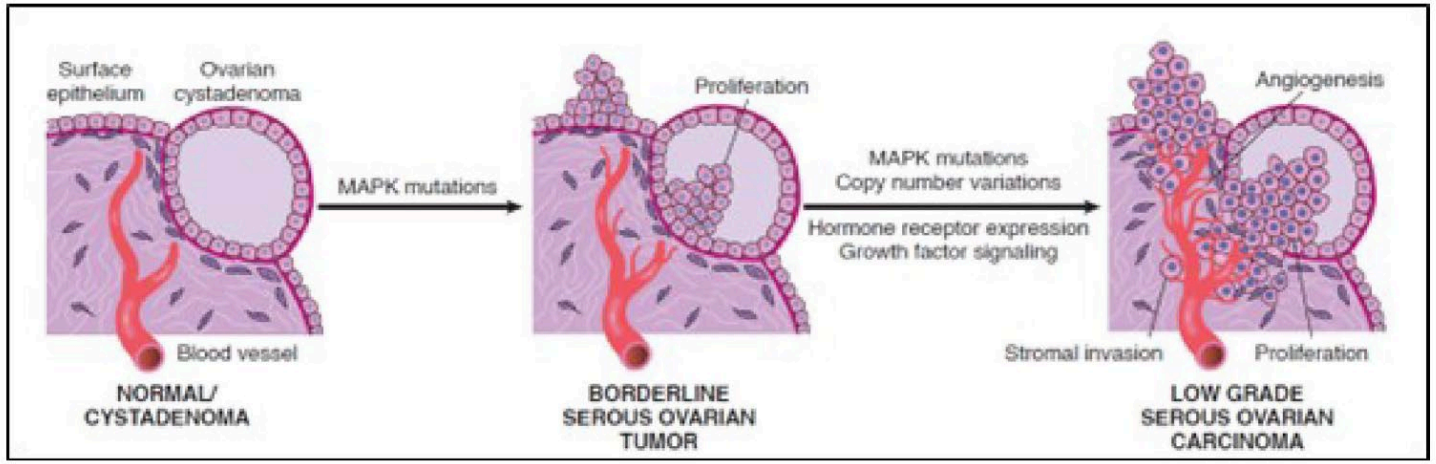


Fig. 8 Figure shows stepwise progression of cystadenoma to low-grade serous ovarian cancer (LGSOC). MAPK=mitogen-activated protein kinase

Table 1 Differentiating features of SBOT and LGSOC [21, 27]

	SBOT	LGSOC
Median age at presentation	36	54
BRAF mutation present	40% (this mutation may protect against progression to LGSOC)	5%
Implants	Noninvasive implants are small volume, measuring less than 1 cm, and do not cause omental caking.	Invasive. The majority of metastases showed partial or complete calcification. Muscle metastases are seen frequently.
Bilaterality	30%	70–80%
CA 125	Not elevated in 75%	Elevated: not as high as HGSOC
Progression	15–20% to LGSOC	Virtually none to HGSOC
CT imaging	Cystic with ill-defined soft tissue. The tumors have thinner walls and less sold tissue than EOC	Calcification is common
MR imaging	Mixed cystic and solid lesion with papillary branching projections. Small mural nodules may be seen	Papillary projections are commonly seen in LGSOC. Diffusion restriction is more obvious in LGSOC compared to SBOT
Treatment	Conservative Surgery, even if peritoneal implants	Cytoreductive Surgery
5 Year Survival	90%–98%	90% for stage I/II; 40% for stage III/IV

Abbreviations: *SBOT, serous borderline ovarian tumor; LGSOC, low-grade serous ovarian carcinoma; CA-125, cancer antigen 125; EOC, Epithelial Ovarian Carcinoma; CT, computed tomography; MR, magnetic resonance.*

Sandrasegaran K, et al. Abdom Radiol (NY). 2026;51(3):1541-1553.

Low-Grade vs High-Grade Serous Ovarian Carcinoma

Table 2 Differences between high-grade and low-grade serous ovarian cancer [37–40]

Clinical Features	LGSOC	HGSOC
Age at Dx (median)	50 years	65 years
Mutations	RAS (30–60%), BRAF, MAPK pathway (70%)	TP53 (>95%), BRCA (15%)
FIGO Stage at Dx	I/II −33%; III − 64%; IV − 3%	I/II − 15%; III − 70%; IV − 15%
Cytoreductive Surgery	Vital and always done first	Important
Platinum sensitivity	4–20%	75–85%
PFS/OS (months)	90/100	35/57

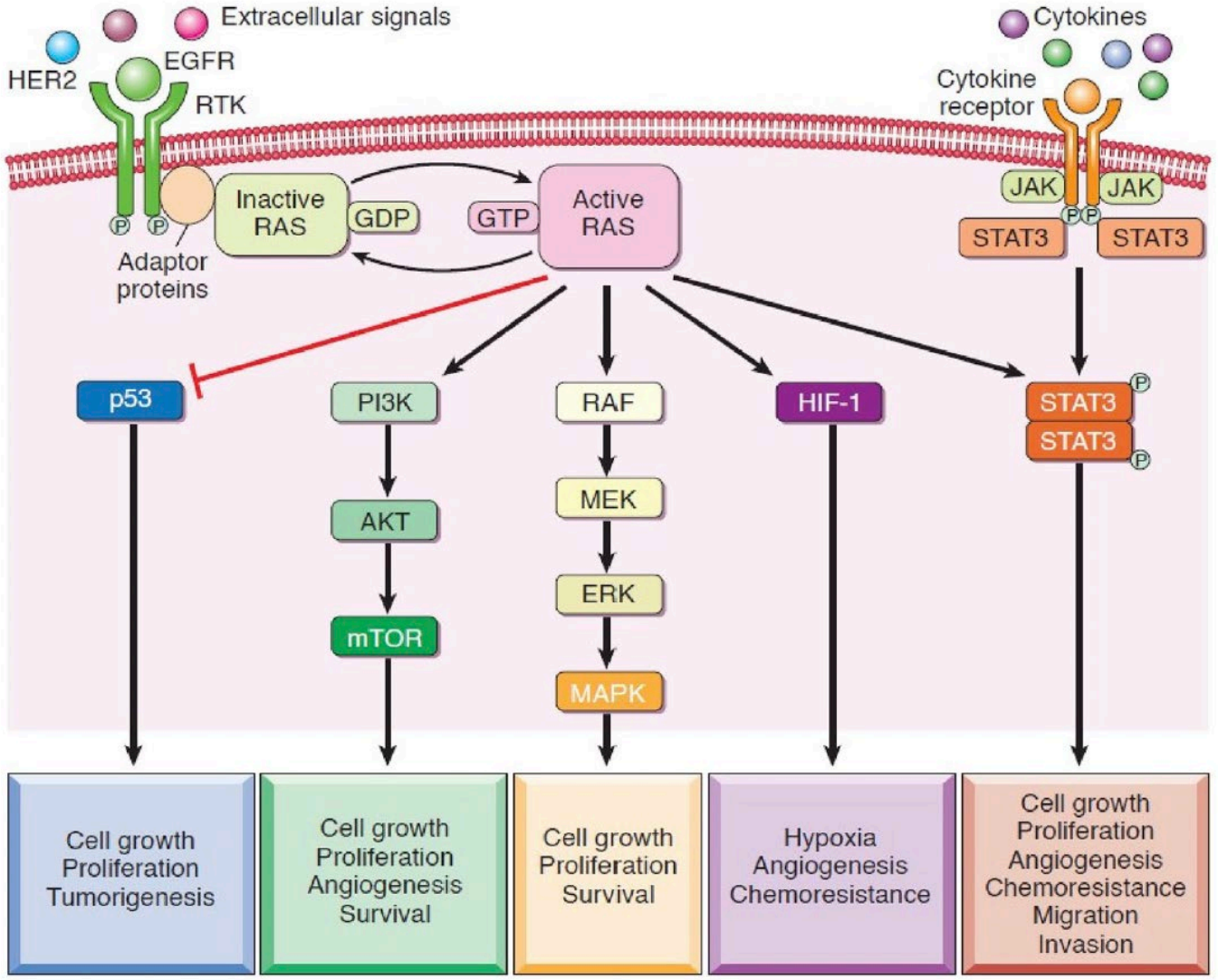
Dx: Diagnosis

PFS: Progression-free survival

OS: Overall survival

Abbreviations: *LGSOC, low-grade serous ovarian carcinoma; HGSOC, high-grade serous ovarian carcinoma; Dx, diagnosis; FIGO, International Federation of Gynecology and Obstetrics; MAPK, mitogen-activated protein kinase; TP53, tumor protein p53; BRCA, breast cancer susceptibility gene; GDP, guanosine diphosphate; GTP, guanosine triphosphate*

Sandrasegaran K, et al. Abdom Radiol (NY). 2026;51(3):1541-1553.



Histopathologic Comparison of LGSOC, HGSOC, and SBOT

LGSOC (A)

1. Uniform population of cuboidal or columnar cells
2. Stromal invasion
3. Mild to moderate nuclear atypia
4. Invasive branches with various architectural patterns.
5. Psammoma bodies are prevalent
6. Nuclei are small and consistent

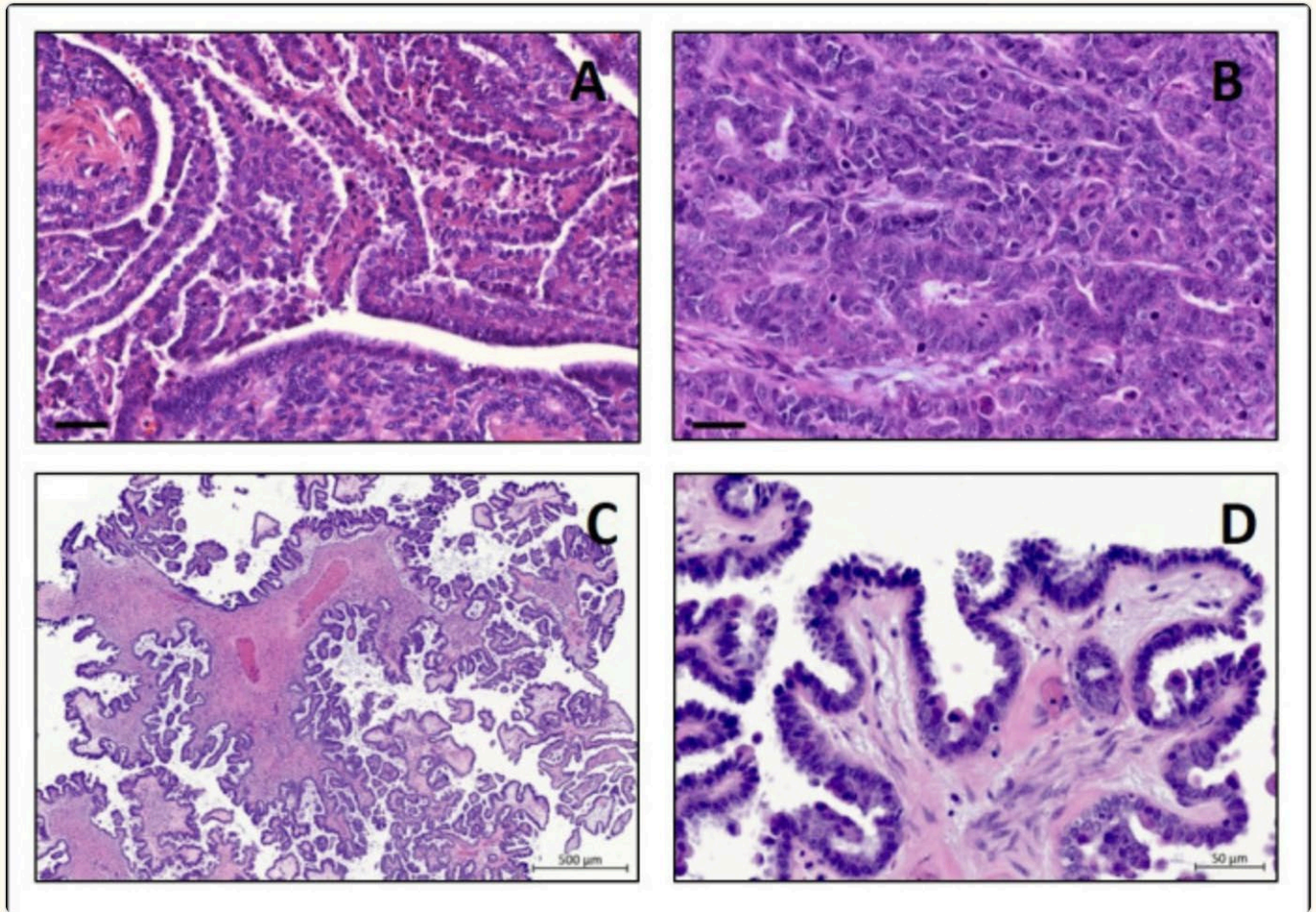
HGSOC (B)

1. High-grade nuclei are large and atypical,
2. Necrosis is common within the tumors

SBOT (C-D)

1. Hierarchical branching papillae with stromal cores and stratified epithelium
2. Micropapillary subtype, elongated micropapillae without stromal cores, arising directly from large papillae and surrounded by clear space., ‘medusa head’ appearance

Figure 2. Hematoxylin and eosin: (**A**) low-grade serous ovarian cancer; (**B**) high-grade serous ovarian cancer; (**C–D**) serous borderline ovarian tumor.



Grisham RN, et al. Int J Gynecol Cancer. 2023;33(9):1331-1344;; Kelliher L, et al. Int J Gynecol Cancer. 2024;34(10):1630-1638.

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer

Principles of Systemic Therapy:
Primary Systemic Therapy Regimens[d] – Epithelial Ovarian/Fallopian Tube/Primary Peritoneal

Primary Therapy for Stage I Disease

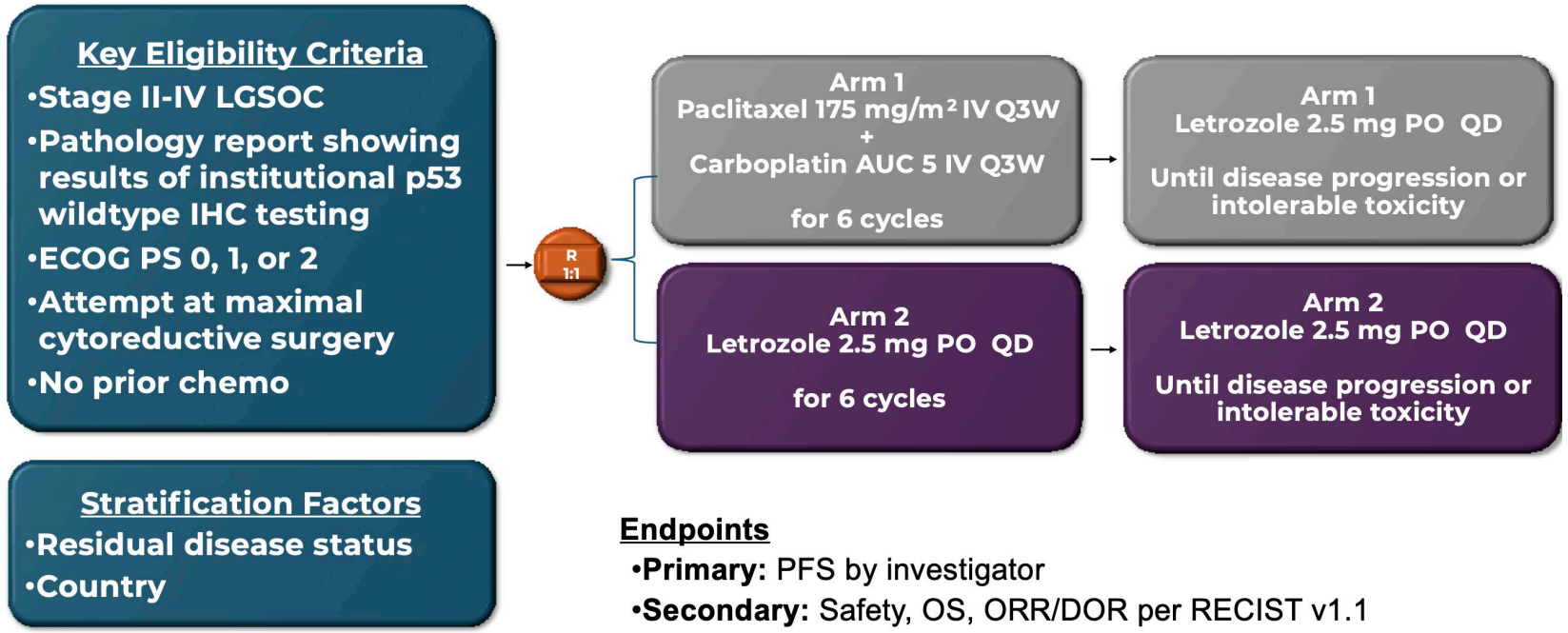
	Preferred	Other Recommended	Useful in Certain Circumstances
• High-grade serous • Endometroid (grade 2/3) • Clear cell carcinomae • Carcinosarcomae	• Carboplatin/Paclitaxel every 3 weeks[h,i]	• Carboplatin/Liposomal Doxorubicin • Carboplatin/Docetaxel	• Cisplatin/Paclitaxel For carcinosarcoma: • Carboplatin/Ifosfamide • Cisplatin/Ifosfamide/Mesna • Ifosfamide/Mesna/Paclitaxel (category 2B)[h]
Mucinous carcinoma (stage IA, IB, and IC, grades 1–3)[e]	• Capecitabine/Oxaliplatin • Carboplatin/Paclitaxel every 3 weeks[h,i] • Fluorouracil/Leucovorin/Oxaliplatin	• Carboplatin/Docetaxel • Carboplatin/Liposomal Doxorubicin	• Cisplatin/Paclitaxel
Low-grade serous (stage IC)/Grade 1 endometrioid (stage IC)[e,f,g]	• Carboplatin/Paclitaxel every 3 weeks[h,i] ± maintenance Letrozole (category 2B[g]) or other hormonal therapy (category 2B)[j] • Hormone therapy (aromatase inhibitors: Anastrozole, Exemestane, Letrozole) (category 2B)	• Carboplatin/Docetaxel ± maintenance Letrozole (category 2B[g]) or other hormonal therapy (category 2B)[j] • Carboplatin/Liposomal Doxorubicin ± maintenance Letrozole (category 2B[g]) or other hormonal therapy (category 2B)[j] • Hormone therapy (Leuprolide acetate, Goserelin acetate, Tamoxifen,[k] Fulvestrant) (category 2B)	• Cisplatin/Paclitaxel

[d]See **Discussion** for references.
[e]There are limited data on the primary systemic therapy regimens for these LCOC.
[f]Borderline disease with invasive implants may be treated as low-grade serous disease. See **LCOC-7** and **LCOC-9**.
[g]For low-grade serous, maintenance letrozole is a category 2A recommendation. For grade 1 endometrioid, maintenance letrozole is a category 2B recommendation.
[h]Albumin-bound paclitaxel may be substituted for those experiencing a hypersensitivity reaction to paclitaxel. However, albumin-bound paclitaxel will not overcome infusion reactions in all patients.
[i]Individuals >70 years of age and those with comorbidities may be intolerant to the combination chemotherapy regimens recommended in these NCCN Guidelines. Based on clinical judgment and expected tolerance to therapies, alternate dosing (**OV-D, 7 of 12**) may be appropriate for these individuals with epithelial ovarian cancer (including carcinosarcoma, clear cell, mucinous, and low-grade serous). Algorithms have been developed for predicting chemotherapy toxicity.
[j]Other hormonal therapy options include: aromatase inhibitors (eg, anastrozole, exemestane), leuprolide acetate, goserelin acetate, or tamoxifen.
[k]Tamoxifen is not recommended for low-grade serous carcinoma.

Note: All recommendations are NCCN Category 2A unless otherwise indicated.

A randomized phase III, two-arm trial of paclitaxel/carboplatin/maintenance letrozole versus letrozole monotherapy in patients with stage II-IV, primary low-grade serous carcinoma of the ovary or peritoneum: An NRG oncology study (1321)

NRG-GY019 (NCT04095364)



Endpoints

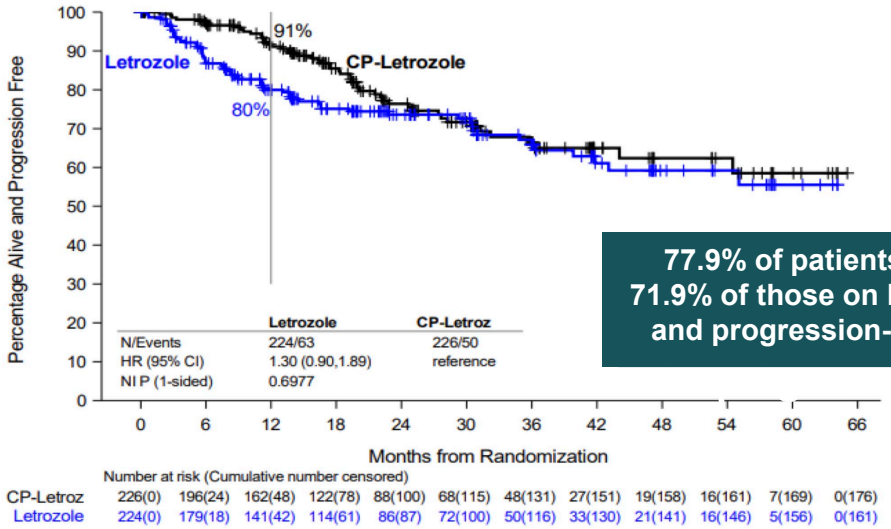
- **Primary:** PFS by investigator
- **Secondary:** Safety, OS, ORR/DOR per RECIST v1.1

Abbreviations: *LGSOC, low-grade serous ovarian carcinoma; ECOG, Eastern Cooperative Oncology Group; PS, performance status; IHC, immunohistochemistry; IV, intravenous; PO, oral; Q3W, every 3 weeks; QD, once daily; PFS, progression-free survival; OS, overall survival; ORR, objective response rate; DOR, duration of response; RECIST, Response Evaluation Criteria in Solid Tumors.*

Fader AN, et al. Presented at SGO Annual Meeting 2026 (LBA02); Fader AN, et al. Gynecol Oncol. 2023;176(Suppl 1):S195; ClinicalTrials.gov Identifier: NCT04095364.

NRG-GY019: PFS and OS

Progression-Free Survival (PFS)

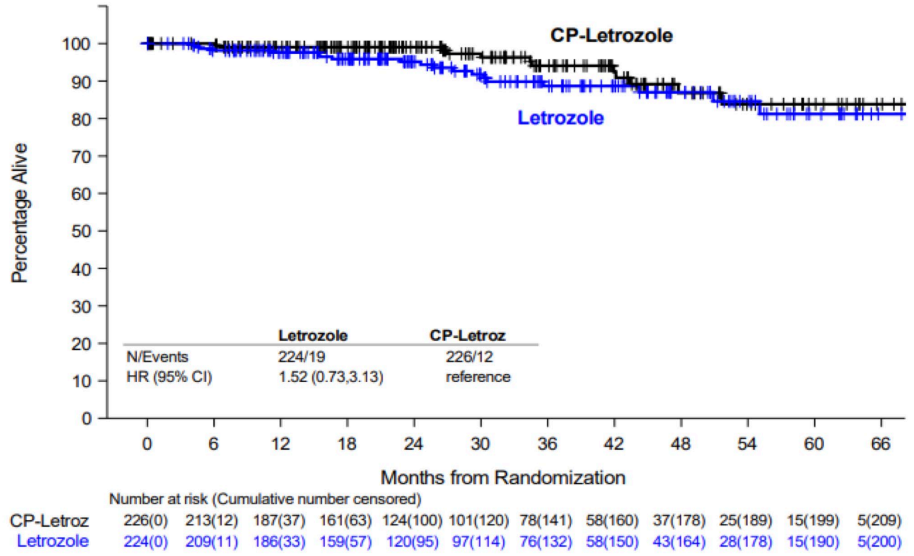


HR 1.30 P=NS

77.9% of patients on CP/L and 71.9% of those on L remained alive and progression-free at 2 years.

HR 1.52

Overall Survival (OS)

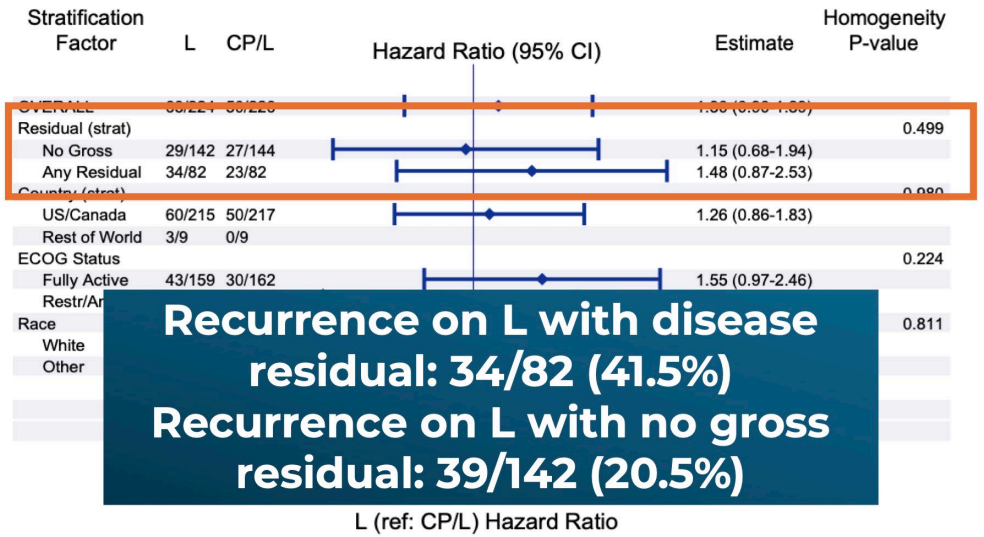


Abbreviations: *CP/L, carboplatin/paclitaxel followed by letrozole maintenance; L, letrozole; HR, hazard ratio; CI, confidence interval; NS, not significant; PFS, progression-free survival; OS, overall survival.*

Fader AN, et al. Presented at SGO Annual Meeting 2026 (LBA02); Fader AN, et al. Gynecol Oncol. 2023;176(Suppl 1):S195; ClinicalTrials.gov Identifier: NCT04095364.

NRG-GY019: Subgroup Efficacy and Safety Outcomes

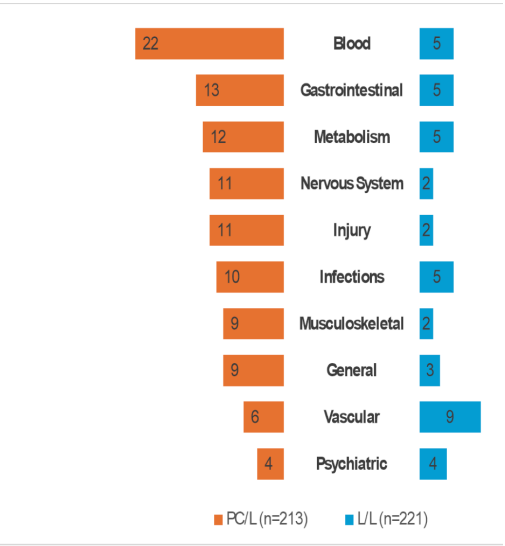
PFS: Subgroup Analysis



Adverse Event Summary

	Cycle 1-6		Cycle 7+	
Adverse Event	PC/L (n=213)	L/L (n=221)	PC/L (n=191)	L/L (n=189)
Any Adverse Event	213 (100)	214 (96.8)	191 (100)	189 (100)
Grade 3-5	100 (46.9)	39 (17.6)	79 (41.4)	66 (34.9)
Leading to death	0 (0)	1 (0.5)	0 (0)	1 (0.5)

During cycles 1-6, the odds of observing at least 1 grade 3/4 adverse event was **3.99 (95%CI: 2.57, 6.18 p<0.001)** higher in the patients on the CP/L than the patients on the L arm.



Abbreviations: *AE, adverse event; CI, confidence interval; CP/L, carboplatin/paclitaxel followed by letrozole maintenance; ECOG, Eastern Cooperative Oncology Group; HR, hazard ratio; L, letrozole; OR, odds ratio; PFS, progression-free survival.*

Fader AN, et al. Presented at SGO Annual Meeting 2026 (LBA02); Fader AN, et al. Gynecol Oncol. 2023;176(Suppl 1):S195; ClinicalTrials.gov Identifier: NCT04095364.

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer

Principles of Systemic Therapy:
Acceptable Recurrence Therapies for Epithelial Ovarian (including LCOC)/Fallopian Tube/Peritoneal Cancer

Recurrence Therapy for Platinum-Resistant Disease (alphabetical order)

Preferred

Cytotoxic Therapy
- Albumin-bound Paclitaxel/Relacorilant
- Docetaxel
- Gemcitabine
- Liposomal Doxorubicin
- Liposomal Doxorubicin + Bevacizumab
- Paclitaxel (Weekly)
- Paclitaxel (Weekly) + Bevacizumab
- Oral Cyclophosphamide + Bevacizumab
- Topotecan
- Topotecan + Bevacizumab

Targeted Therapy (single agents)
- Mirvetuximab soravtansine-gynx (for FRα-expressing tumors [≥75% positive tumor cells]) (category 1)

Other Recommended

Cytotoxic Therapy
- Albumin-bound Paclitaxel
- Capecitabine
- Carboplatin
- Carboplatin/Docetaxel
- Carboplatin/Paclitaxel (Weekly)
- Carboplatin/Gemcitabine ± Bevacizumab
- Carboplatin/Liposomal Doxorubicin ± Bevacizumab
- Carboplatin/Paclitaxel ± Bevacizumab
- Cisplatin/Gemcitabine
- Cyclophosphamide
- Doxorubicin
- Gemcitabine ± Bevacizumab
- Ifosfamide/Mesna
- Irinotecan
- Ixabepilone ± Bevacizumab (category 2B)
- Oral Cyclophosphamide + Pembrolizumab + Bevacizumab
- Oral Etoposide
- Oxaliplatin
- Paclitaxel
- Pemetrexed
- Sorafenib/Topotecan
- Vinorelbine

Targeted Therapy (single agents)
- Bevacizumab
- Pazopanib (category 2B)

Hormone Therapy
- Aromatase inhibitors (Anastrozole, Exemestane, Letrozole)
- Goserelin acetate
- Leuprolide acetate
- Megestrol acetate
- Tamoxifen

Useful in Certain Circumstances

- Albumin-bound Paclitaxel/Carboplatin (for confirmed taxane hypersensitivity)
- Carboplatin/Paclitaxel (for age >70)

Immunotherapy
- Dostarlimab-gxly (for dMMR/MSI-H recurrent or advanced tumors)
- Paclitaxel + Pembrolizumab ± Bevacizumab (for PD-L1- positive tumors [CPS≥1])
- Pembrolizumab (for patients with MSI-H or dMMR solid tumors, or TMB-H tumors ≥10 mutations/megabase)
- For clear cell carcinoma:
  - Ipilimumab + Nivolumab

Hormone Therapy
- Fulvestrant (for low-grade serous carcinoma)

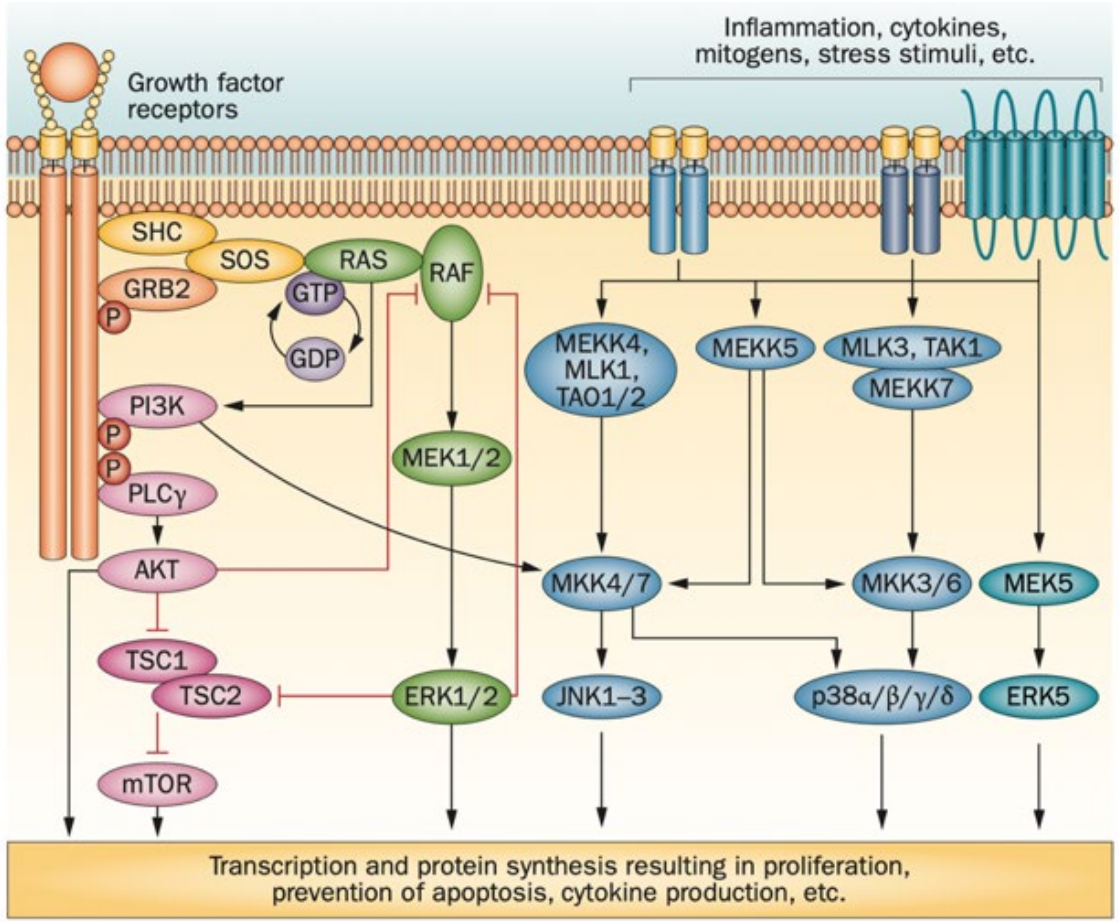
Targeted Therapy
- Dabrafenib/Trametinib (for BRAF V600E positive tumors)
- Entrectinib or Larotrectinib or Repotrectinib (for *NTRK1/2/3* gene fusion-positive tumors)
- Fam-trastuzumab deruxtecan-nxki (for HER2-positive tumors [IHC 3+ or 2+])
- Mirvetuximab soravtansine-gynx + Bevacizumab (for FRα- expressing tumors [≥25% positive tumor cells])
- Selpercatinib (for RET gene fusion-positive tumors)
- For low-grade serous carcinoma:
  - Avutometinib/Defactinib (for KRAS-mutated tumors)
  - Trametinib
  - Binimetinib (category 2B)
- For mucinous carcinoma:
  - FOLFIRI ± Bevacizumab (category 2B)

Note: All recommendations are NCCN Category 2A unless otherwise indicated.

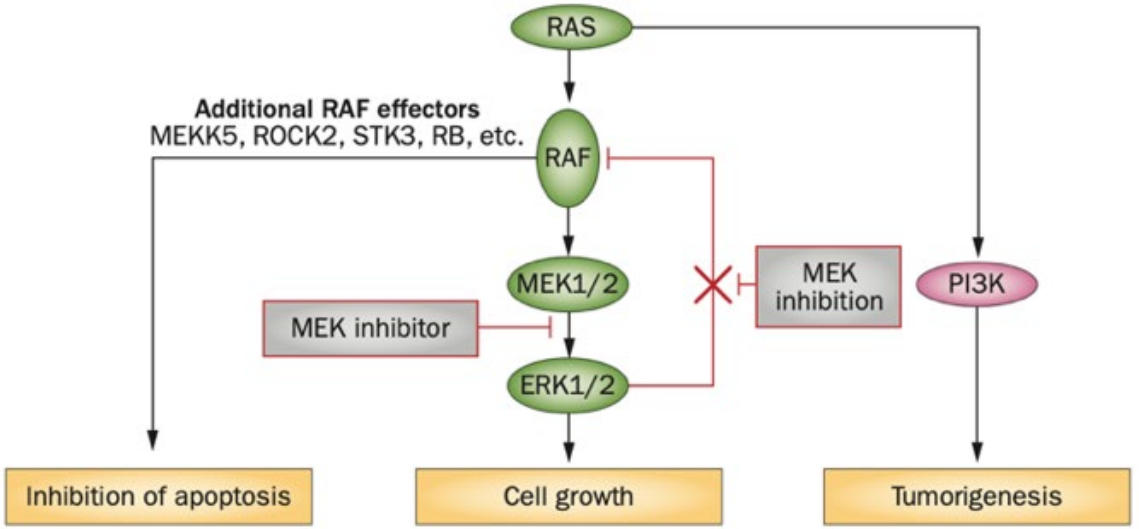
See Pages 56-59 of NCCN Guidelines®

MILO, GOG 281, RAMP 201

MAPK Pathway: MEK1/2 Mediates Cellular Signals Transduced from RAS–RAF



- ***LGSOC MAPK pathway mutations***
- *KRAS 20-40%, NRAS 7-26%, BRAF 5-33%*



Zhao Y et al. Nat Rev Clin Oncol. 2014;11:385–400. Cheasley D et al. J Pathol. 2021;253(1):41-54. McLachlan J et al. Pharmacogenomics. 2016;17(12):1353-1363.

MILO/ENGOT-ov11: Binimetinib Versus Physician's Choice Chemotherapy in Recurrent or Persistent Low-Grade Serous Carcinomas of the Ovary, Fallopian Tube, or Primary Peritoneum

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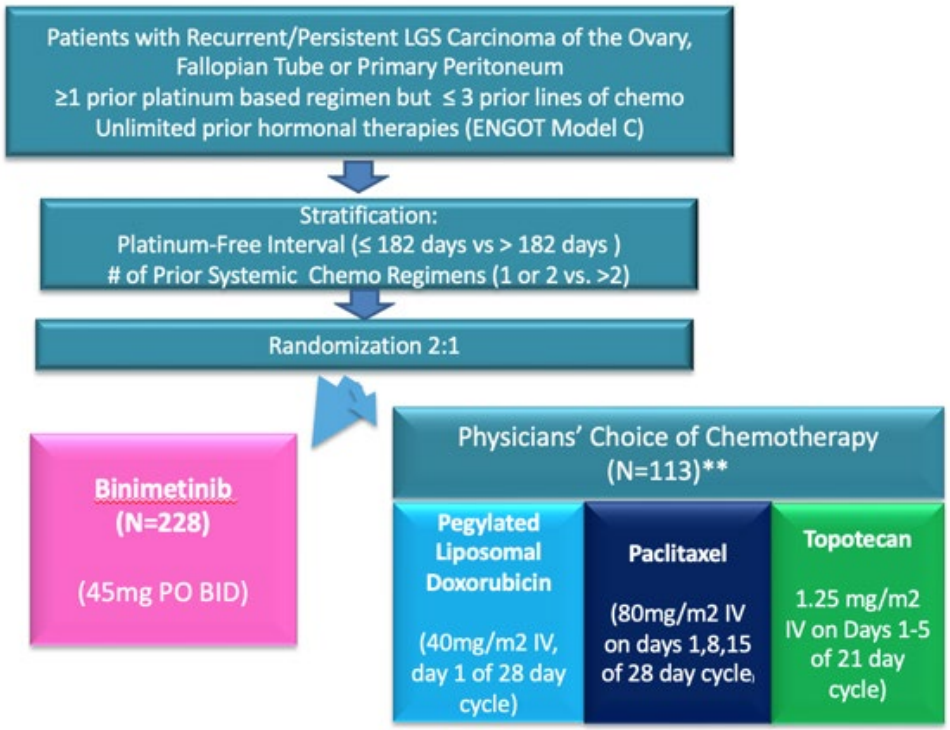
TABLE 3. Best Response by Local RECIST 1.1 Radiology Read in those patients treated with binimetinib

Local Best Response	*KRAS* Mutant (n = 43), No. (%)	*KRAS* Wild-Type (n = 90), No. (%)	*P*
			.004
CR/PR	19 (44)	17 (19)	
SD/PD	24 (56)	73 (81)	



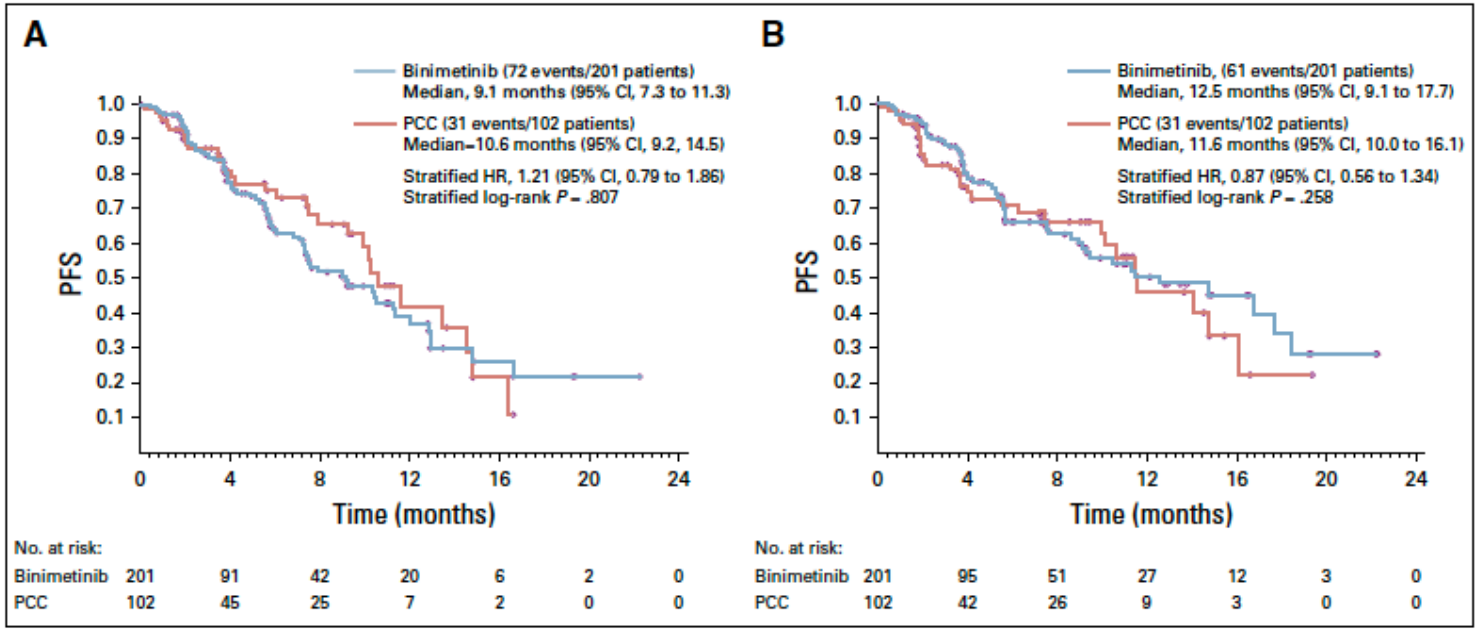


FIG 2. Kaplan-Meier plot of progression-free survival per (A) blinded independent central review and (B) local assessment. HR, hazard ratio; PCC, physician's choice chemotherapy; PFS, progression free survival.

Abbreviations: *CR, complete response; PR, partial response; SD, stable disease; PD, progressive disease; HR, hazard ratio; PCC, physician's choice chemotherapy; PFS, progression-free survival; BID, twice daily; IV, intravenous.*

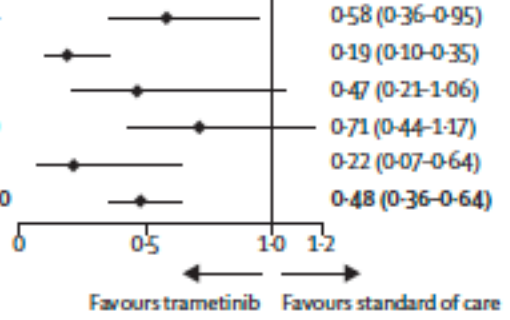
Monk BJ, et al. J Clin Oncol. 2020;38(32):3753-3762; ClinicalTrials.gov Identifier: NCT01849874

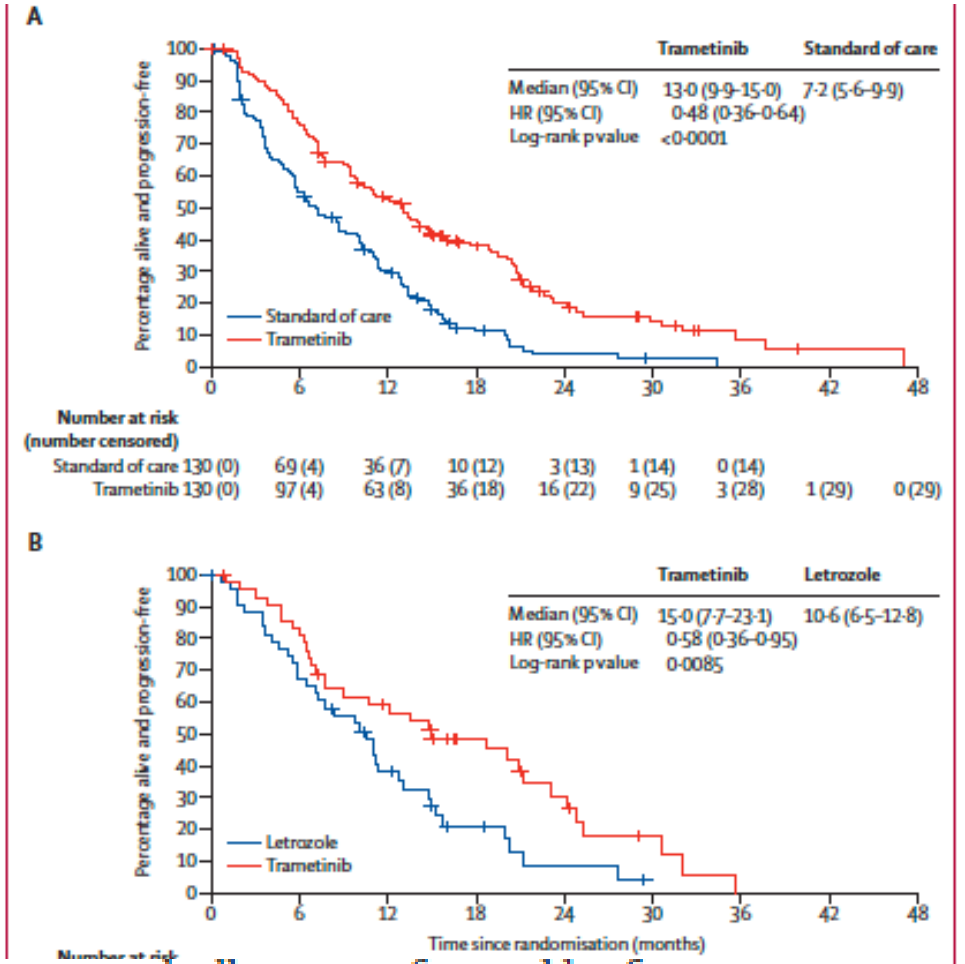
Trametinib versus standard of care in patients with recurrent low-grade serous ovarian cancer (GOG 281/LOGS): an international, randomised, open-label, multicentre, phase 2/3 trial

David M Gershenson, Austin Miller, William E Brady, James Paul, Karen Carty, William Rodgers, David Millan, Robert L Coleman, Kat Heen N Moore, Susana Banerjee, Kate Connolly, Angeles Alvarez Secord, David M O'Malley, Oliver Dorigo, Stephanie Gaillard, Hani Gabra, Brian Slomovitz, Parviz Hanjani, John Farley, Michael Churchman, Ailish Ewing, Robert L Hollis, C Simon Herrington, Helen Q Huang, Lari Wenzel, Charlie Gourley

C

	Trametinib (n/N)	Standard of care (n/N)	HR (95% CI)	Heterogeneity p value
Geographical region				0·83
UK	17/27	24/28	0·43 (0·23–0·81)	
USA	84/103	92/102	0·46 (0·34–0·64)	
Performance status				0·11
0	68/93	86/93	0·39 (0·28–0·55)	
1	33/37	30/37	0·65 (0·39–1·10)	
Previous regimens				0·47
1	18/29	25/30	0·33 (0·18–0·61)	
2	33/39	34/37	0·48 (0·30–0·78)	
≥3	50/62	57/63	0·51 (0·34–0·76)	
Planned standard of care regimen				0·0090
Letrozole	32/43	36/44	0·58 (0·36–0·95)	
Tamoxifen	20/27	25/27	0·19 (0·10–0·35)	
Paclitaxel	13/14	11/11	0·47 (0·21–1·06)	
PLD	30/37	36/40	0·71 (0·44–1·17)	
Topotecan	6/9	8/8	0·22 (0·07–0·64)	
Overall	**101/130**	**116/130**	**0·48 (0·36–0·64)**	





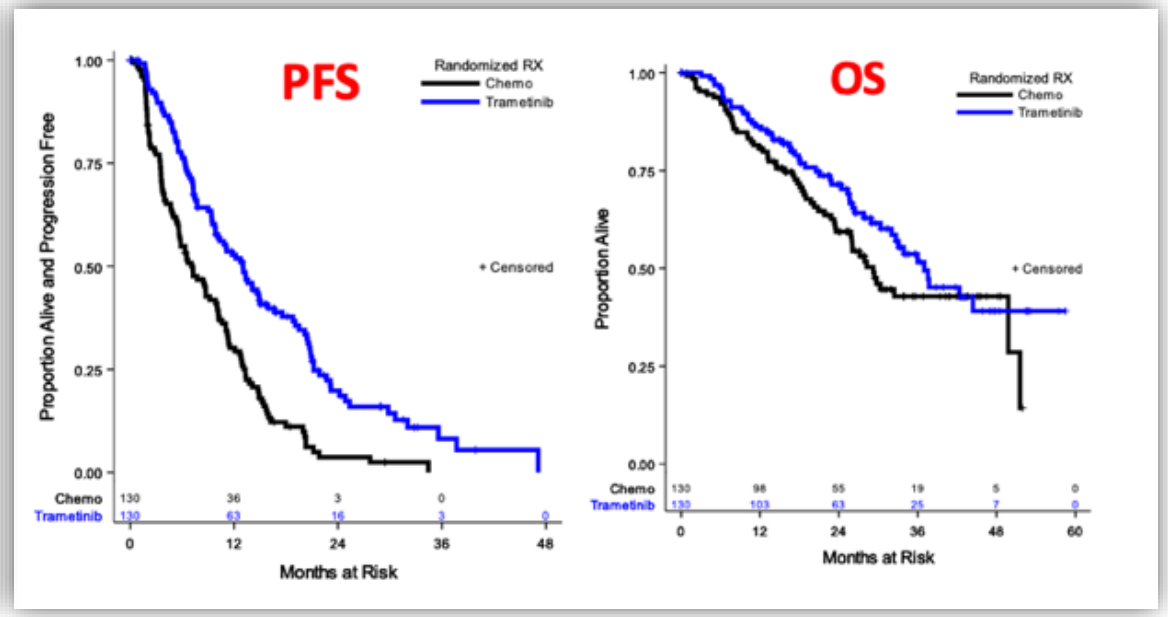
Overall, ORRs were markedly more favourable for trametinib than standard-of-care therapy in mutation-positive patients (11 [50%] of 22 *vs* two [9%] of 22) than in mutation-negative patients (four [8%] of 48 *vs* three [7%] of 42), although this did not reach statistical significance (multiple comparison adjusted p=0·11, test for interaction).

0 (11)

Gershenson DM, et al. Lancet. 2022;399(10324):541-553; ClinicalTrials.gov Identifier: NCT02101788

GOG281/LOGS: Trametinib vs Standard of Care

Arm	No. Pts CR + PR /Treated	Objective Response Rate (95% CI)	Stable Disease Rate	Response Duration Months (95% CI)	Odds Ratio For ORR (95% CI)	P-Value
Trametinib	**34/130**	**26.2% (19.0-34.0)**	**59.2%**	**13.6 (8.1-18.8)**		
					5.4 (2.4-12.2)	**< 0.0001**
Control (SOC)	**8/130**	**6.2% (2.0-10.0)**	**70.8%**	**5.9 (2.8-12.2)**		
Letrozole	6/44	13.6%	70.5%			
Tamoxifen	0/27	0%	66.7%			
Paclitaxel	1/11	9.1%	63.6%			
PLD	1/40	2.5%	80.0%			
Topotecan	0/8	0%	50.0%			



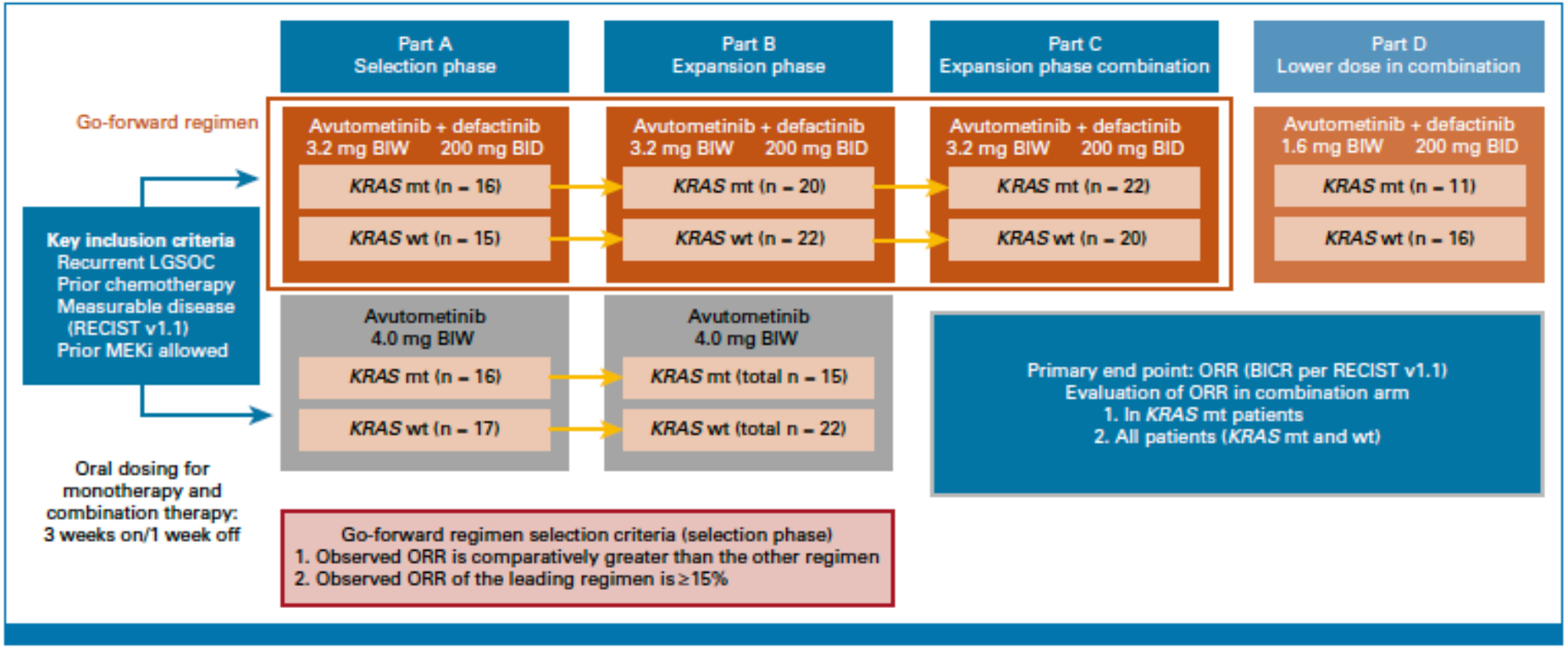
- Median PFS: 13.0 vs 7.2 months (HR = 0.48; p < 0.0001)
- Median OS: 37.0 vs 29.2 months (HR = 0.75; p = 0.054)

Final Overall Survival (IGCS 2025)

Abbreviations: *HR, hazard ratio; LGSOC, low-grade serous ovarian carcinoma; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; PLD, pegylated liposomal doxorubicin; SOC, standard-of-care therapy.*

Gershenson DM, et al. Lancet. 2022;399(10324):541-553. ClinicalTrials.gov Identifier: NCT02101788

Efficacy and Safety of Avutometinib + Defactinib in Recurrent Low-Grade Serous Ovarian Cancer: Primary Analysis of ENGOT-OV60/GOG-3052/RAMP 201



Susana N. Banerjee, PhD, MBBS, MA, FRCP[1]; Els Van Nieuwenhuysen, MD[2]; Carol Aghajanian, MD[3,4]; Véronique D'Hondt, MD, PhD[5]; Bradley J. Monk, MD, FACS, FACOG[6]; Andrew Clamp, PhD, MSc, BMBCh, MRCP[7]; Emily Prendergast, MD[8]; Ana Oaknin, MD, PhD[9]; Kari Ring, MD[10]; Nicoletta Colombo, MD, PhD[11,12]; Robert W. Holloway, MD[13]; Manuel Rodrigues, MD[14,15]; Hye Sook Chon, MD[16]; Charlie Gourley, PhD, FRCP[17]; Alessandro D. Santin, MD[18]; Premal H. Thaker, MD[19]; Christine Gennigens, MD, PhD[20]; Gregg Newman, MD[21]; Erin Salinas, MD[22]; Hagop Youssoufian, MD[23]; Kathleen N. Moore, MD, MS, FASCO[24]; Stephanie Lustgarten, PhD[23]; David M. O'Malley, MD[25]; Toon Van Gorp, MD, PhD[2]; and Rachel N. Grisham, MD[3,4]

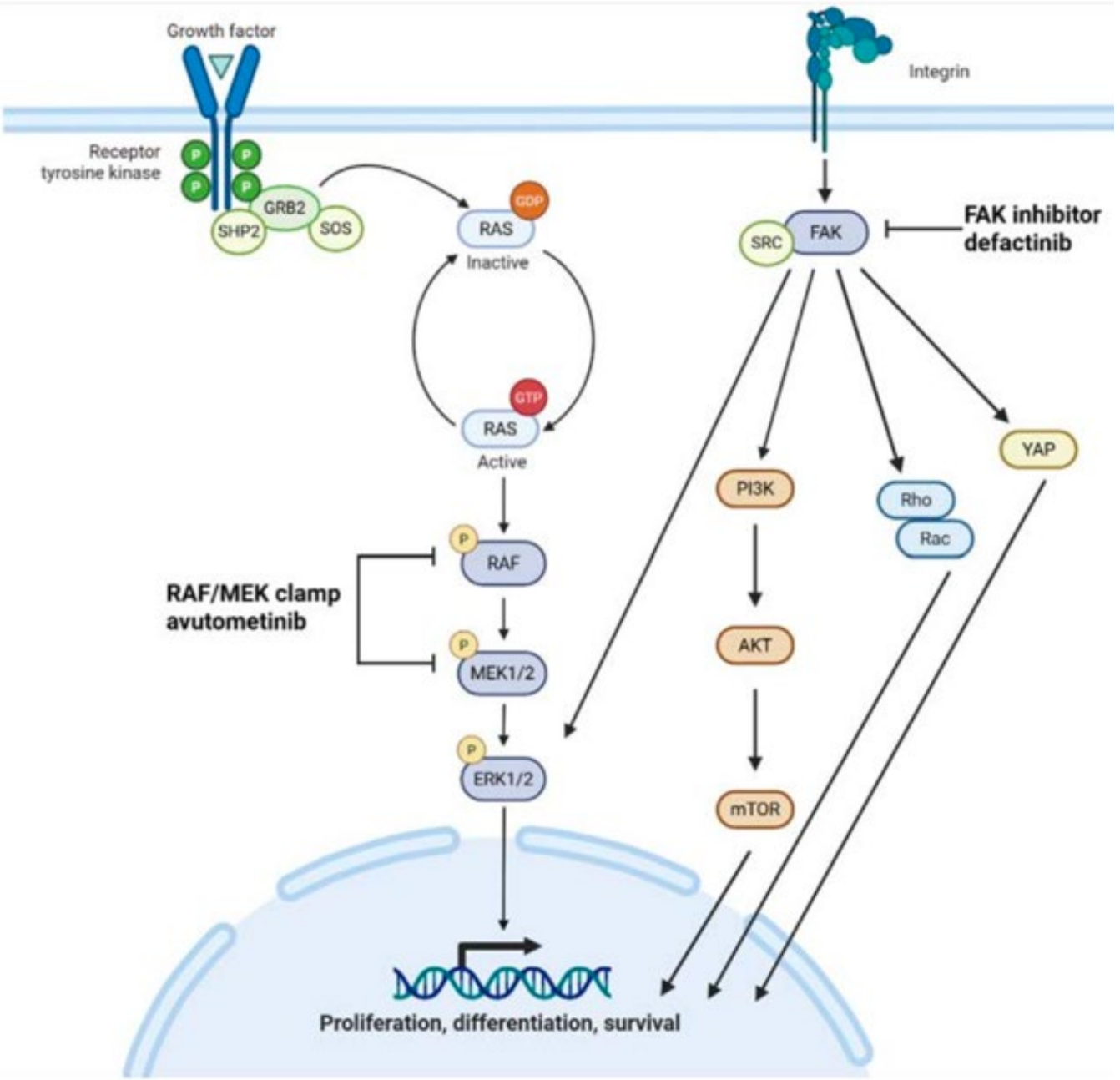
Abbreviations: *BID, twice daily; LGSOC, low-grade serous ovarian carcinoma; mt, mutant; ORR, objective response rate; RECIST, Response Evaluation Criteria in Solid Tumors; wt, wild type.*

Banerjee SN, et al. Presented at IGCS 2024. J Clin Oncol. 2025;43(25):2782-2792. ClinicalTrials.gov identifier: NCT06072781

Mechanism of Action

- **Avutometinib** inhibits MEK and RAF by stabilising the MEK-RAF complex, blocking both MEK activity and the feedback reactivation of MEK by RAF

- **Defactinib** inhibits FAK kinase, a mechanism of adaptive resistance to MEK inhibition, and an activator of a variety of oncogenic signaling pathways



Strover et al Gyn Onc 2025, figure adapted from Banerjee et al. Presented at IGCS 2024

TABLE 1. Baseline Characteristics in the Avutometinib (3.2 mg two times per week) + Defactinib (200 mg two times per day) Group and the Avutometinib (4.0 mg two times per week) Group

	Avutometinib (3.2 mg two times per week) + Defactinib (200 mg two times per day)			Avutometinib (4.0 mg two times per week)		
Characteristic	All Patients, n = 115	*KRAS* mt, n = 58	*KRAS* wt, n = 57	All Patients, n = 70	*KRAS* mt, n = 31	*KRAS* wt, n = 39
Age (years), median (min, max)	54 (21, 87)	60 (29, 87)	45 (21, 80)	54 (21, 77)	57 (27, 74)	48 (21, 77)
Race,[a] No. (%)						
White	88 (77)	43 (74)	45 (80)	59 (84)	24 (77)	35 (90)
Asian	4 (3)	2 (3)	2 (4)	1 (3)	1 (3)	0
Black or African American	5 (4)	3 (5)	2 (4)	1 (3)	1 (3)	0
Other	5 (4)	0	5 (9)	2 (3)	2 (6)	0
Not reported	13 (11)	10 (17)	3 (5)	6 (9)	3 (10)	3 (8)
Unknown	0	0	0	1 (1)	0	1 (3)
ECOG PS, No. (%)						
0	78 (68)	42 (72)	36 (63)	50 (71)	19 (61)	31 (80)
1	37 (32)	16 (28)	21 (37)	20 (29)	12 (39)	9 (20)
Prior systemic regimens, No., median (min, max)	3 (1, 9)	3 (1, 9)	3 (1, 9)	3 (1, 10)	3 (1, 10)	3 (1, 9)
Prior platinum-based chemotherapy, No. (%)	114 (99)	58 (100)	56 (98)	69 (99)	30 (97)	39 (100)
Prior hormonal therapy, No. (%)	99 (86)	49 (85)	50 (88)	58 (83)	25 (81)	33 (85)
Prior bevacizumab, No. (%)	59 (51)	23 (40)	36 (63)	34 (49)	17 (55)	17 (44)
Prior MEK inhibitor therapy, No. (%)	25 (22)	12 (21)	13 (23)	18 (26)	8 (26)	10 (26)

Abbreviations: ECOG PS, Eastern Cooperative Oncology Group Performance Status; *KRAS*, Kirsten rat sarcoma virus homolog; MEK, mitogen-activated extracellular signal-regulated kinase; mt, mutant; wt, wild type.
[a]Self-reported.

Abbreviations: *ECOG PS, Eastern Cooperative Oncology Group performance status; LGSOC, low-grade serous ovarian carcinoma; MEK, mitogen-activated extracellular signal-regulated kinase; mt, mutant; wt, wild type.*
Banerjee SN, et al. Presented at IGCS 2024. J Clin Oncol. 2025;43(25):2782-2792. ClinicalTrials.gov identifier: NCT06072781

TABLE 2. ORR (RECIST v1.1) by BICR in the Avutometinib (3.2 mg two times per week) + Defactinib (200 mg two times per day) Group and the Avutometinib (4.0 mg two times per week) Monotherapy Group

	Avutometinib (3.2 mg two times per week) + Defactinib (200 mg two times per day)			Avutometinib (4.0 mg two times per week)		
Clinical Outcome	All Patients, n = 109	*KRAS* mt, n = 57	*KRAS* wt, n = 52	All Patients, n = 69	*KRAS* mt, n = 30	*KRAS* wt, n = 39
Confirmed[a] ORR, No. (%)	34 (31)	25 (44)	9 (17)	12 (17)	7 (23)	5 (13)
Complete response	2 (2)	2 (4)	0	1 (1)	1 (3)	0
Partial response	32 (29)	23 (40)	9 (17)	11 (16)	6 (20)	5 (13)
Stable disease,[b] No. (%)	62 (57)	28 (49)	34 (65)	43 (62)	17 (57)	26 (67)
Progressive disease, No. (%)	9 (8)	2 (4)	7 (14)	7 (10)	3 (10)	4 (10)
Not evaluable, No. (%)	4 (4)	2 (4)	2 (4)	7 (10)	3 (10)	4 (10)

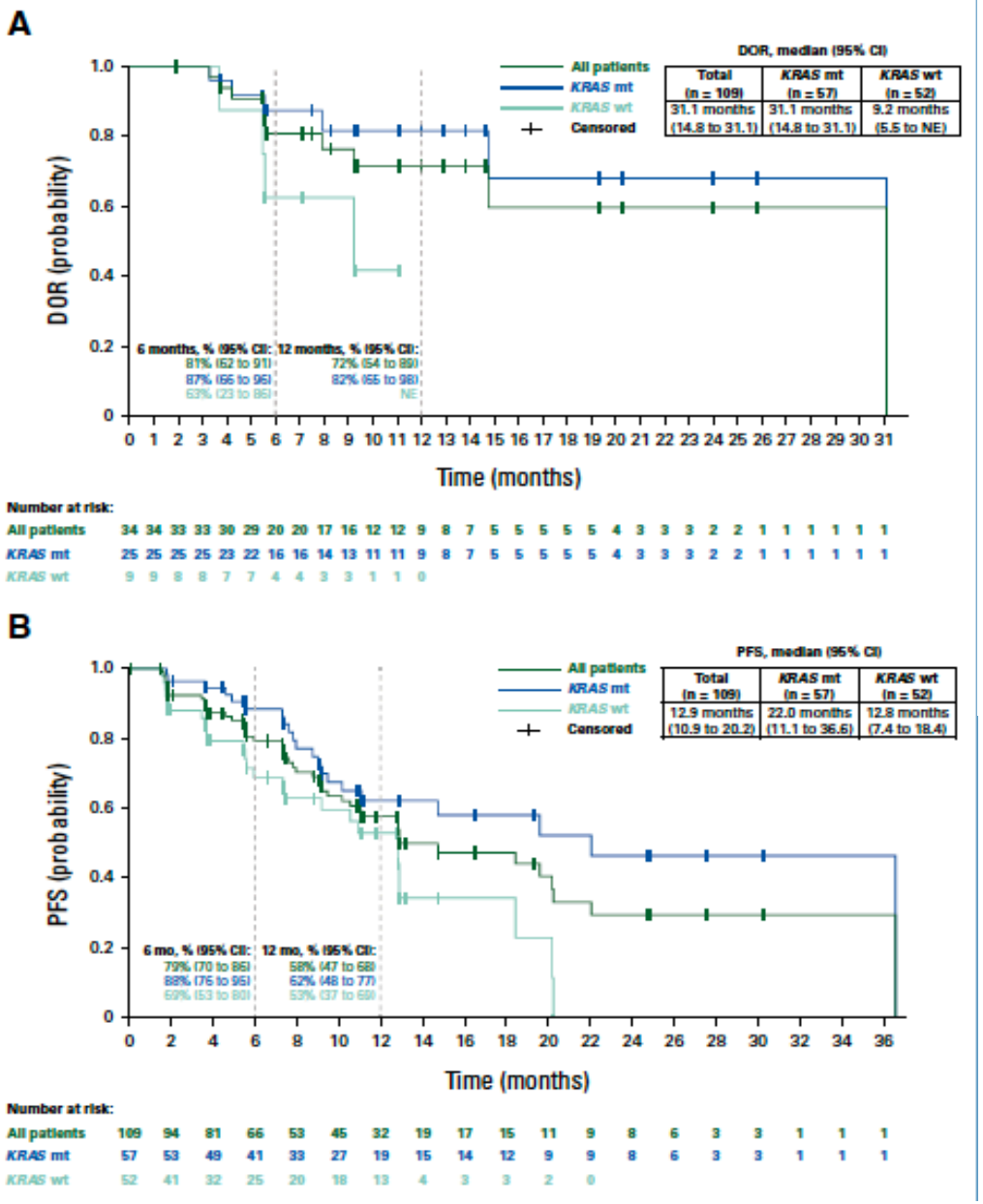
Abbreviations: BICR, blinded independent central review; *KRAS*, Kirsten rat sarcoma virus homolog; mt, mutant; ORR, objective response rate; wt, wild type.

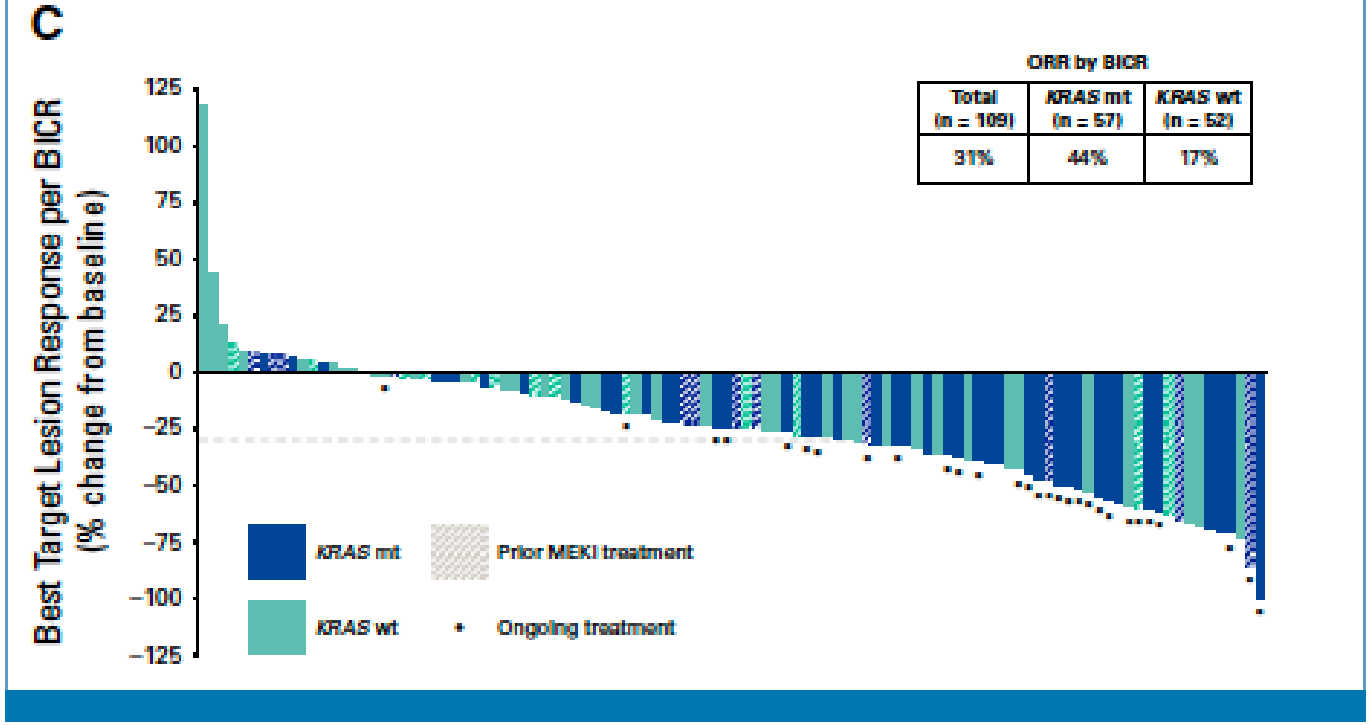
[a]By BICR.

[b]Includes unconfirmed partial response; stable disease (or unconfirmed partial response) must occur ≥53 days after first dose date.

Abbreviations: *BICR, blinded independent central review; CR, complete response; LGSOC, low-grade serous ovarian carcinoma; mt, mutant; ORR, objective response rate; PD, progressive disease; PR, partial response; RECIST, Response Evaluation Criteria in Solid Tumors; SD, stable disease; wt, wild type.*

Banerjee SN, et al. Presented at IGCS 2024. J Clin Oncol. 2025;43(25):2782-2792. ClinicalTrials.gov identifier: NCT06072781





Responses Observed in both KRAS Mutant and KRAS Wild-Type Recurrent LGSOC

FDA Accelerated Approval

May 8, 2025

Avutometinib 3.2 mg BIW + Defactinib 200 mg BID

KRAS mutated recurrent LGSOC

Abbreviations: *BICR, blinded independent central review; BID, twice daily; CR, complete response; LGSOC, low-grade serous ovarian carcinoma; mt, mutant; ORR, objective response rate; PD, progressive disease; PR, partial response; RECIST, Response Evaluation Criteria in Solid Tumors; SD, stable disease; wt, wild type.*

Banerjee SN, et al. Presented at IGCS 2024. J Clin Oncol. 2025;43(25):2782-2792. ClinicalTrials.gov identifier: NCT06072781

Adverse Events Profile for Avutometinib + Defactinib (parts A-C)

- 80% (92/115) of patients had AEs leading to **dose interruption**
  - 38% (44/115) for elevations in CPK
- 36.5% (42/115) of patients had AEs leading to **dose reduction**
- 10% (12/115) of patients **discontinued for AEs**; most common increased CPK (n=4)
- 7% (8/115) of patients had **serious AEs** considered by the investigator to be related to study treatment: the only event occurring in more than 1 patient was abdominal pain
- 4 **deaths** (within 30 days of discontinuation): GI hemorrhage, large intestine perforation, clinical progression, clinical deterioration (none considered related to study treatment)

Treatment-Related Adverse Events (>20% of patients)* n (%)	Avutometinib + Defactinib 3.2 mg BIW + 200 mg BID 3 weeks on/1 week off N= 115	
Preferred term	**All Grades**	**Grade ≥3**
Non-laboratory AEs		
Nausea	77 (67.0)	3 (2.6)
Diarrhea	67 (58.3)	9 (7.8)
Oedema peripheral	61 (53.0)	1 (0.9)
Fatigue	50 (43.5)	3 (2.6)
Vomiting	49 (42.6)	3 (2.6)
Vision blurred	47 (40.9)	0
Rash	41 (35.7)	2 (1.7)
Dermatitis acneiform	39 (33.9)	5 (4.3)
Dry skin	30 (26.1)	0
Anemia	26 (22.6)	6 (5.2)
Laboratory-related AEs		
Increased blood CPK	69 (60.0)	28 (24.3)
Increased blood bilirubin increased/ hyperbilirubinemia	38 (33.0)	5 (4.3)
AST increased	36 (31.3)	2 (1.7)

**Most common adverse events (preferred term) considered by the investigator to be related to study drug (either avutometinib or defactinib).*

Abbreviations:E, adverse event; AST, aspartate aminotransferase; BID, twice daily; CPK, creatine phosphokinase; GI, gastrointestinal; GOG,
Gynecologic Oncology:
Banerjee SN, et al. Presented at IGCS 2024. J Clin Oncol. 2025;43(25):2782-2792. ClinicalTrials.gov identifier: NCT06072781

GOG FOUNDATION® ENGOT European Network of Gynaecological Oncological Trial groups

RAMP201: Adverse Events of Interest Associated with MEK Inhibitors

Treatment-Related Adverse Events, n (%)*	Avutometinib + Defactinib 3.2 mg BIW + 200 mg BID 3 weeks on/1 week off N=115	
Preferred term	**All Grades**	**Grade ≥3**
Ocular events		
Blurred vision	47 (40.9)	0
Visual impairment	7 (6.1)	0
Retinal pigment epithelial detachment	6 (5.2)	0
Retinal detachment	4 (3.5)	0
Serous retinal detachment	2 (1.7)	0
Serous retinopathy	2 (1.7)	0
Retinopathy	2 (1.7)	0
Retinal vein occlusion	1 (0.9)	0
Pneumonitis	1 (0.9)	0
Hypertension	4 (3.5)	1 (0.9)
Ejection fraction decreased	1 (0.9)	0
Congestive heart failure	0	0

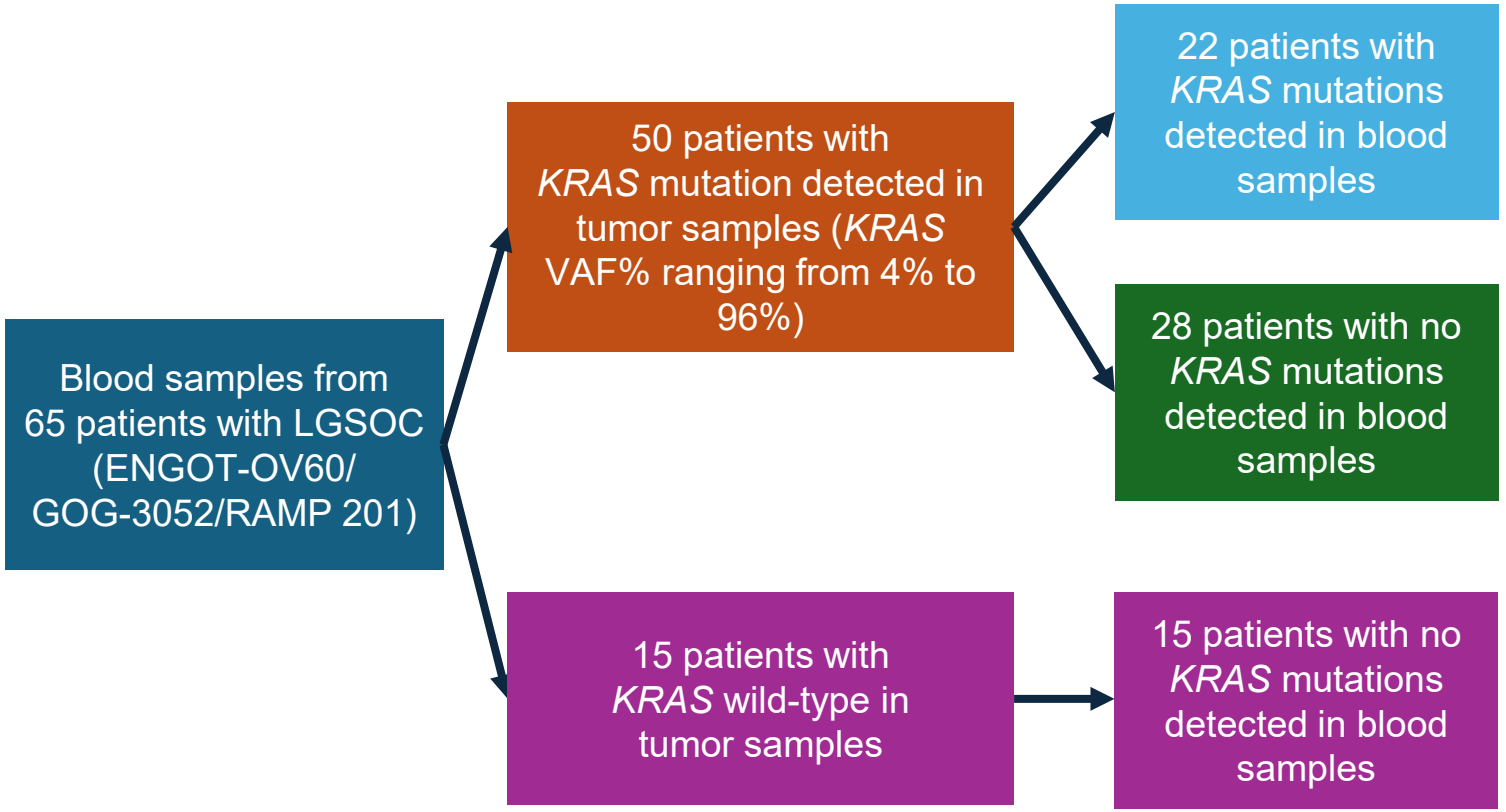
*Adverse events (preferred term) considered by the investigator to be related to study drug (either avutometinib or defactinib).

BID, twice daily; BIW, twice weekly

Banerjee SN, et al. Presented at IGCS 2024. J Clin Oncol. 2025;43(25):2782-2792. ClinicalTrials.gov identifier: NCT06072781

ctDNA in LGSOC: Results from RAMP201 Samples

In Patients With *KRAS* Mutations Detectable in Tumor Samples, 44% (22/50) Concordance Between *KRAS* Detection in Tumor vs Blood Samples



- 44% (22/50) concordance between tumor vs blood samples
  - For these 22, the same *KRAS* variant was detected in tissue vs blood samples
- 56% (28/50) of patients showed a false negative result from ctDNA testing
- No *KRAS* mutations detected by ctDNA testing in patients with *KRAS* wild-type in tumor samples

ctDNA, circulating tumor DNA; KRAS, Kirsten rat sarcoma virus; LGSOC, low-grade serous ovarian cancer; VAF, variant allele frequency.

Van Nieuwenhuysen et al ESMO Gyn 2025; Banerjee SN, et al. Presented at IGCS 2024.

Conclusions

- Clinical Trials changing the treatment landscape for advanced LGSOC
- Systemic treatment options improving for LGSOC
- Avutometinib and Defactinib combination in *KRAS* mutated recurrent disease is the first approved (FDA accelerated approval) therapy in LGSOC

What's Next in LGSOC Cancer Treatment

Brian Slomovitz, MD

Mount Sinai Medical Center
Miami Beach, Florida, USA

The Next 25 Minutes

Emerging Therapies for Low Grade Serous Ovarian Cancer

Therapies for Recurrent LGSOC Disease

- Scientific Rationale to Explain RAMP-201 Results
- RAMP-301 - Phase 3 Randomized Avutometinib plus Defactinib vs Physician's Choice ChemoRx
- 2nd & 3rd Generation Antibody-Drug Conjugates Targeting Folate Receptor 2α
  - Mirvetuximab — SORAYA, FORWARD-1, MIRASOL & U.S. FDA Approval
  - Rinatabart sesutecan - RAINFOL-01 - US FDA Fast Track Designation
  - DB-1305/BNT325 - Phase 1/2 Anti-Trop2 ADC - US FDA Fast Track Designation
- NCI-Match EAY-131 Subprotocol H - Dabrafebnib + Trametinib for BRAFV600E Mutations
- GOG-3026 - Phase 2 Ribociclib plus Letrozole

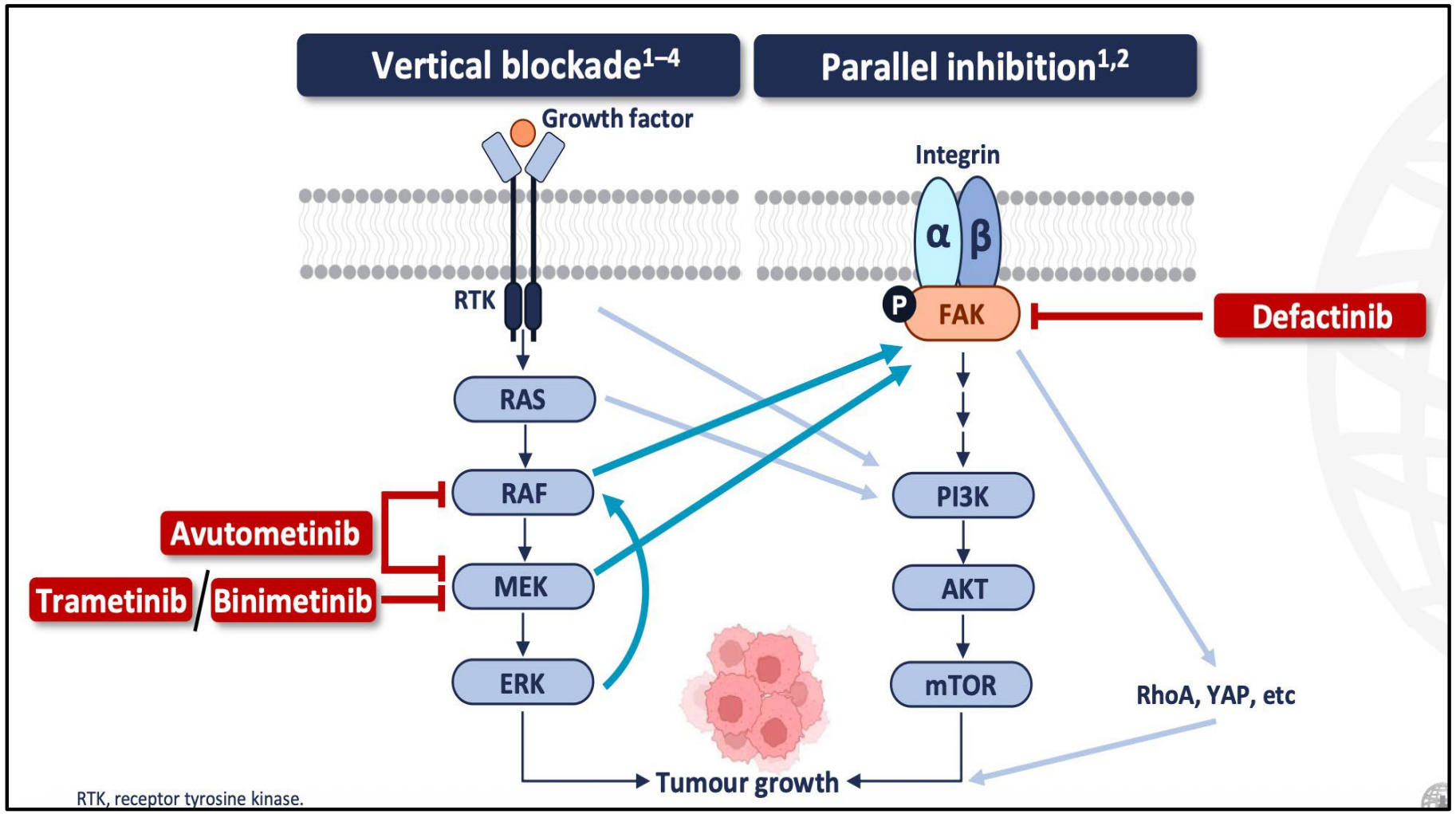
Trials in the Upfront Setting for LGSOC

- NRG-GY019 - Phase 3 Letrozole alone vs Carbo-Taxol - both arms followed by Letrozole
- CHAMELEON - Combined Targeted & Hormonal Treatment
- BOUQUET (GOG-3051) — Phase 2 Biomarker-Driven Targeted Therapy

Treatment of Recurrent LGSOC

Treatment of Recurrent LGSOC

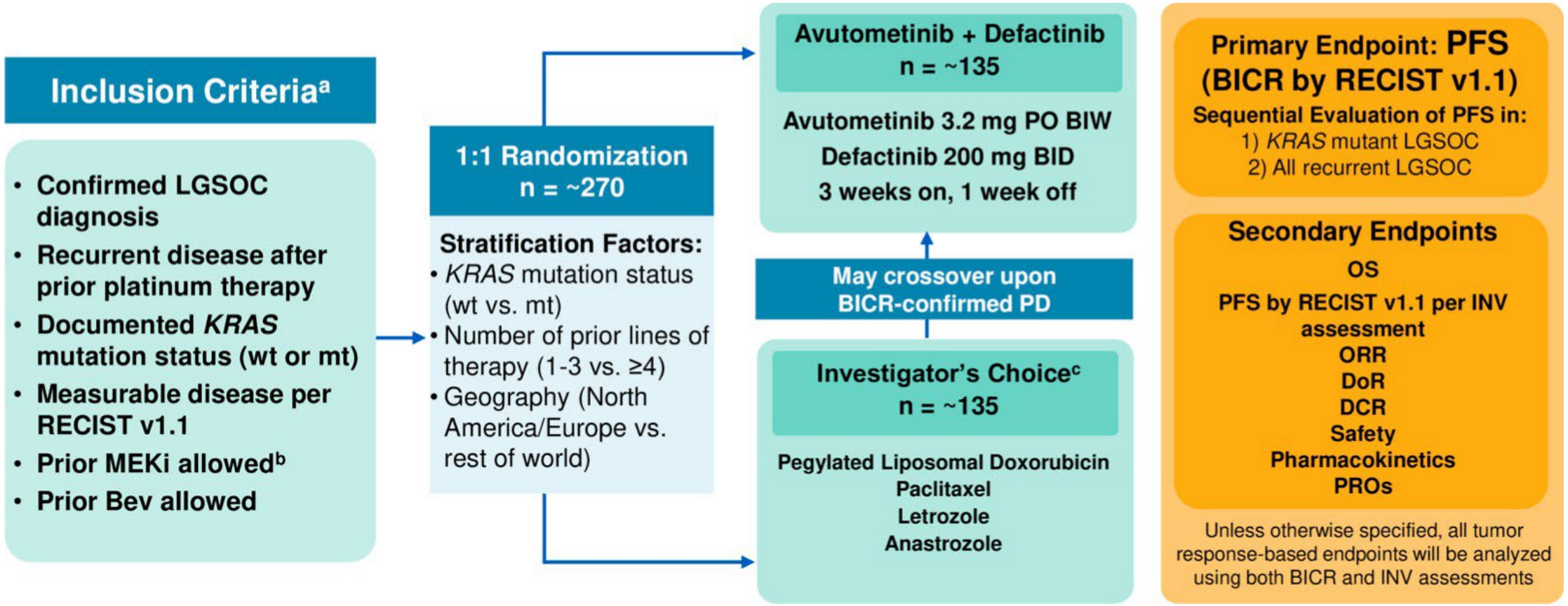
Scientific Rationale RAF/MEK and FAK Blockade



Grisham R, et al. Int J Gynecol Cancer 2024;0:1-7

RAMP-301

Phase 3 Confirmatory, Registration Trial – Enrollment Complete

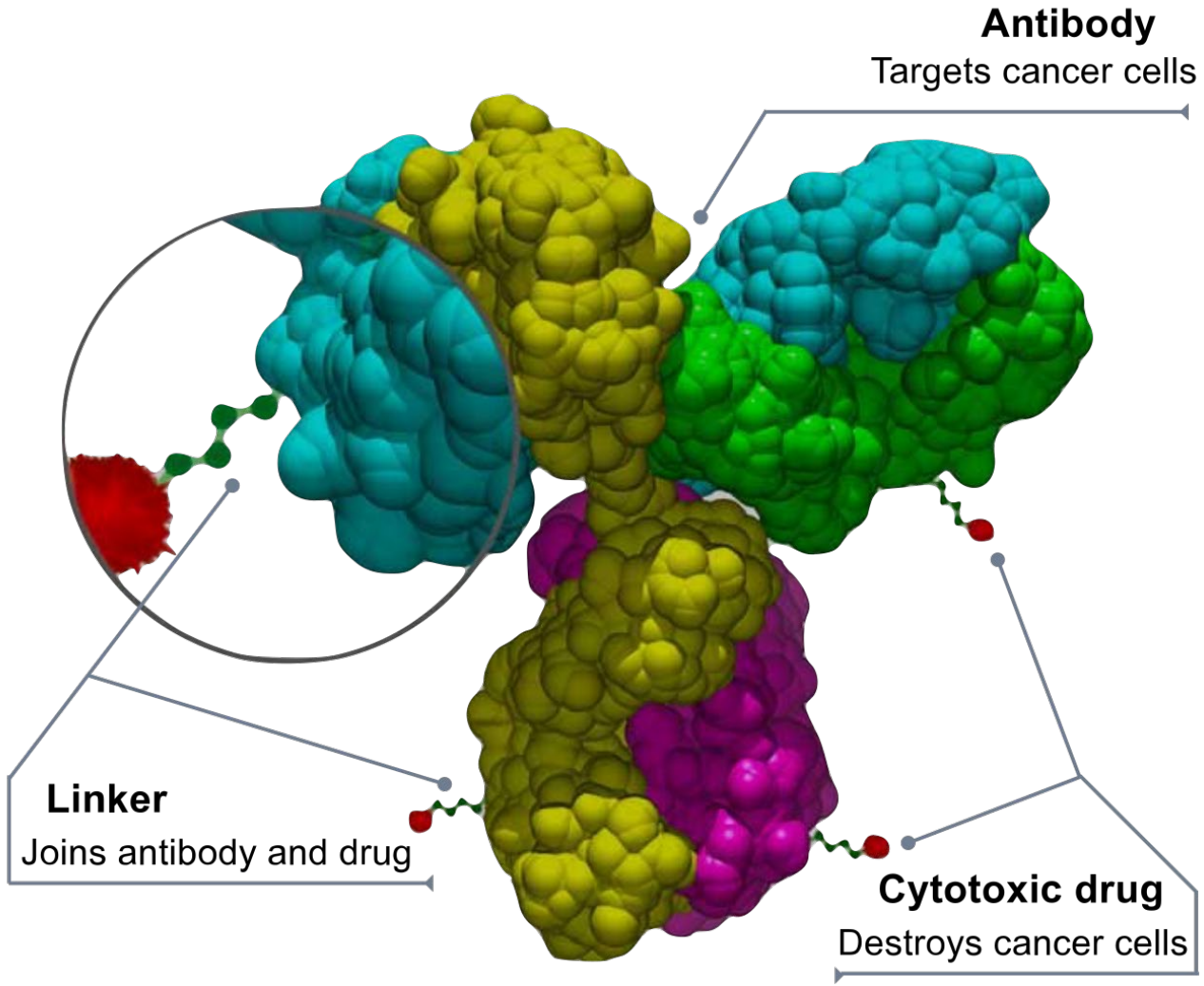


Abbreviations: *BICR, blinded independent central review; BID, twice daily; DCR, disease control rate; DOR, duration of response; INV, investigator; KRAS, Kirsten rat sarcoma viral oncogene homolog; LGSOC, low-grade serous ovarian cancer; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; PROs, patient-reported outcomes; RECIST, Response Evaluation Criteria in Solid Tumors.*

Grisham R, et al. Int J Gynecol Cancer. 2025;35(11):101832; ClinicalTrials.gov NCT06072781.

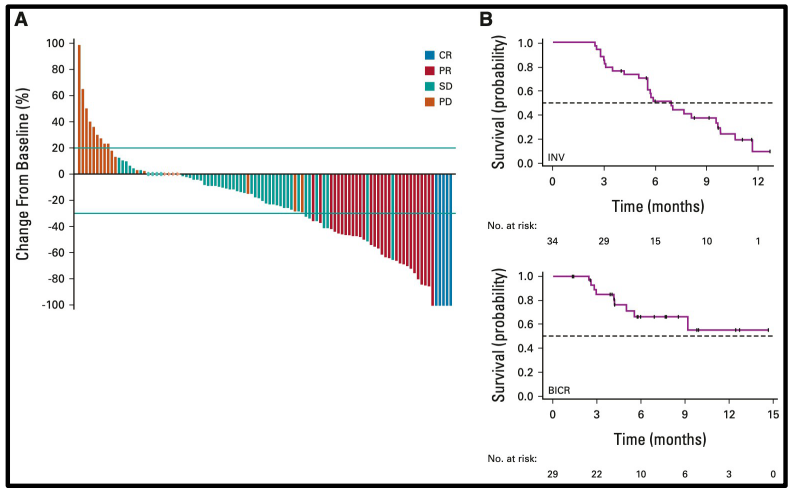
Antibody-Drug Conjugates

Trojan Horses & Multiple Warheads

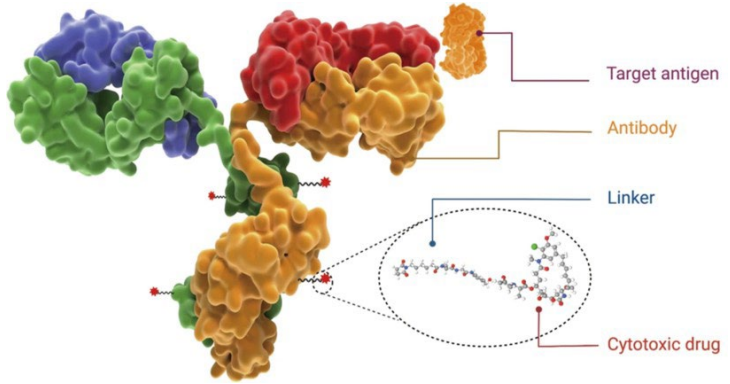


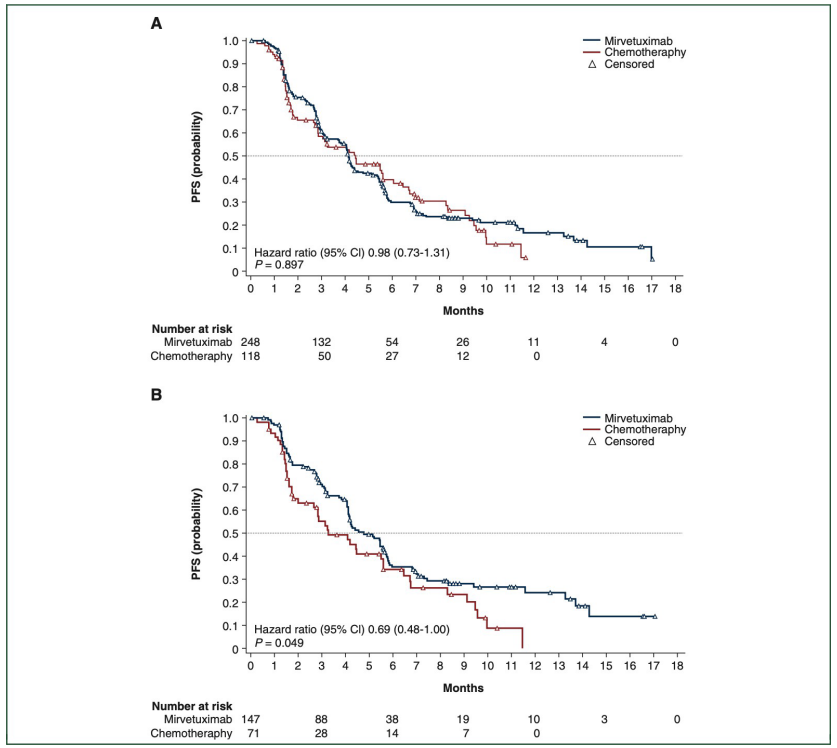
SORAYA, FORWARD-1 & MIRASOL

Mirvetuximab – 2nd Generation ADC

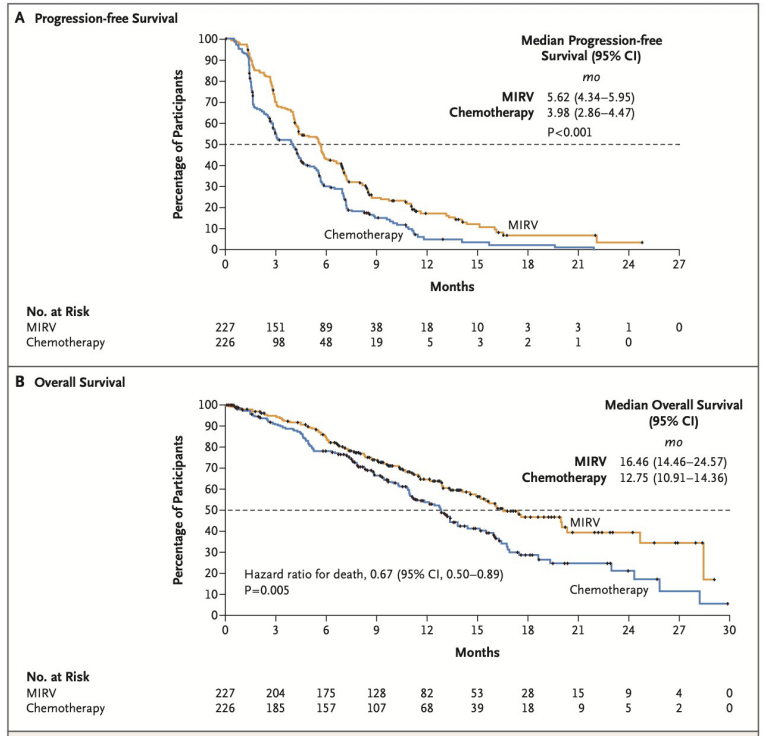


Matulonis UA, et al. J Clin Oncol 2023;41:2436-45. ClinicalTrials.gov NCT04296890.





Moore KN, et al Annals Oncol 2021;32:757-65. ClinicalTrials.gov NCT02631876.



Moore KN, et al. N Engl J Med 2023;389:2162-74. ClinicalTrials.gov number, NCT04209855

FDA approves mirvetuximab soravtansine-gynx for FRα positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer

On March 22, 2024, the Food and Drug Administration approved mirvetuximab soravtansine-gynx (Elahere, ImmunoGen, Inc. [now a part of AbbVie]) for adult patients with FRα positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer, who have received one to three prior systemic treatment regimens. Patients are selected based on an FDA-approved test. Mirvetuximab soravtansine-gynx previously received accelerated approval for this indication.

U.S. FDA approval announcement, March 22, 2024 (FDA.Gov).

RAINFOL-01

Rinatabart Sesutecan - 3rd Generation ADC

US FDA Breakthrough Therapy Designation - Endometrial Cancer
US FDA Fast Track Designation - HGS & Endometrioid FR2α+ Ovarian cancer

Study Design and Patient Demographics

Objective: Report safety and efficacy of single-agent Rina-S Q3W from dose escalation (OC and EC) and dose expansion (OC) of an open-label, multicenter phase 1/2 study (NCT05579366)[1]

Study Design

Part A – Dose Escalation

- Solid tumors[a] dose escalation (n = 53) included patients regardless of FRα expression with previously treated OC (n = 32; 23 received Rina-S 100-120 mg/m² Q3W) and EC (n = 11; 5 received Rina-S 100-120 mg/m² Q3W)

Part B – Dose Expansion

- Planned tumor-specific dose expansion includes OC, EC, and *EGFR*-mutant NSCLC regardless of FRα expression[b]
- **Cohort B1 - OC Dose Expansion**
  - Inclusion criteria
    - Histologically or cytologically confirmed OC (must have epithelial ovarian cancer, primary peritoneal cancer, or fallopian tube cancer)
    - Prior treatment (1-3 prior lines for PROC or 4 prior lines regardless of platinum-sensitivity status)
    - ECOG PS 0-1
    - Measurable disease per RECIST v1.1
    - Adequate hematologic, hepatic, renal, and cardiac function
  - Randomized 1:1 to receive Rina-S 100 mg/m² or Rina-S 120 mg/m² Q3W

Patient Demographics and Disease Characteristics in OC Dose Expansion

OC Dose Expansion	Rina-S 100 mg/m² n = 22	Rina-S 120 mg/m² n = 20
Age, median (range), years	62.5 (42-82)	64.5 (37-83)
Prior lines of therapy, median (range)	3 (1-5)	3 (1-4)
Bevacizumab, n (%)	20 (90.9)	18 (90.0)
PARPi, n (%)	15 (68.2)	13 (65.0)
Mirvetuximab soravtansine, n (%)	4 (18.2)	4 (20.0)
Platinum sensitivity status, n (%)		
Resistant	20 (90.9)	19 (95.0)
Sensitive	2 (9.1)	1 (5.0)

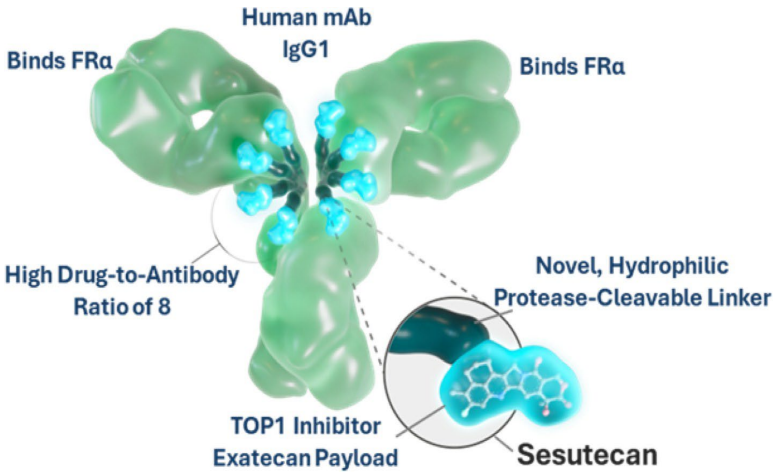
DCO: July 28, 2024

[a]Patient populations included patients with epithelial OC, EC, HER2- BC, NSCLC, and mesothelioma. [b]FRα levels retrospectively assessed.
BC, breast cancer; DCO, data cutoff; EC, endometrial cancer; ECOG PS, Eastern Cooperative Oncology Group performance status; EGFR, epidermal growth factor receptor; FRα, folate receptor α; HER2, human epidermal growth factor receptor 2; NSCLC, non-small cell lung cancer; OC, ovarian cancer; PARPi, poly-ADP ribose polymerase inhibitor; Q3W, every 3 weeks; RECIST, Response Evaluation Criteria in Solid Tumours; Rina-S, rinatabart sesutecan.

1. National Library of Medicine. https://www.clinicaltrials.gov/study/NCT05579366. Accessed: August 7, 2024.

BARCELONA 2024 ESMO congress

Elizabeth K. Lee



Lee EK, et al. Presented at ESMO 2024. ClinicalTrials.gov Identifier: NCT05579366; Figure adapted from Lee EK, et al.

RAINFOL-01

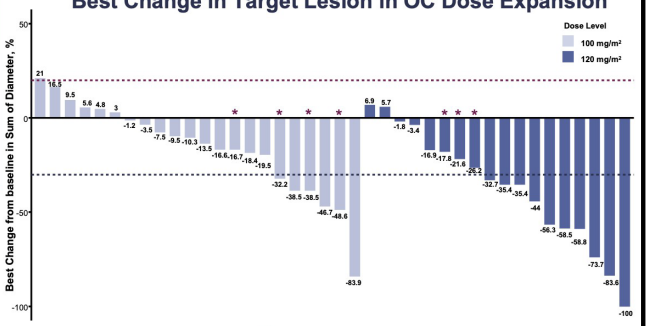
Antitumor Activity | OC – Dose Expansion

Rina-S showed encouraging antitumor activity at 120 mg/m² Q3W, including a complete response, in patients with heavily pretreated OC

OC Dose Expansion	Rina-S 100 mg/m² n = 22[b]	Rina-S 120 mg/m² n = 18[b]
Confirmed ORR,[a,b] % (95% CI)	18.2 (5.2-40.3)	50.0 (26.0-74.0)
Best overall response,[b] n (%)		
CR	0	1 (5.6)
PR	4 (18.2)	8 (44.4)
SD	15 (68.2)	7 (38.9)
PD	3 (13.6)	1 (5.6)
Not evaluable	0	1 (5.6)
DCR, % (95% CI)	86.4 (65.1-97.1)	88.9 (65.3-98.6)
Median DOR (95% CI)	NR (NR-NR)	

Treatment duration, range: 3.0-42.0+ weeks
Median on-study follow-up: 24 weeks

Best Change in Target Lesion in OC Dose Expansion



*Prior mirvetuximab soravtansine treatment[c]

Median no. of cycles: 6.5 (100 mg/m²) and 7.0+ (120 mg/m²)

[a]Based on investigator assessment. [b]Response-evaluable population. [c]One patient in the 120 mg/m² cohort with prior mirvetuximab soravtansine was not response-evaluable.
CI, confidence interval; CR, complete response; DCR, disease control rate; DOR, duration of response; NR, not reached; OC, ovarian cancer; ORR, objective response rate; PD, progressive disease; PR, partial response; Q3W, every 3 weeks; Rina-S, rinatabart sesutecan; SD stable disease.

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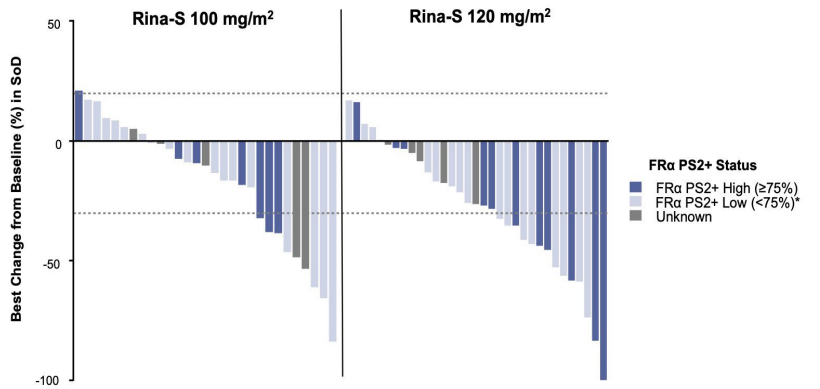
Response by FRα Expression | OC – Dose Escalation & Expansion

Responses in patients with OC were observed regardless of FRα expression levels

Best Change in Target Lesion SoD by FRα PS2+ Status in OC Dose Escalation and Expansion



*Clinical activity was observed at lower cutoffs (FRα PS1+ <25%).
FRα, folate receptor α; OC, ovarian cancer; PS, positive staining; SoD, sum of diameter; Rina-S, rinatabart sesutecan.

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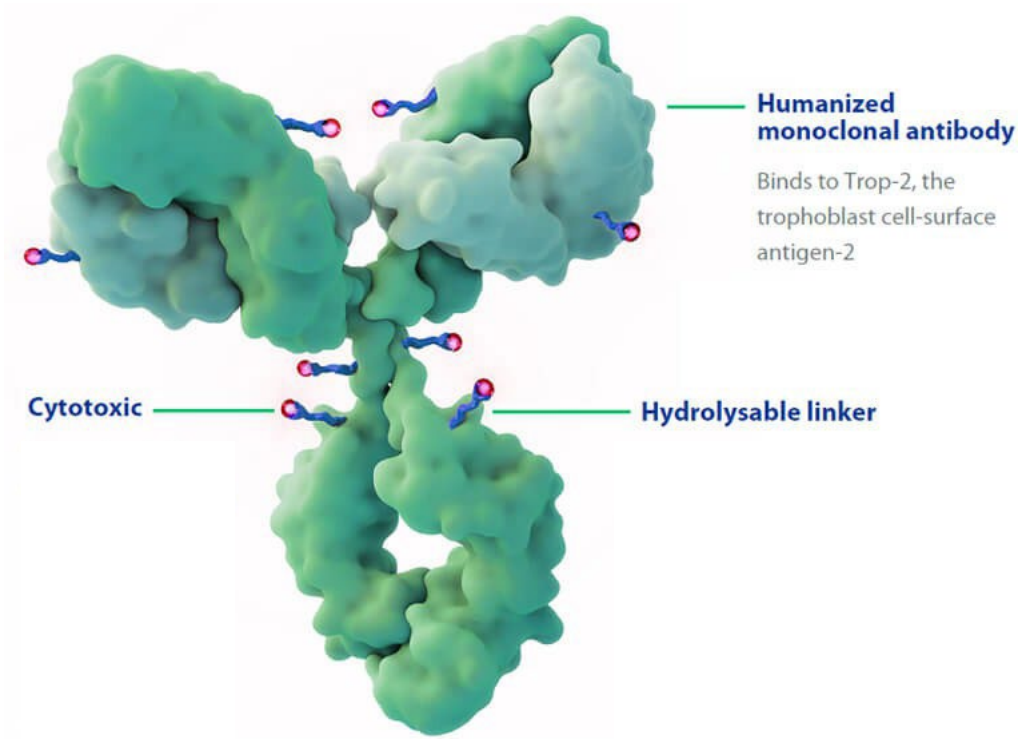
Abbreviations: *RINA-S, Rinatabart Sesutecan; ADC, antibody-drug conjugate; BOR, best overall response; CI, confidence interval; DOR, duration of response; FRα, folate receptor alpha; OC, ovarian cancer; ORR, objective response rate; PR, partial response; SD, stable disease.*

Lee EK, et al. Presented at ESMO 2024. ClinicalTrials.gov Identifier: NCT05579366; Figure adapted from Lee EK, et al.

DB-1305/BNT325 Phase 1/II

Anti-Trop2 ADC - US FDA Fast Track Designation PROC



	3 mg/kg Q3W N = 19	Overall (2–5 mg/kg Q3W) N = 38
Unconfirmed BOR, n (%)		
CR	1 (5.3)	2 (5.3)
PR	7 (36.8)	12 (31.6)
SD	7 (36.8)	17 (44.7)
PD	3 (15.8)	5 (13.2)
NE	0	1 (2.6)
Missing	1 (5.3)	1 (2.6)
Unconfirmed ORR, n (%) [95% CI]	8 (42.1) [20.3, 66.5]	14 (36.8) [21.8, 54.0]
Confirmed ORR, n (%) [95% CI]	7 (36.8) [16.3, 61.6]	10 (26.3) [13.4, 43.1]
DCR, n (%) [95% CI]	15 (78.9) [54.4, 94.0]	31 (81.6) [65.7, 92.3]
Median DOR (95% CI), months	NE (NE, NE)	6.4 (2.8, NE)
Median PFS (95% CI), months	NE (2.7, NE)	7.6 (4.4, NE)

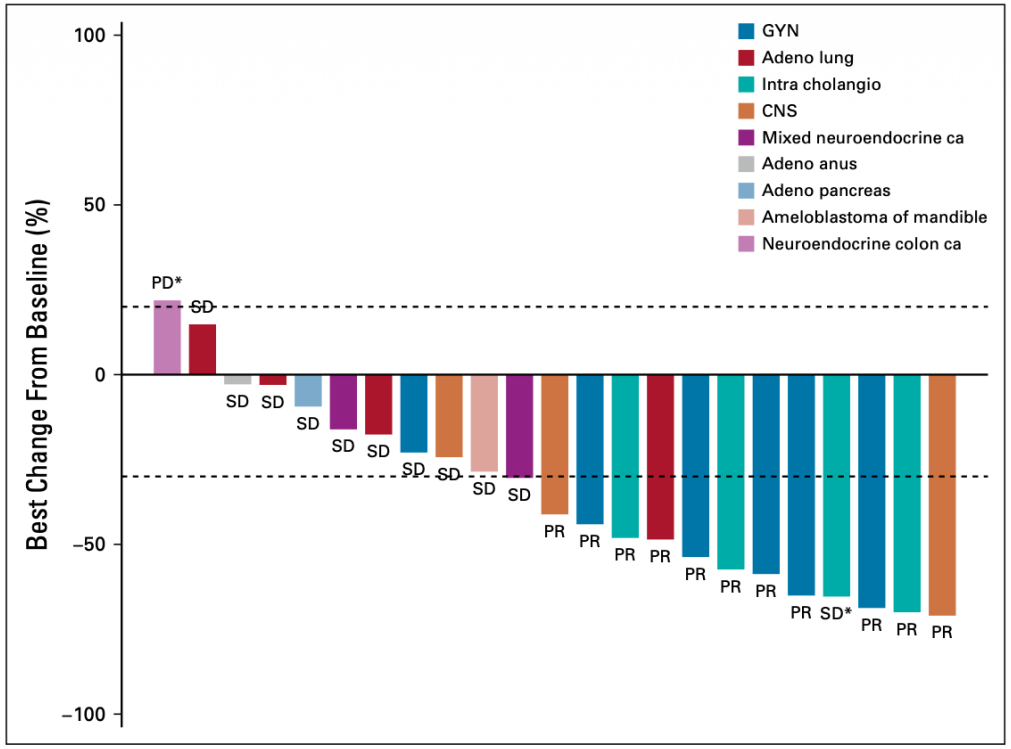
BOR, best overall response; CR, complete response; DCR, disease control rate; DOR, duration of response; NE, not estimable; ORR, objective response rate; PD, progressive disease; PFS, progression-free survival; PR, partial response; SD, stable disease.

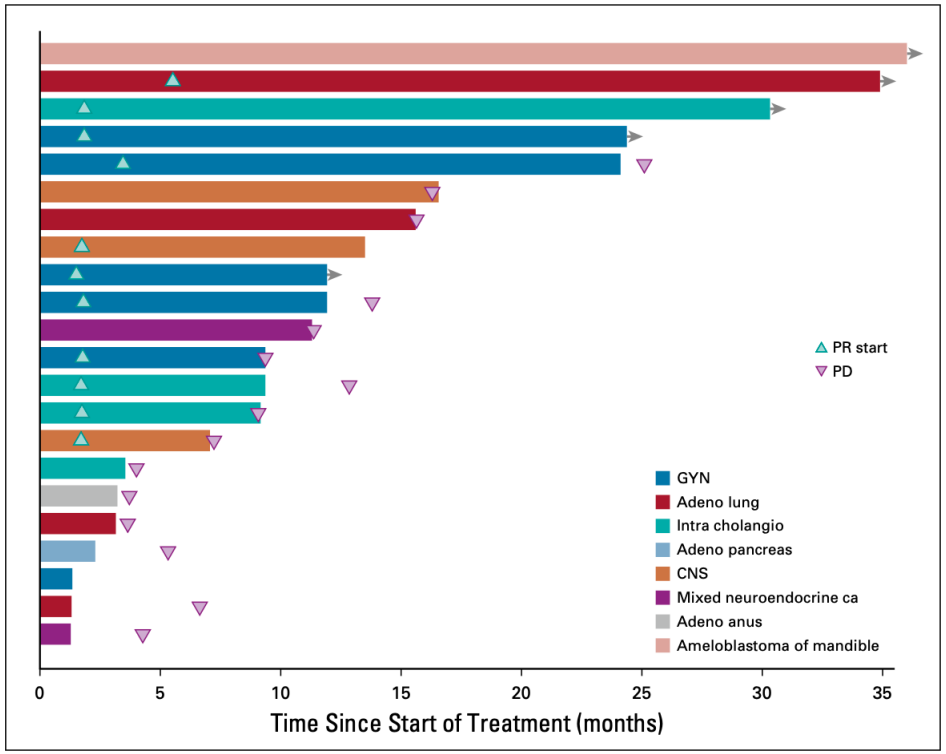
Abbreviations: *ADC, antibody-drug conjugate; BOR, best overall response; CR, complete response; PR, partial response; SD, stable disease; PD, progressive disease; DCR, disease control rate; PFS, progression-free survival; PROC, platinum-resistant ovarian cancer.*

Rubinstein M, et al. Presented at: SGO Annual Meeting on Women's Cancer; 2025. ClinicalTrials.gov Identifier: NCT05438329

NCI-Match EAY131 Subprotocl H

Dabrafebnib + Trametinib for BRAF *V600E* Mutations



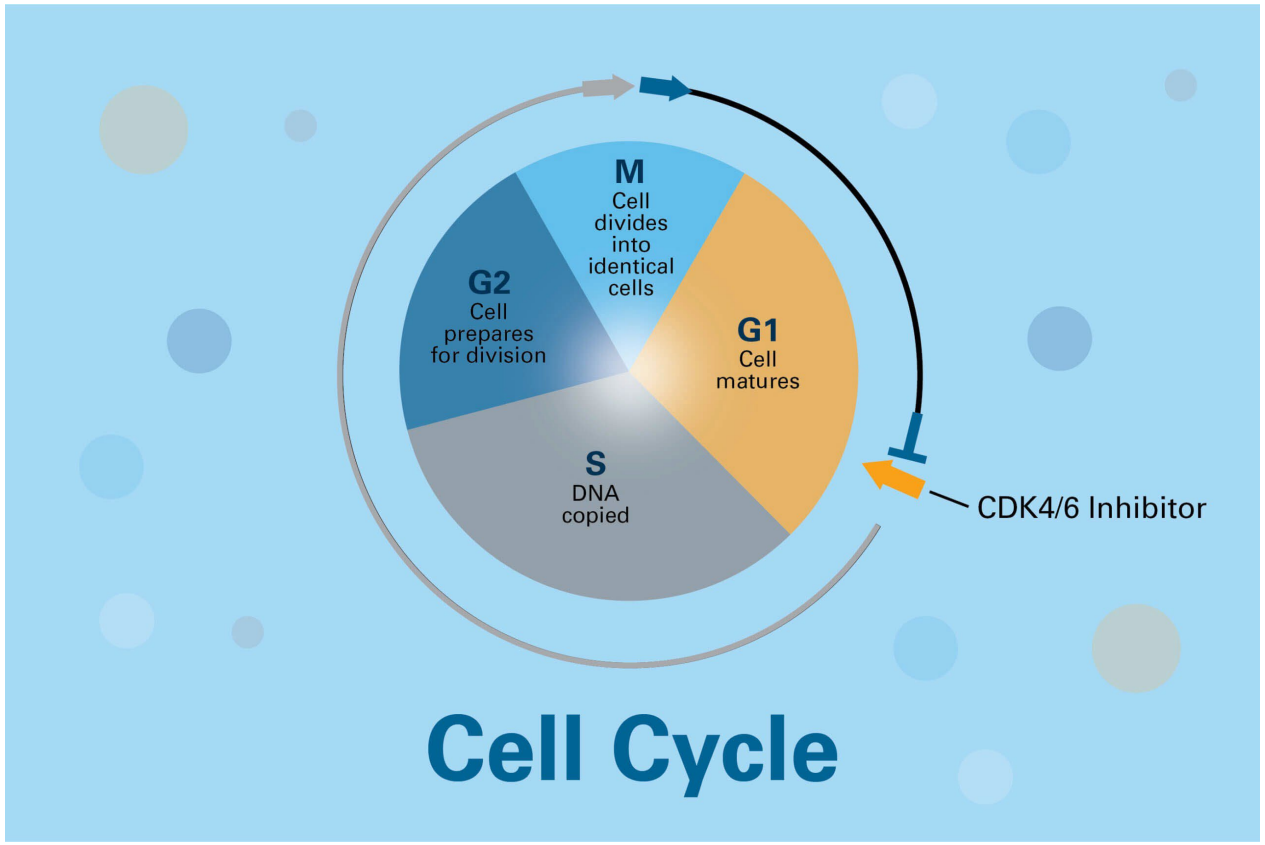


Abbreviations: *PR, partial response; SD, stable disease; PD, progressive disease; CNS, central nervous system; ORR, objective response rate.*

Salama AKS, et al. J Clin Oncol 2020;38(33):3895-3904.: ClinicalTrials.gov Identifier: NCT02465060

CDK 4/6 Inhibitors

Established in Hormone Receptor+ HER2-negative Breast Cancer

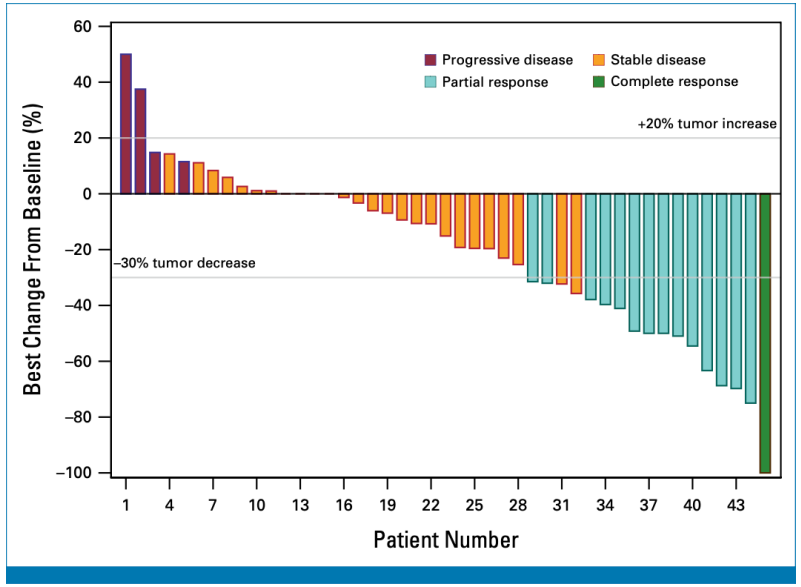


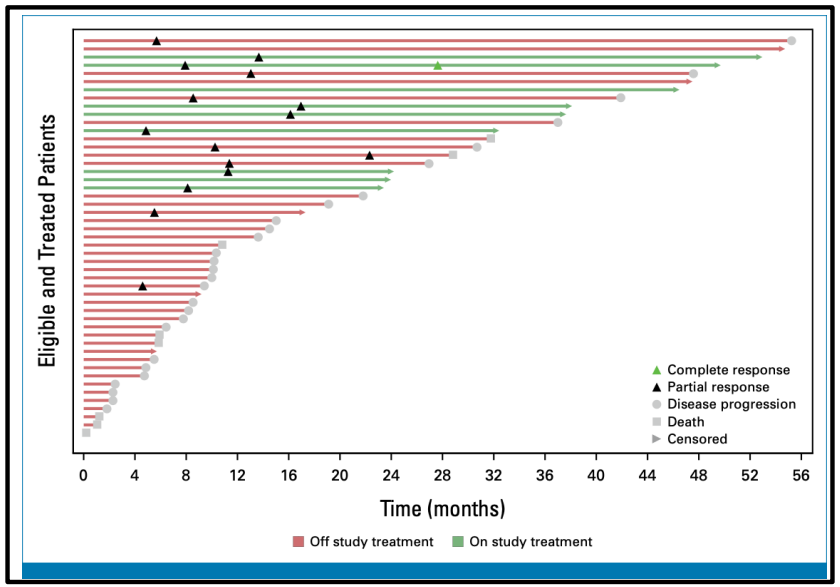
Abbreviations: *CDK, cyclin-dependent kinase; HER2, human epidermal growth factor receptor 2; HR, hormone receptor.*

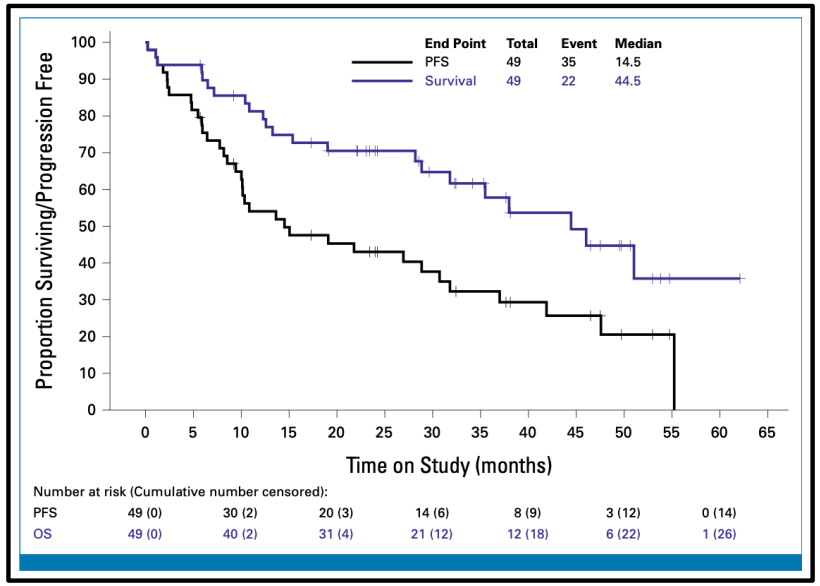
Wander SA, et al. Clin Cancer Res. 2020;26(10):2488-2495.

GOG-3026

Phase 2 Ribociclib plus Letrozole in recurrent LGSOC





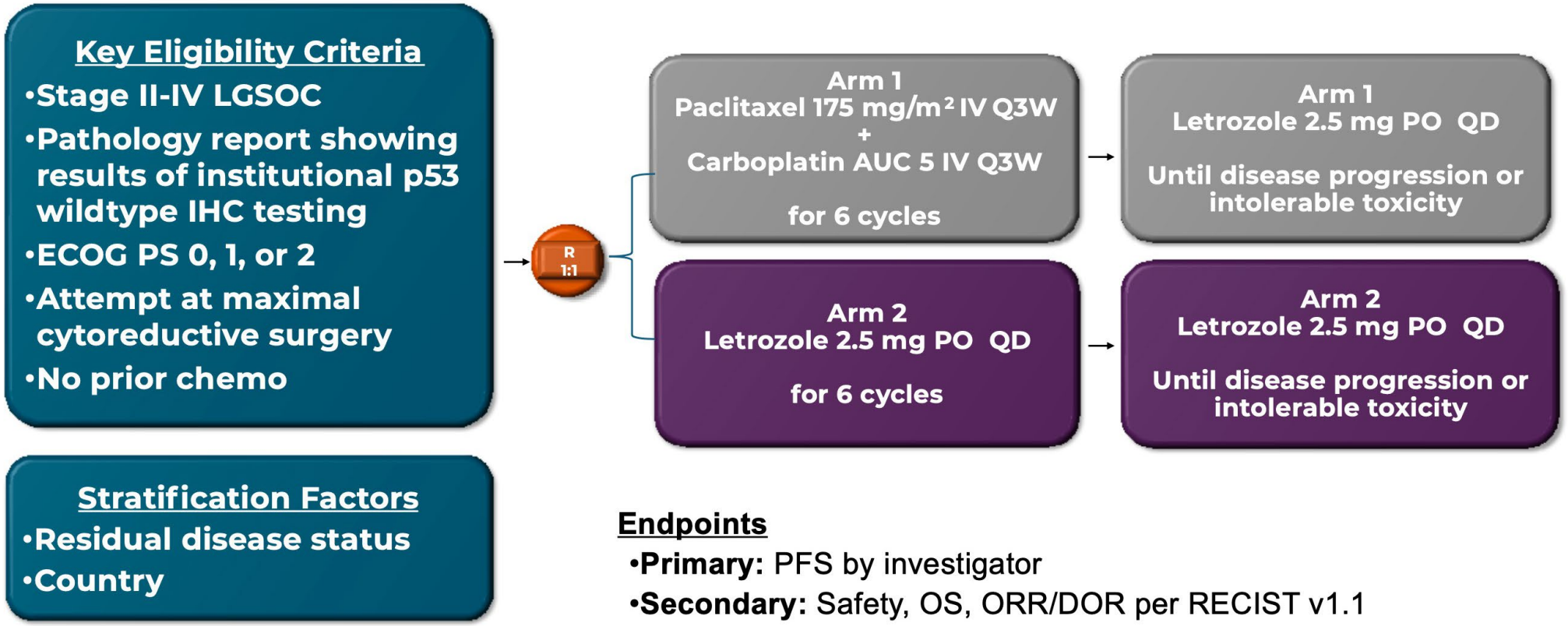


Abbreviations: *GOG, Gynecologic Oncology Group; OS, overall survival; PFS, progression-free survival.*

Slomovitz BM, et al. J Clin Oncol 2025;44:163-73. ClinicalTrials.gov Identifier: NCT03673124

1st Line Therapy for LGSOC

NRG-GY019

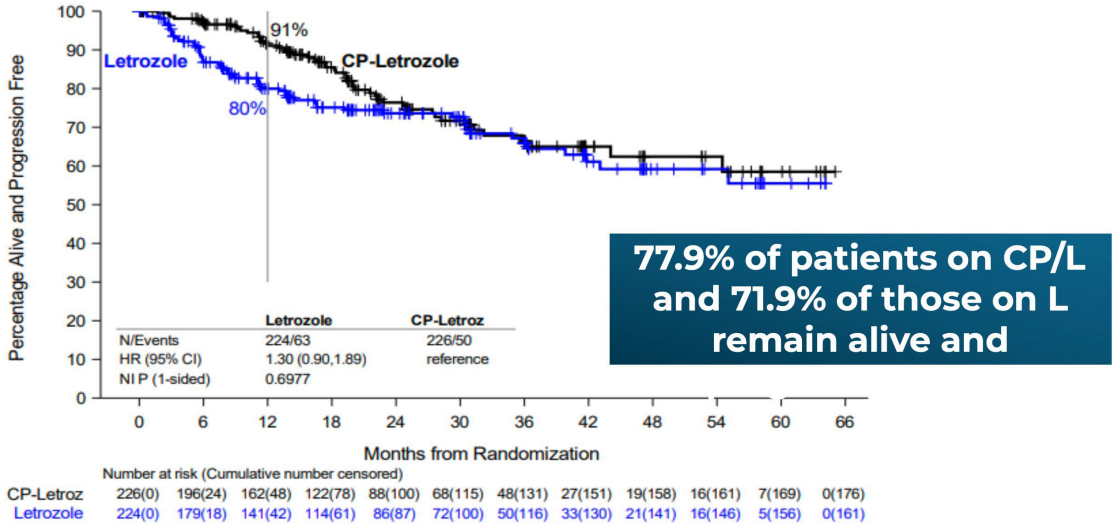


Abbreviations: *ECOG, Eastern Cooperative Oncology Group; IHC, immunohistochemistry; IV, intravenous; LGSOC, low-grade serous ovarian carcinoma; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; PO, oral; PS, performance status; Q3W, every 3 weeks; QD, once daily; RECIST, Response Evaluation Criteria in Solid Tumors.*

Fader AN, et al. Presented at SGO Annual Meeting 2026 (LBA02); Fader AN, et al. Gynecol Oncol. 2023;176(Suppl 1):S195; ClinicalTrials.gov Identifier: NCT04095364.

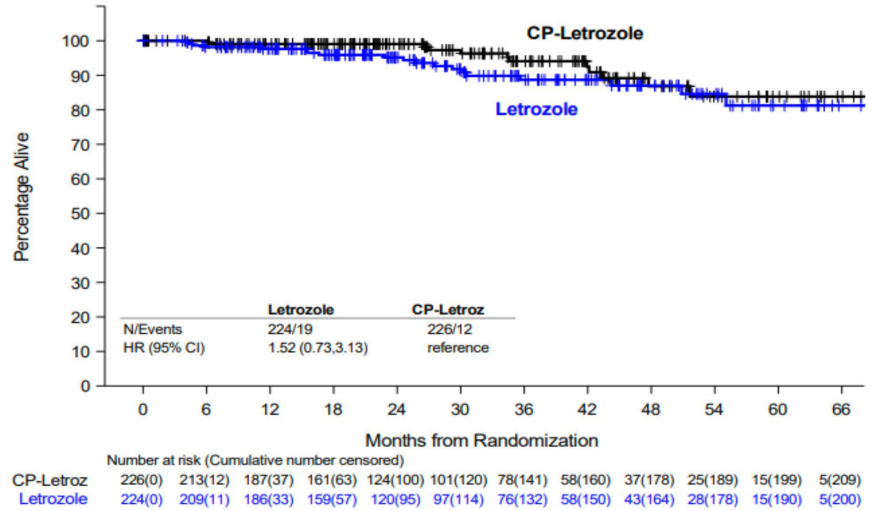
NRG-GY019

Progression-Free Survival (PFS)



77.9% of patients on CP/L and 71.9% of those on L remain alive and

Overall Survival (OS)



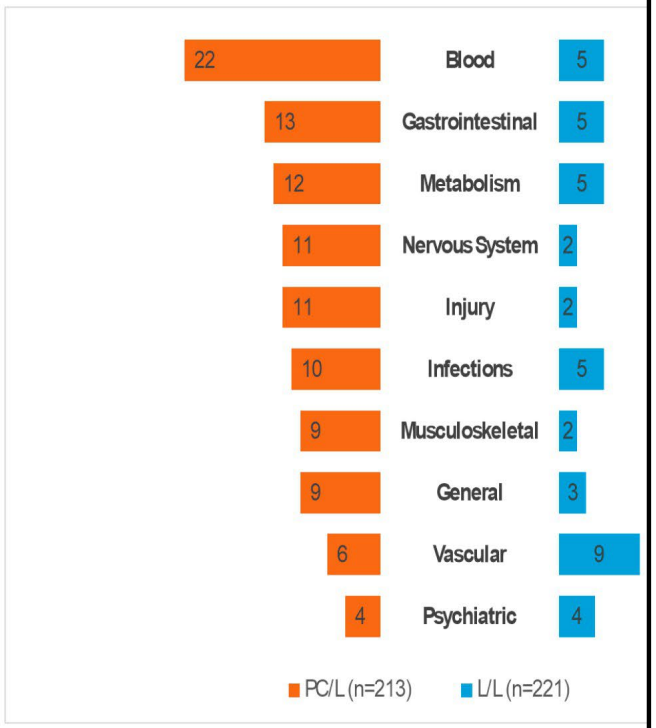
Fader AN, et al. Presented at SGO Annual Meeting 2026 (LBA02); Fader AN, et al. Gynecol Oncol. 2023;176(Suppl 1):S195; ClinicalTrials.gov Identifier: NCT04095364.

NRG-GY019

Adverse Event Summary

Adverse Event	Cycle 1-6 PC/L (n=213)	Cycle 1-6 L/L (n=221)	Cycle 7+ PC/L (n=191)	Cycle 7+ L/L (n=189)
Any Adverse Event	213 (100)	214 (96.8)	191 (100)	189 (100)
Grade 3-5	100 (46.9)	39 (17.6)	79 (41.4)	66 (34.9)
Leading to death	0 (0)	1 (0.5)	0 (0)	1 (0.5)

During cycles 1-6, the odds of observing at least 1 grade 3/4 adverse event was **3.99 (95%CI: 2.57, 6.18 p<0.001)** higher in the patients on the CP/L than the patients on the L arm.

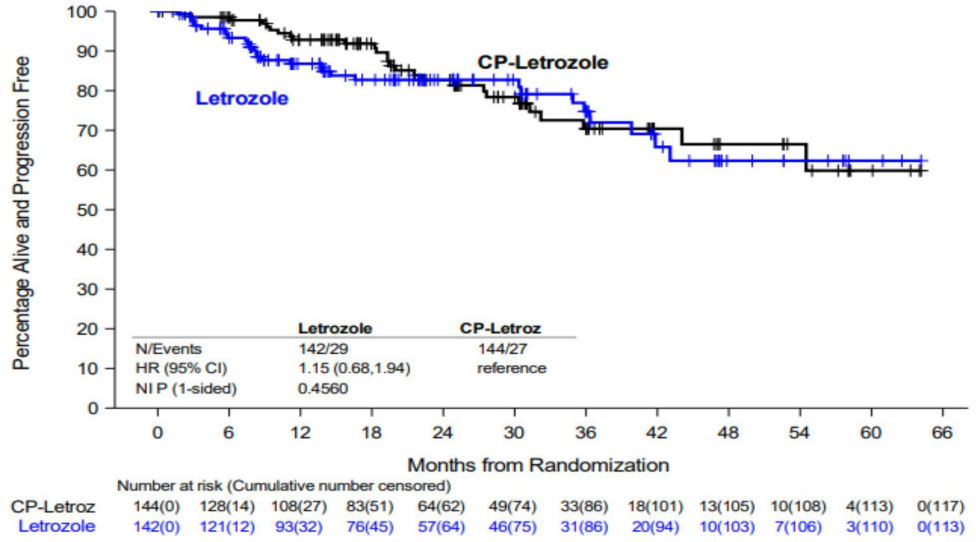


Abbreviations: *AE, adverse event; CI, confidence interval; CP/L, carboplatin/paclitaxel followed by letrozole maintenance; IV, intravenous; L, letrozole; OR, odds ratio.*

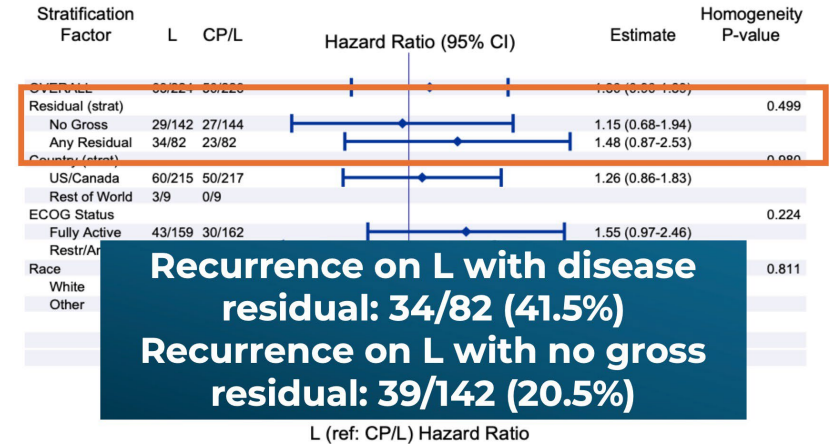
Fader AN, et al. Presented at SGO Annual Meeting 2026 (LBA02); Fader AN, et al. Gynecol Oncol. 2023;176(Suppl 1):S195; ClinicalTrials.gov Identifier: NCT04095364.

NRG-GY019

PFS in Patients with No Gross Residual Disease After Cytoreductive Surgery



PFS: Subgroup Analysis



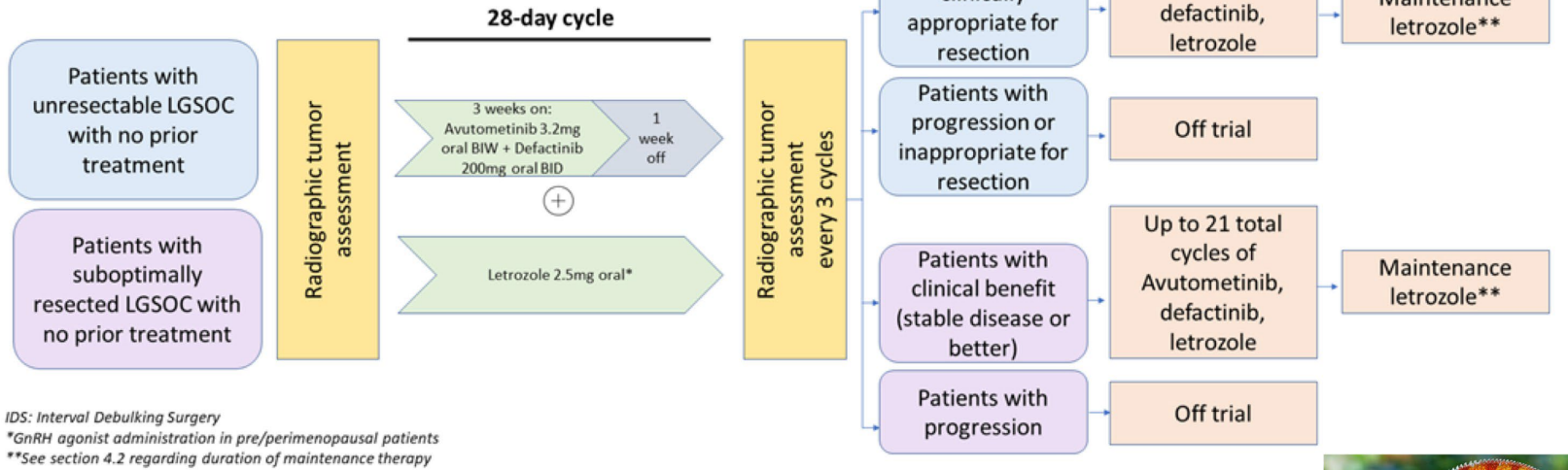
Abbreviations: *CI, confidence interval; CP/L, carboplatin/paclitaxel followed by letrozole maintenance; L, letrozole; HR, hazard ratio.*

Fader AN, et al. Presented at SGO Annual Meeting 2026 (LBA02); Fader AN, et al. Gynecol Oncol. 2023;176(Suppl 1):S195; ClinicalTrials.gov Identifier: NCT04095364.

CHAMELEON

Combination targeted and Hormonal treAtMENt of Low-gradE serous Ovarian cancer in the upfroNt setting (CHAMELEON) Study Schema

PI: Rachel N. Grisham, MD
NCT06394804



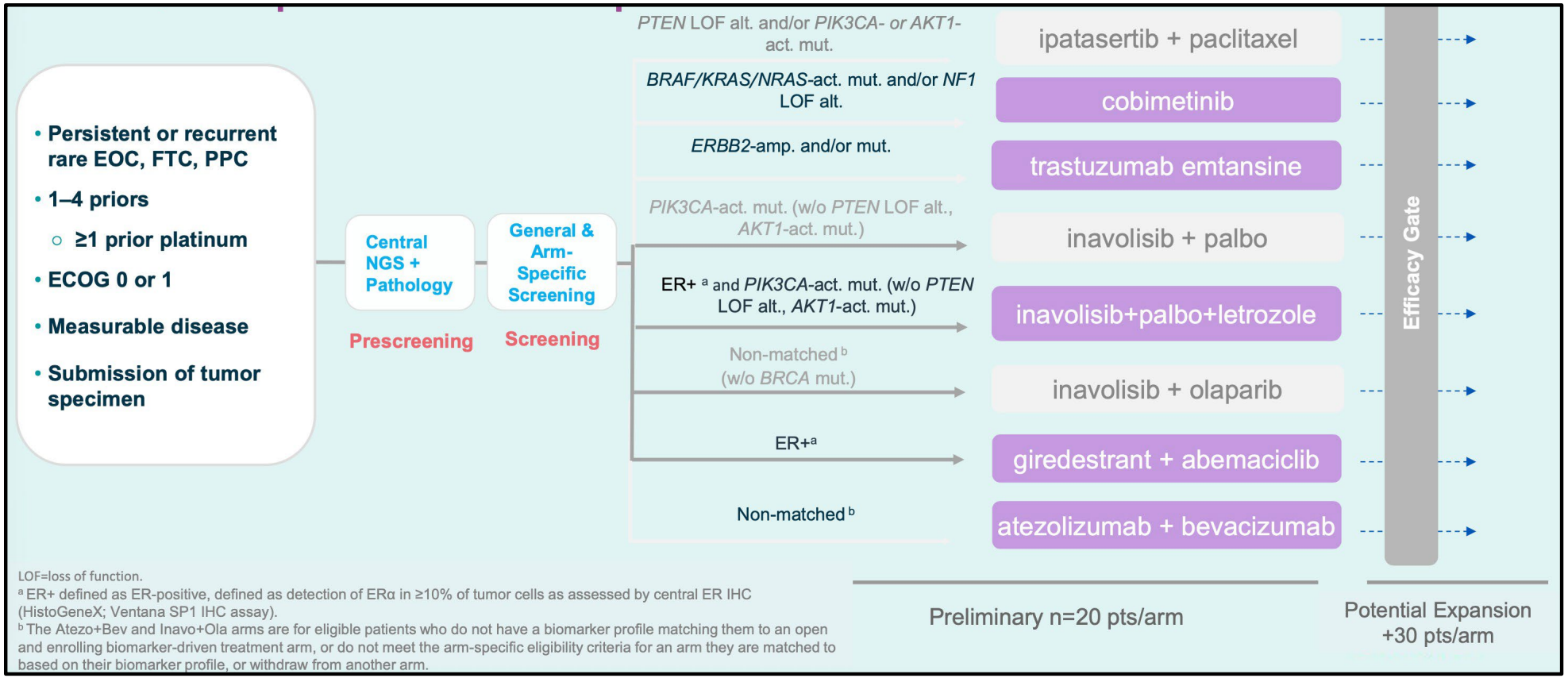
IDS: Interval Debulking Surgery
**GnRH agonist administration in pre/perimenopausal patients*
***See section 4.2 regarding duration of maintenance therapy*

https://clinicaltrials.gov/study/NCT06394804#study-overview

Abbreviations: *BID, twice daily; IDS, interval debulking surgery; IV, intravenous; LGSOC, low-grade serous ovarian carcinoma; PO, oral.*
ClinicalTrials.gov Identifier: NCT06394804.

BOUQUET

GOG-3051



Abbreviations: *EOC, epithelial ovarian cancer; FTC, fallopian tube cancer; PPC, primary peritoneal cancer; ECOG, Eastern Cooperative Oncology Group; NGS, next-generation sequencing; IHC, immunohistochemistry; ER, estrogen receptor; LOF, loss of function; mut, mutation; amp, amplification.*

ClinicalTrials.gov Identifier: NCT04931342.

Adverse Events & Patient Support, A Panel Discussion

All Faculty

Q&A and Closing Remarks

All Faculty

THANK YOU

Verastem

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