RO001 / #1034

Topic: *AS06. Tumor Types / AS06a. Cervical Cancer*

SOFETABART MIPITECAN, A FOLATE RECEPTOR ALPHA-TARGETED ANTIBODY-DRUG CONJUGATE IN FRA-HIGH, MIRVETUXIMAB SORAVTANSINE-NAÏVE PLATINUM-RESISTANT OVARIAN CANCER; RESULTS FROM A PHASE 1 STUDY

Isabelle Ray-Coquard[1], Ainhoa Madariaga[2], David O'Malley[3], Bhavana Pothuri[4], Ana Oaknin[5], Jose Alejandro Perez-Fidalgo[6], Jean-Sébastien Frenel[7], Shigehisa Kitano[8], Meena Okera[9], Takafumi Koyama[10], Nehal Lakhani[11], William B. Mckean[12], Giuseppe Curigliano[13], Myong Cheol Lim[14], Muhammad Rizwan Khawaja[15], Domenica Lorusso[16], Yixuan Wu[17], Marine Manvelyan[17], Emin Avsar[17], Claire Friedman[17], Chrisann Kyi[18]
[1]Centre Leon Berard, University Claude Bernard, Lyon, France, [2]Department of Medical Oncology, Hospital Universitario 12 de Octubre, Medical Oncology, Madrid, Spain, [3]Division of Gynecologic Oncology, The Ohio State University and James Comprehensive Cancer Center, Columbus, United States of America, [4]Division of Gynecologic Oncology, Laura & Isaac Perlmutter Cancer Center, NYU Langone Health, New York, United States of America, [5]Hospital Univesitario Puerta de Hierro-Majadahonda, Madrid, Spain, [6]Department of Medical Oncology, Hospital Clinico Universitario de Valencia, Valencia, INCLIVA, Valencia, Spain, [7]Institut de Cancerologie de l'Ouest - site St-Herblain, St-Herblain, France, [8]Department of Advanced Medical Development, The Cancer Institute Hospital of Japanese Foundation for Cancer Research, Tokyo, Japan, [9]Medical Oncology, Cancer Research SA, South Tce Adelaide, Adelaide, Australia, [10]National Cancer Center Hospital, Department Of Experimental Therapeutics, Tokyo, Japan, [11]START Center for Cancer Research, Grand Rapids, Michigan, Michigan, United States of America, [12]The START Center for Cancer Research, Salt Lake City, United States of America, [13]European Institute of Oncology, IRCCS, Milan, Italy and University of Milano, Milano, Italy, [14]National Cancer Center, Goyang-si, Gyeonggi-do, Goyang, Korea, Republic of, [15]HonorHealth Research Institute, Scottsdale, United States of America, [16]Gynaecological Oncology Unit, Humanitas Hospital, San Pio X, Milan, and Humanitas University, Rozzano (MI), Italy, Milan, Italy, [17]Eli Lilly and Company, Indianapolis, United States of America, [18]Memorial Sloan Kettering Cancer Center, New York, New York, United States of America

Introduction: Mirvetuximab soravtansine (MIRV) is an approved antibody-drug conjugate (ADC) for folate receptor alpha (FRα) overexpressed ovarian cancer (PROC) but is associated with neuropathy and keratopathy. Sofetabart mipitecan (Sofe-M) is an FRα-targeted ADC comprising an Fc-silent polysarcosine (PSAR) linker, demonstrating anti-tumor activity across all FRα expression levels. We present safety and antitumor activity in FRα-high, MIRV-naïve PROC.

Methods: In a multicenter, open-label phase 1 study (NCT06400472), patients received Sofe-M every 21 days at 2, 3, 4, and 6mg/kg. Patients with high tumor FRα expression (≥75% at ≥2+ intensity) by a CAP/CLIA-certified test, and no prior MIRV exposure were included. Endpoints included safety (CTCAE v5.0) and efficacy (RECIST v1.1).

Results: Fifty-four FRα-high, MIRV-naïve PROC patients received Sofe-M at 2 mg/kg (n=15), 3mg/kg (n=3), 4mg/kg (n=34), and 6mg/kg (n=2). Median age was 64years (range, 37–89). Median prior therapies: 4 (range, 1-9). ORR is currently 53.7% (3 responses pending confirmation), and DCR was 83.3%. DOR was immature; 18 of 29 responders remained on treatment. Common TEAEs were fatigue (64.8%; G3 3.7%), nausea (61.1%; G3 3.7%), vomiting (44.4%; G3 3.7%), and constipation (40.7%; G3 1.9%). Hematologic toxicity included anemia (51.9%, G3 18.5%), neutropenia (44.4%, G3 18.5%), and thrombocytopenia (24.1%, G3 9.3%). Low alopecia incidence (5.6% G3 0.0%). Dose reductions and discontinuations due to TEAEs were 33.3% and 9.3%, respectively. No keratopathy or grade ≥3 peripheral neuropathy were observed.

Conclusion/Implications: Sofe-M demonstrated an ORR of 53.7% across doses with manageable toxicity profile. Enrollment to FRAmework-01 (NCT07213804) is ongoing for PROC patients, regardless of FRα expression or prior MIRV exposure.

RO002 / #1000

Topic: *AS02. Clinical Disciplines / AS02c. Nursing & Allied Health Care*

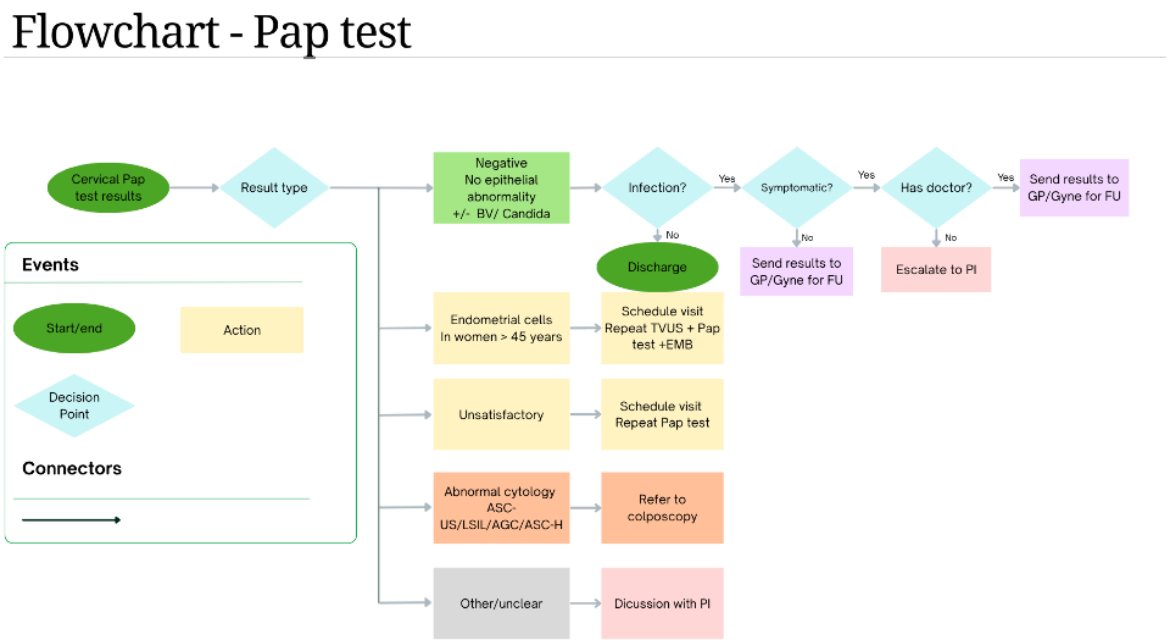
NURSE-LED OPEN-ACCESS MODEL FOR EARLY DETECTION OF ENDOMETRIAL AND CERVICAL CANCER: OUTCOMES FROM 5,014 PARTICIPANTS

Tetiana Domilovska[1], Thao Vu[1], Joelle Malek[1], Lawrie Shahbazian[2], Nikki Brill[1], Jing Feng[1], Zinat Naz[1], Mariana Kushka[1], Andrew Arthur[2], Lucy Gilbert[3]
[1]Research Institute, McGill University Health Centre, Gynecologic Oncology, Montreal, Canada, [2]McGill University Health Centre, Gynecologic Oncology, Montreal, Canada, [3]Women's Health Research Unit, Research Institute, McGill University Health Centre, Division of Gynecologic Oncology, McGill University Health Centre, Gerald Bronfman Department of Oncology, McGill University Health Centre, Montreal, Canada

Introduction: Despite effective screening and diagnostic tools, deaths from endometrial cancer (EC) and cervical cancer (CC) continue to rise in Canada, partly due to barriers in accessing timely care. An open-access patient-centred service led by nurses, supported by an interdisciplinary team of physicians, was established to address unmet screening needs and facilitate early detection of gynecological cancers.

Methods: This initiative was embedded within the DOvEEgene Phase III diagnostic trial (enrollment 2021–2026). Using a structured algorithm, nurses performed comprehensive assessments of medical history and symptoms for self-referred participants aged 45–75, coordinated Pap tests and endometrial biopsies (EMB), arranged specialist referrals, and provided patient education throughout the care

pathway.



Results: Of 5,014 participants, 4,750 (94.7%) received Pap tests as they were overdue for cervical screening; 954 (19%) reported abnormal uterine bleeding and 771 reported pelvic pain, prompting transvaginal ultrasound. A total of 2,163 EMBs were performed. Overall, 124 cancers and pre-cancerous lesions were diagnosed. Nurses coordinated 151 gynecologic oncology and 188 gynecology referrals, leading to 222 surgical procedures with 65 confirmed cancers. Participant satisfaction was high, with 98% reporting high

satisfaction.

Table 1. Clinical Outcomes of a Nurse-Led Open-Access Service for Early Detection of Gynecological Cancers (DOvEEgene Phase III, 2021–2026)

	n	% (N=5,014)
Screening		
Participants assessed	5,014	—
Received Pap test	4,750	94.7
Clinical presentation		
Abnormal uterine bleeding	954	19.0
Pelvic pain	771	15.4
Investigations		
Endometrial biopsies	2,163	—
Detection outcomes		
Cancers and pre-cancerous lesions	**124**	**2.5**
Confirmed cancers (post-surgical)	65	1.3
Referrals and surgical management		
Gynecologic oncology referrals	151	3.0
Gynecology referrals	188	3.7
Surgical procedures	222	4.4
Participant satisfaction	**98%**	—

All percentages calculated with N=5,014 as denominator unless otherwise indicated.
Confirmed cancers: 65/222 surgical procedures (29.3%).
Satisfaction: 24-month follow-up, decisional regret scale (n=4,335/4,423 respondents, 98%)

Conclusion/Implications: A patient-centred, nurse-led service supported by physicians enabled systematic screening of over 5,000 participants, contributing to 124 cancers and

pre-cancerous diagnoses. By integrating clinical assessment with patient education, this model demonstrates the value of nursing expertise in early cancer detection and is adaptable to other settings.

RO003 / #1072

Topic: *AS01. Basic & Translational Science / AS01b. Translational Findings*

CHARACTERIZATION OF PROFICIENT MISMATCH REPAIR ENDOMETRIAL CANCER SUBPOPULATION OF THE RANDOMIZED PHASE II GINECO-UTOLA STUDY

Francois Cherifi[1,2], Raphaël Leman[2], François Christy[3], Celine Callens[4], Corinne Jeanne[5], Karen Leroy[6], Pierre-Alexandre Just[7,8], Corina Cormila[9], Yolanda Fernandez Diez[10], Elise Bonnet[11], Antoine Arnaud[12], Emilie Kaczmarek[13], Philippe Follana[14], Anne Claire Hardy-Bessard[15], Michel Fabbro[16], Isabelle Cojean-Zelek[17], Sophie Roche[18], Delphine Duliege[19], Marie Ange Mouret-Reynier[20], Jérôme Alexandre[8,21], Florence Joly[3,8]
[1]Baclesse cancer center, Clinical Research, CAEN, France, [2]Comprehensive Cancer Center F. Baclesse, Laboratoire De Biologie Et De Génétique Du Cancer, Caen, France, [3]Comprehensive Cancer Center F. Baclesse, Clinical Research Department, Caen, France, [4]Institut Curie, Pharmacogénomic Unit, Paris, France, [5]Comprehensive cancer center francois Baclesse, Pathology, caen, France, [6]Hôpital Cochin, Medical Oncology, Paris, France, [7]APHM, Hopitaux De Marseille, Marseille, France, [8]GINECO (Groupe d'Investigateurs Nationaux pour l'Etude des Cancers de l'Ovaire), Paris, France, [9]CHR Orléans,, Medical Oncology, Orléans, France, [10]ICL - Centre Alexis Vautrin, Medical Oncology, Vandœuvre-lès-Nancy, France, [11]Groupe Hospitalier Mutualiste de Grenoble, Grenoble, France, [12]Institut du cancer Avignon-Provence,, Medical Oncology, Avigon, France, [13]Centre Oscar Lambret, Lille, France, [14]Centre Antoine Lacassagne and GINECO, Nice, France, [15]Centre CARIO - HPCA,, Plérin, France, [16]ICM Val d'Aurelle,, Montpellier, France, [17]Centre Hospitalier Intercommunal de Créteil,, Creteil, France, [18]Institut inter-régionaL de Cancérologie - Centre Jean Bernard,, Le Mans, France, [19]Institut de Cancérologie du Gard – CHU de Nîmes,, Medical Oncology, Nîmes, France, [20]Centre Jean Perrin,, Clermont-Ferrand, France, [21]Hôpital Cochin, Université Paris Cité, Paris, France

Introduction: PARP inhibitors (PARPi) show modest activity in MMR-proficient (MMR-p) endometrial cancer (EC), and predictive biomarkers remain insufficiently defined. Greater efficacy has been suggested in p53-abnormal (p53-abn) tumors. We evaluated olaparib maintenance in MMR-p EC according to molecular and homologous recombination deficiency (HRD) profiles in the phase II UTOLA study (NCT03745950).

Methods: HRD was assessed using GIScar score (126-gene panel; HRD defined as >0.48) and large genomic events(LGE), LGE-high defined as >6. Mutations in 26 HR pathway genes (including *BRCA*,RAD/FANC complex) were analyzed. *CCNE1*amplification was assessed by shallow whole-genome-sequencing.

Results: Population characteristics are presented in the Table.
Olaparib maintenance showed greater benefit in p53-abn tumors (mPFS 5.45 vs 3.45 months), in complete responders after chemotherapy (7.4 vs. 3.73 months), and in LGE-high tumors (5.33 vs. 3.5 months). HRD signatures were identified in 12% of patients, predominantly in the p53-abn subgroup (n=15 vs. 1 NSMP)[FC1] . In this subgroup, olaparib was associated with an mPFS of 6.3 months (95% CI: 1.8–NR), compared with 3.7 months (95% CI: 3.4–NR) in the placebo group.

Twenty-one patients harbored mutations in HR pathway genes, with only slightly higher HRD profiles (LST and GIScar scores) compared to other MMR-p tumors, and no PFS benefit of olaparib was observed in HR-mutated versus non-mutated patients. *CCNE1* amplification and *CTNNB1* mutations were mutually exclusive, occurring in p53-abn and NSMP subgroups, respectively, and were associated with distinct platinum sensitivity and HRD profiles. Platinum response was observed in 4/5 CCNE1-amplified patients, seemingly independent of HR profile[FC1] .

Table: pMMR population characteristics

	P53 (N=76)			NMSP (N=47)		
	All (N=76)	CCNE1 (N=5)	Others (N=71)	All (N=47)	CTNNB1 (N=24)	Others (N=23)
Treatment						
Olaparib	51 (67 %)	5 (100 %)	46 (65 %)	31 (66 %)	15 (62 %)	16 (70 %)
Placebo	25 (33 %)		25 (35 %)	16 (34 %)	9 (38 %)	7 (30 %)
Response						
CR	29 (38 %)	3 (60 %)	26 (37 %)	7 (15 %)	2 (8 %)	5 (22 %)
PR	25 (33 %)	1 (20 %)	24 (34 %)	28 (60 %)	14 (58 %)	14 (61 %)
SD	20 (26 %)	1 (20 %)	19 (27 %)	12 (26 %)	8 (33 %)	4 (17 %)
NED	2 (3 %)	0	2 (3 %)	0	0	0
GIScar						
Mean (SD)	0.23 (0.32)	0.021 (0.18)	0.25 (0.32)	0.00052 (0.14)	-0.0064 (0.11)	0.0088 (0.17)
Median (min-max)	0.17 (-0.35-1.5)	-0.046 (-0.10-0.33)	0.19 (-0.35-1.5)	0.015 (-0.29-0.49)	0.031 (-0.29-0.20)	0.0099 (-0.25-0.49)
Missing	4 (5.3%)	0	4 (5.6%)	3 (6.4%)	0	3 (13.0%)
nLST						
Mean (SD)	13 (7.7)	8.0 (8.2)	13 (7.6)	3.6 (3.4)	2.8 (1.9)	4.6 (4.4)
Median (min-max)	12 (0-38)	8.0 (0-21)	12 (0-38)	3.0 (0-18)	2.0 (0-8.0)	3.0 (0-18)
Missing	4 (5.3%)	0	4 (5.6%)	3 (6.4%)	0	3 (13.0%)
PFS						
Median [95%CI]	4.5mo [3.5-7.4]	7.3mo [5.3-NR]	3.7mo [3.4-7.4]	7mo [3.8-14.7]	7mo [3.8-20.1]	7.7mo [3.6-21.9]

Conclusion/Implications: p53-abn status, high genomic instability, and platinum sensitivity may identify MMR-p EC patients most likely to benefit from olaparib.CCNE1/CTNNB1 alterations are subgroups with potential differential responses to HR-targeted therapy.

RO004 / #518

Topic: *AS06. Tumor Types / AS06c. Ovarian Cancer*

PYNNACLE PHASE 2 TRIAL ASSESSING SELECTIVE P53 REACTIVATOR REZATAPOPT: FOCUS ON TP53 Y220C-POSITIVE GYNECOLOGIC CANCERS

Alison Schram[1], Jean-Sebastian Frenel[2], Antoine Italiano[3], Lorena Farinas-Madrid[4], Jung-Yun Lee[5], Isabelle Ray-Coquard[6], Marcel Wiesweg[7], Andrew Coveler[8], Anna Fagotti[9], Elisa Fontana[10], Peter Grimison[11], David Shao Peng Tan[12], Tira Jing Ting Tan[13], Chel Hun Choi[14], Anita Schmid[15], Deepika Jalota[15], Marc Fellous[15], Ecaterina Dumbrava[16]
[1]Memorial Sloan Kettering Cancer Center, Medicine, New York, United States of America, [2]Institut de Cancérologie de l'Ouest, Saint-Herblain, France, [3]EDOG – Institut Bergonié – PPDS, Bordeaux, France, [4]Instituto de Investigacion Oncologica Vall d'Hebron (VHIO), Barcelona, Spain, [5]Severance Hospital, Yonsei University, Seoul, Korea, Republic of, [6]Centre Leon Berard, Medical Oncology, lyon, France, [7]West German Cancer Center, University Hospital Esse, Essen, Germany, [8]University of Washington, Fred Hutch Cancer Center, Seattle, United States of America, [9]Fondazione Policlinico Universitario Agostino Gemelli IRCCS, Rome, Italy, [10]Sarah Cannon Research Institute, London, United Kingdom, [11]Chris O'Brien Lifehouse Hospital, Camperdown, Australia, [12]National University Hospital, Kent Ridge, Singapore, [13]National Cancer Centre of Singapore, Singapore, Singapore, [14]Samsung Medical Center, Seoul, Korea, Republic of, [15]PMV Pharmaceuticals, Inc., Princeton, United States of America, [16]The University of Texas MD Anderson Cancer Center, Houston, United States of America

Introduction: *TP53* Y220C mutations occur in ~3% of ovarian and ~1% of endometrial cancers, causing loss of tumor suppressor function. Rezatapopt, an investigational, first-in-class, p53 reactivator, selectively binds the mutated p53 Y220C protein, stabilizing wildtype conformation and restoring p53 function.

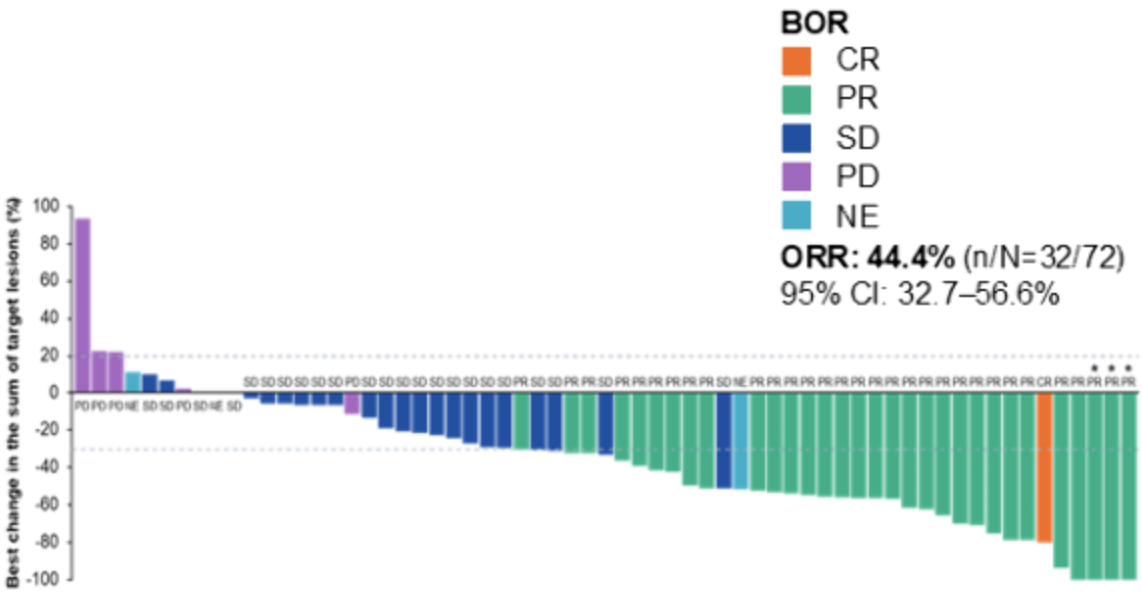
Methods: PYNNACLE (NCT04585750): global, single-arm, basket trial in patients with locally advanced/metastatic solid tumors with a *TP53* Y220C mutation. Patient cohorts defined by tumor type receive oral rezatapopt 2000mg once-daily with food. Primary endpoint: Overall response rate (ORR per blinded independent central review; RECIST v1.1). Secondary endpoints: Investigator-assessed ORR, additional efficacy endpoints, safety.

Results: As of March 29, 2026, 141 patients received rezatapopt (ovarian cancer n=76; endometrial cancer n=9). For ovarian and endometrial cancer cohorts, median age was 66 (range 46–91) and 70 (62–74) years; ECOG score was 0/1; and median prior treatment lines was 4 (range 1–10) and 2 (0–7), respectively. For patients with ovarian cancer, 97.4% had

high-grade serous cancer, 60.5% were platinum-resistant and 35.5% were platinum-refractory. Investigator-assessed ORR was 44.4% and 55.6% for ovarian and endometrial cancer cohorts, respectively (**Figure 1a/1b**); median time to response was 1.3 and 1.2 months. Median duration of response in ovarian cancer was 8.2 months. Treatment-related adverse events (TRAEs; N=141) were mostly Grade 1/2 (most frequent: nausea 42%; fatigue 26%; blood creatinine increase 22%); seven patients (5%) discontinued due to TRAEs (ovarian cohort n=4; endometrial cohort n=1).

Conclusion/Implications: Oral targeted treatment with rezatapopt showed single-agent efficacy and manageable safety in heavily pre-treated patients with *TP53* Y220C-positive advanced gynecological
cancers.

Figure 1a. Change in sum of target lesions following rezatapopt treatment in the ovarian cancer cohort

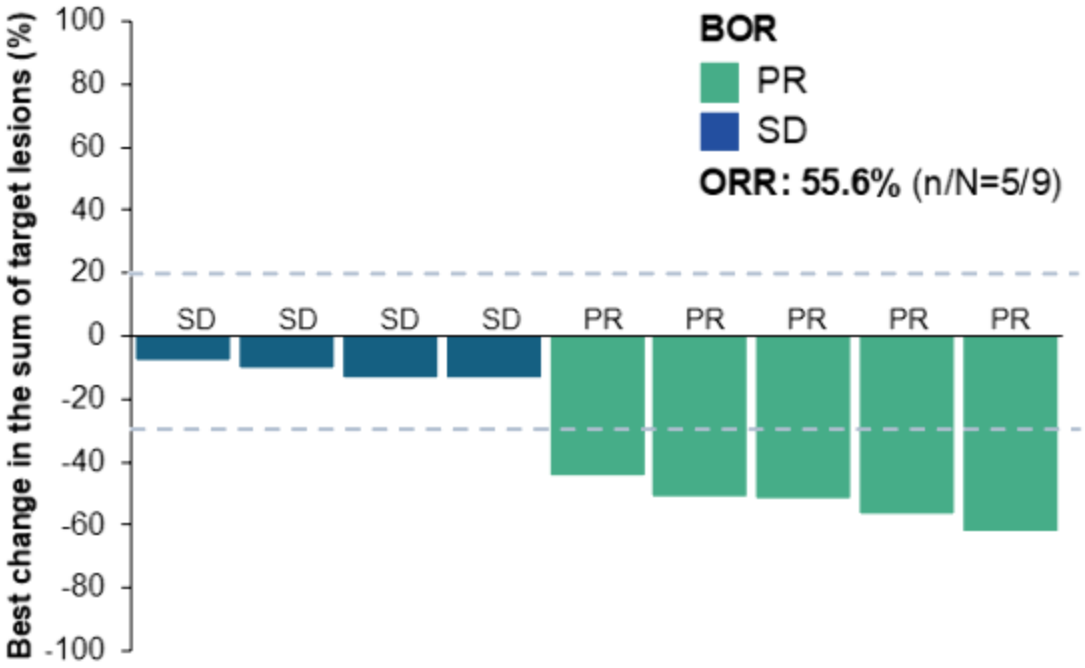


Data cutoff: March 29, 2026.

Dotted line shows RECIST v1.1 criteria for PD (20%) and PR (–30%). Includes patients with ovarian cancer (n=63) that have a post-baseline target tumor measurement. Best overall responses are noted in the figure. A * denotes patients who achieved a confirmed PR as of the data cutoff and experienced unconfirmed CR at last scan (post data cutoff).

BOR, best overall response; CI, confidence interval; CR, complete response; NE, non-evaluable; ORR, overall response rate; PD, progressive disease; PR, partial response; RECIST, Response Evaluation Criteria in Solid Tumors; SD, stable disease.

Figure 1b. Change in sum of target lesions following rezatapopt treatment in the endometrial cancer cohort



Data cutoff: March 29, 2026.

Dotted line shows RECIST v1.1 criteria for PD (20%) and PR (–30%). Includes patients with endometrial cancer (n=9) that have a post-baseline target tumor measurement. Best overall responses are noted in the figure.

BOR, best overall response; ORR, overall response rate; PR, partial response; RECIST, Response Evaluation Criteria in Solid Tumors; SD, stable disease.

RO005 / #584

Topic: *AS06. Tumor Types / AS06a. Cervical Cancer*

FIRST-IN-HUMAN STUDY OF SYS6002 IN PRETREATED ADVANCED CERVICAL CANCER

Xiaohua Wu[1], Jian Zhang[2], Jiajia Li[1], Yuping Sun[3], Mei Feng[4], Guiling Li[5], Chunyan Lan[6], Weihu Wang[7], Tongsen Zheng[8], Wei Li[9], Hongmei Sun[10], Mingjun Zhang[11], Hongyi Cai[12], Yang Li[13], Jizhong Quan[14], Tao Sun[15], Xuechao Wan[16], Guilan Sun[16], Liqiong Zhang[16]
[1]Fudan University Shanghai Cancer Center, Department Of Gynecologic Oncology, Shanghai, China, [2]Fudan University Shanghai Cancer Center, Phase I Clinical Trial Center, Shanghai, China, [3]Shandong Cancer Hospital of Shandong First Medical University, Phase I Clinical Research Center, Jinan, China, [4]Clinical Oncology School of Fujian Medical University, Fujian Cancer Hospital, Department Of Gynecologic Radiation Oncology, Fuzhou, China, [5]Union Hospital, Tongji Medical College, Huazhong University of Science and Technology, Cancer Center, Wuhan, China, [6]Sun Yat-Sen University Cancer Center, Department Of Gynecologic Oncology, Guangzhou, China, [7]Beijing Cancer Hospital, Department Of Radiation Oncology, Beijing, China, [8]Harbin Medical University Cancer Hospital, Department Of Phase I Trials Center, Harbin, China, [9]The First Hospital of Jilin University, Department Of Medical Oncology, Changchun, China, [10]Jiamusi Cancer and Tuberculosis Hospital, Department Of Oncology, Jiamusi, China, [11]The Second Affiliated Hospital of Anhui Medical University, Department Of Oncology, Hefei, China, [12]Gansu Provincial Hospital, Department Of Radiation Oncology, Lanzhou, China, [13]The First Affiliated Hospital of Guangxi Medical University, Department Of Medical Oncology, Nanning, China, [14]Jilin Guowen Hospital, Department Of Medical Oncology, Gongzhuling, China, [15]Liaoning Cancer Hospital and Institute, Department Of Medical Oncology, Shenyang, China, [16]CSPC Pharmaceutical Group Co., Ltd., Shijiazhuang, China

Introduction: SYS6002 is a novel anti-nectin4 antibody-drug conjugate (ADC) using a third-generation site-specific microbial transglutaminase conjugation technology. Here, we report cervical cancer (CC) cohort results from a multicenter phase I study of SYS6002, which evaluated the safety, maximum tolerated dose, recommended phase II dose (RP2D), immunogenicity, and preliminary efficacy in advanced solid tumors.

Methods: Eligible patients had Nectin4-positive advanced CC (aCC) that was refractory to standard therapies. This study included dose escalation (0.2-4.5 mg/kg Q3W, 2.4-2.7 mg/kg Q2W), pharmacokinetic (2.7 and 3.6 mg/kg Q3W, 2.4 mg/kg Q2W) and cohort (3.6 mg/kg Q3W, 2.4 mg/kg Q2W) expansion parts. The primary endpoints were the safety and RP2D.

Results: As of December 19, 2025, 91 cc patients (median age 53.0 year [range 29-80]; 92.3% distant metastases; 33.0% ≥3 prior therapy lines) received ≥1 dose of SYS6002. All

patients had prior chemotherapy exposure. The RP2D in aCC pts was established as 2.4 mg/kg Q2W. With a median follow-up of 11.1 months (IQR 7.2-15.0), no treatment-related death occurred. One patient (1.1%) discontinued treatment due to treatment-related adverse event (TRAE; grade 2 interstitial lung disease). The most common TRAEs, along with other known TRAEs associated with Nectin4-targeted ADCs, were summarized in Table 1. No Stevens-Johnson Syndrome or Toxic Epidermal Necrolysis reported. Efficacy results of efficacy-evaluable patients were detailed in Table 2. Overall survival was immature.

Table 1. Safety profiles of SYS6002.

	2.4 mg/kg Q2W (n=39)		3.6 mg/kg Q3W (n=43)		Overall (N=91)	
	All grade	Grade ≥3	All grade	Grade ≥3	All grade	Grade ≥3
TRAE occurring in ≥25% of patients						
Corneal disorder	33 (84.6)	5 (12.8)	38 (88.4)	6 (14.0)	79 (86.8)	12 (13.2)
Anemia	17 (43.6)	2 (5.1)	23 (53.5)	3 (7.0)	44 (48.4)	6 (6.6)
Dry eye	13 (33.3)	1 (2.6)	20 (46.5)	0	38 (41.8)	2 (2.2)
Aspartate aminotransferase increased	13 (33.3)	1 (2.6)	19 (44.2)	0	36 (39.6)	1 (1.1)
Hyperlipidemia	10 (25.6)	0	17 (39.5)	2 (4.7)	31 (34.1)	2 (2.2)
Alanine aminotransferase increased	10 (25.6)	0	12 (27.9)	0	25 (27.5)	0
Proteinuria	8 (20.5)	0	15 (34.9)	1 (2.3)	25 (27.5)	1 (1.1)
Other known TRAEs associated with Nectin4-targeted ADCs						
Rash	10 (25.6)	1 (2.6)	6 (14.0)	0	19 (20.9)	2 (2.2)
Hyperglycemia	8 (20.5)	1 (2.6)	9 (20.9)	0	18 (19.8)	1 (1.1)
Peripheral neuropathy	4 (10.3)	0	6 (14.0)	0	10 (11.0)	0
Pneumonitis / interstitial lung disease	0	0	2 (4.7)	0	2 (2.2)	0

TRAE, treatment-related adverse event; ADC, antibody-drug conjugate; Q2W, every two weeks; Q3W, every 3 weeks.

Table 2. Antitumor activity of SYS6002 in patients with advanced cervical cancer.

	2.4 mg/kg Q2W		3.6 mg/kg Q3W		Overall (N=90)
	All (n=39)	Middle-high Nectin4 expression* (n=31)	All (n=42)	Middle-high Nectin4 expression* (n=37)	
Best objective response rate	41.0 (25.6-57.9)	48.4 (30.2-66.9)	33.3 (19.6-49.6)	32.4 (18.0-49.8)	35.6 (25.7-46.4)
Confirmed objective response rate	35.9 (21.2-52.8)	41.9 (24.6-60.9)	28.6 (15.7-44.6)	27.0 (13.8-44.1)	31.1 (21.8-41.7)
Disease control rate	84.6 (69.5-94.1)	87.1 (70.2-96.4)	76.2 (60.6-88.0)	78.4 (61.8-90.2)	80.0 (70.3-87.7)
Duration of response †	8.0 (4.0-NR)	8.0 (4.0-NR)	10.3 (4.1-NR)	9.0 (2.9-NR)	10.3 (4.7-NR)
Progression-free survival †	4.1 (2.9-5.7)	4.5 (3.2-7.7)	4.3 (2.8-7.6)	5.4 (2.8-7.6)	4.1 (3.0-5.6)
12-month overall survival rate	52.1 (19.0-77.4)	71.0 (48.6-85.0)	54.4 (37.5-68.5)	56.6 (38.3-71.3)	56.6 (43.7-67.7)

Data are % (95%CI) unless otherwise noted. † month (95%CI). * H-score 101-300. NR, not reached.

Conclusion/Implications: SYS6002 showed a well-tolerated safety profile and favorable efficacy in aCC. The phase 3 trial is ongoing (NCT07230626).

RO006 / #588

Topic: *AS06. Tumor Types / AS06b. Endometrial & Uterine Corpus Cancers*

SACITUZUMAB TIRUMOTECAN MONOTHERAPY IN POST-PLATINUM ADVANCED OR METASTATIC ENDOMETRIAL CARCINOMA: RESULTS FROM A PHASE 1/2 STUDY (2870-001/KL264-01)

Ke Wang[1], Lucy Gilbert[2], Dong Wang[3], Danbo Wang[4], Keqiang Zhang[5], Ruifang An[6], Qiang Ouyang[5], Jung-Yun Lee[7], Yunong Gao[8], Xingya Li[9], Jin Li[10], Hui Qiu[11], Jindong Sheng[1], Ritesh Kataria[12], Diana Chen[12], Omobolaji O. Akala[12], Yaling Li[13], Xin Li[13], Junyou Ge[13], Jordi Rodon[14]
[1]Gynecological Oncology Department, Tianjin Medical University Cancer Institute and Hospital, Ti Yuan Bei, Hexi District, Tianjin, China, [2]Women's Health Research Unit, Research Institute, McGill University Health Centre, Division of Gynecologic Oncology, McGill University Health Centre, Gerald Bronfman Department of Oncology, McGill University Health Centre, Montreal, Canada, [3]Department of Gynecologic Oncology, Chongqing University Cancer Hospital, Chongqing, China, [4]Department of Gynaecology, Cancer Hospital of Dalian University of Technology, Liaoning Cancer Hospital & Institute, Dadong District, Shenyang, Liaoning, China, [5]Department of Gynecologic Oncology, Hunan Cancer Hospital, The Affiliated Cancer Hospital of Xiangya School of Medicine, Central South University, Changsha, China, [6]Department of Obstetrics and Gynecology, The First Affiliated Hospital of Xi'an Jiaotong University, Xi'an, Shaanxi, China, [7]Department of Obstetrics and Oncology, Yonsei Cancer Center and Severance Hospital, Yonsei University College of Medicine, Seoul, Korea, Republic of, [8]Department of Gynecological Oncology, Beijing Cancer Hospital, Beijing, China, [9]Department of Medical Oncology, The First Affiliated Hospital of Zhengzhou University, Erqi District, Zhengzhou City, Henan Province, China, [10]Oncology Department, Shanghai East Hospital, Shanghai, China, [11]Department of Radiation and Medical Oncology, Hubei Key Laboratory of Tumor Biological Behavior, Hubei Cancer Clinical Study Center, Zhongnan Hospital of Wuhan University, Wuhan, China, [12]Merck & Co., Inc., Rahway, United States of America, [13]Clinical Research Center, Sichuan Kelun-Biotech Biopharmaceutical Co., Ltd., Wenjiang District, Chengdu Sichuan Province, China, [14]Department of Investigational Cancer Therapeutics, University of Texas MD Anderson Cancer Center, Houston, United States of America

Introduction: Sacituzumab tirumotecan (sac-TMT) is a TROP2-directed ADC with a unique, bifunctional linker that maximizes delivery of a belotecan-derived topoisomerase I payload to tumor cells. We report final efficacy and safety of the phase 2 post-platinum advanced endometrial cancer (EC) cohort from the phase 1/2 2870-001/KL264-01 (NCT04152499) study.

Methods: Participants with locally advanced unresectable or metastatic EC with progression on ≥1 prior line of platinum-based chemotherapy received sac-TMT 4 or 5 mg/kg Q2W until unacceptable toxicity or PD. The primary endpoint was ORR per RECIST v1.1 by investigator assessment. Secondary endpoints were DOR, PFS, OS, and safety.

Results: As of November 30, 2025, of 158 participants who had received sac-TMT, 101 (63.9%) had received ≥2 prior lines of therapy. The median (range) follow-up was 18.1 (14.2–22.2) months in the 4-mg/kg group (n=114) and 28.1 (25.5–34.4) months in the 5-mg/kg group (n=44). In the 4- and 5-mg/kg groups, respectively, 24 (21.1%) and 2 (4.5%) participants remained on treatment at data cutoff; 67 (58.8%) and 33 (75.0%) discontinued due to PD. Confirmed ORR was 31.6% at 4 mg/kg and 34.1% at 5 mg/kg (**Table 1**). 61 (53.5%) and 34 (77.3%) participants, respectively, had grade ≥3 treatment-related AEs (**Table 2**).

Table 1. Efficacy

	Sac-TMT 4 mg/kg (n = 114)	Sac-TMT 5 mg/kg (n = 44)	Total (N = 158)
Confirmed ORR[a] (95% CI), %	31.6 (23.2–40.9)	34.1 (20.5–49.9)	32.3 (25.1–40.2)
Subgroup, responders/n, % (95% CI)			
Histology			
Endometrioid	22/79	8/26	30/105
	27.8 (18.3–39.1)	30.8 (14.3–51.8)	28.6 (20.2–38.2)
Nonendometrioid	14/29	6/15	20/44
	48.3 (29.4–67.5)	40.0 (16.3–67.7)	45.5 (30.4–61.2)
Carcinosarcoma	0/6	1/3	1/9
	0 (0.0–45.9)	33.3 (0.8–90.6)	11.1 (0.3–48.2)
pMMR carcinoma[b]	22/57	7/17	29/74
	38.6 (26.0 52.4)	41.2 (18.4 67.1)	39.2 (28.0 51.2)
Pts with prior immunotherapy	16/60	6/18	22/78
	26.7 (16.1–39.7)	33.3 (13.3–59.0)	28.2 (18.6–39.5)
DOR, median (range), months	12.4	8.7	11.8
	(3.3 to 19.5+)	(3.8 to 21.2+)	(3.3 to 21.2+)
PFS, median (95% CI), months	6.0 (5.5–7.4)	7.3 (3.8–9.4)	6.4 (5.6–7.4)
OS, median (95% CI), months	16.8 (13.0 NE)	18.1 (10.7 28.4)	17.6 (13.1 21.5)

"+" indicates there was no event by the time of the last disease assessment.
NE, not estimable; pMMR, mismatch repair-proficient.
[a]All responses were partial responses.
[b]Includes participants with pMMR disease and ≥1 imaging assessment completed.

Table 2. Safety

	Sac-TMT 4 mg/kg (n = 114)	Sac-TMT 5 mg/kg (n = 44)	Total (N = 158)
Treatment-related AEs			
Any grade	113 (99.1)	44 (100)	157 (99.4)
Grade ≥3	61 (53.5)	34 (77.3)	95 (60.1)
Led to any treatment discontinuation	3 (2.6)	1 (2.3)	4 (2.5)
Led to any dose reduction	28 (24.6)	19 (43.2)	47 (29.7)
Led to treatment interruption	47 (41.2)	13 (29.5)	60 (38.0)
Serious	18 (15.8)	9 (20.5)	27 (17.1)
Led to death[a]	1 (0.9)	0	1 (0.6)
Grade 3 or 4 treatment-related AEs occurring in >10% of participants in either treatment group			
Decreased neutrophil count	33 (28.9)	19 (43.2)	52 (32.9)
Anemia	23 (20.2)	13 (29.5)	36 (22.8)
Decreased white blood cell count	17 (14.9)	19 (43.2)	36 (22.8)
Stomatitis	3 (2.6)	8 (18.2)	11 (7.0)

All data are reported as n (%).
[a]In the sac-TMT 4-mg/kg group, 1 participant died due to cardiac failure; this death could not be ruled out as related to the participant's underlying pre-existing health conditions.

Conclusion/Implications: Sac-TMT showed promising antitumor activity and manageable safety in advanced or metastatic EC after progression on platinum-based chemotherapy. These results support ongoing phase 3 studies of sac-TMT in advanced EC post–platinum-based chemotherapy and immunotherapy (TroFuse-005; NCT06132958), and in combination with pembrolizumab as first-line maintenance therapy for pMMR EC (TroFuse-033; NCT06952504).