

### LOW GRADE OVARIAN CANCER

Stefania Cosio, Università di Pisa



### Trials in Low Grade Ovarian Cancer

- LEPRE (ongoing)
- ENGOT-ov60 (ongoing)
- ENGOT-ov70 / ALEPRO (new)











### **LEPRE Trial**

Letrozole for Estrogen/Progesterone Receptor positive low-grade Epithelial serous ovarian cancer. A randomized phase III trial

Supported by AIRC Investigator Grant - IG 2018



### **LEPRE Trial Rationale - LGSCO**

- LGSCO represents approximately 10% of all serous ovarian carcinomas and is classified as a rare cancer
- Retrospective studies highlighted that women with LGSCO are diagnosed at a younger age and experience a longer OS than those with high-grade disease (Gershenson DM et al. J Clin Oncol. 2015;18;33(24):2675–82.)
- LGSCO exhibit poor response rates to conventional chemotherapy (Grabowski JP, et al. Gynecol Oncol. 2016;140(3):457–62.)
- Estrogen and progesterone play a role in promoting LGSCO progression and ER and PgR are twice as likely to be expressed in LGSCO than in HGSCO (Wong K-K, et al. Int J Gynecol Pathol. 2007;26(4):404–9.)
- This provides the rational to evaluate the endocrine therapy efficacy in this setting



## LEPRE Trial Rationale - Hormonotherapy in LGSCO

- Retrospective studies in both the primary and recurrent settings showed that hormone therapy [utilizing aromatase inhibitors (Als) or selective estrogen receptor modulator (SERM)] is reasonable and has considerable activity in LGSCO tumors.
- In a retrospective study by the MD Anderson group, 203 women with stage II–IV LGSCO who
  received hormonal maintenance therapy following primary treatment had a better outcome
  compared with chemotherapy. Median PFS was 26.4 months with surveillance and 64.9 months
  with hormonal therapy (P< 0.001).</li>

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ORIGINAL REPORT

Hormonal Maintenance Therapy for Women With Low-Grade Serous Cancer of the Ovary or Peritoneum

David M. Gershenson, Diane C. Bodurka, Robert L. Coleman, Karen H. Lu, Anais Malpica, and Charlotte C. Sun

J Clin Oncol 2017, 1;35(10):1103-1111.







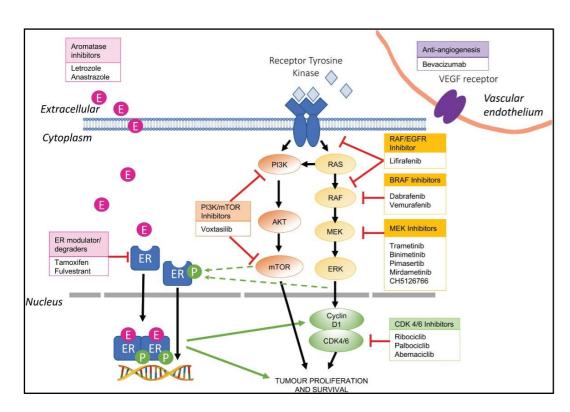


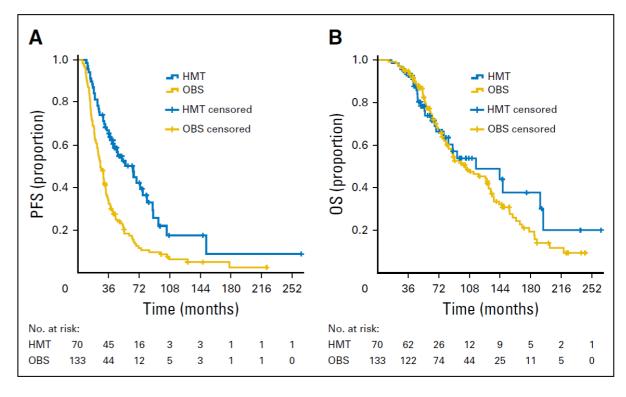
### **LEPRE Trial**

#### **Rationale**







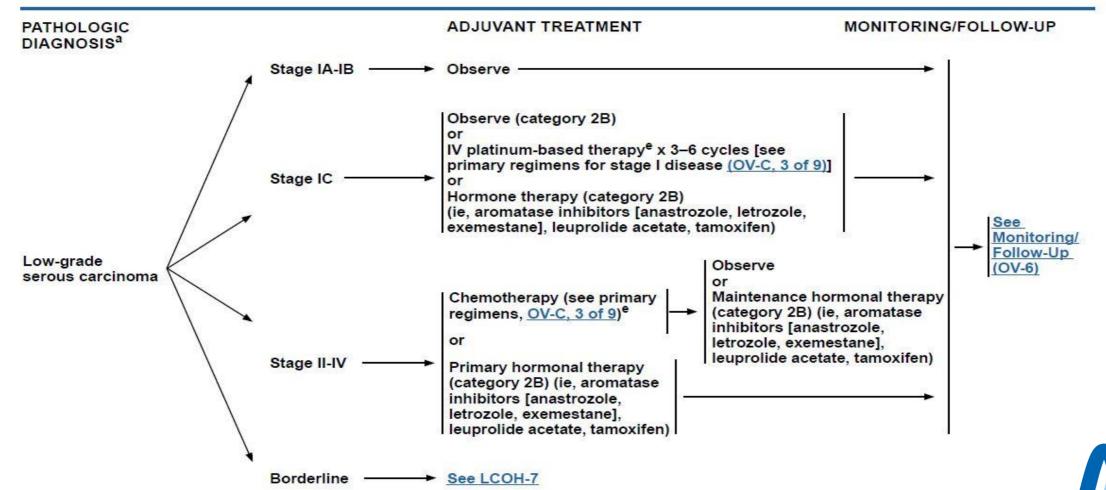


Gershenson DM, J Clin Oncol 2017;35:1103-1111



#### NCCN Guidelines Version 1.2019 Low-Grade Serous Carcinoma

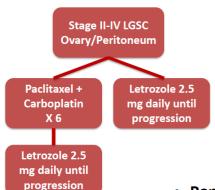
NCCN Guidelines Index Table of Contents Discussion



### Competitive recruiting studies within ENGOT and GCIG

#### NRG-GY-019:

Randomized Phase III Trial of Paclitaxel/Carboplatin Followed by Maintenance Letrozole versus Letrozole Monotherapy in Stage II-IV Low-Grade Serous Carcinoma



Sponsor: NCI (NRG Oncology)

• International phase III trial

Primary Objective: PFS

Target: 450 pts

• Randomization: 1:1

Sample size: 450 patients

Non-inferiority design

Primary objective: PFS

#### **ENGOT-ov54 /Swiss-GO-2/MATAO**

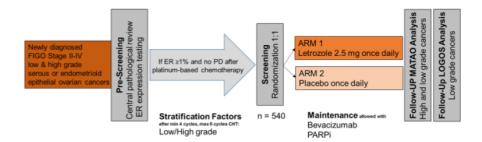


<u>MA</u>intenance <u>Therapy</u> with <u>A</u>romatase inhibitor in epithelial <u>O</u>varian cancer: a randomized double-blinded placebo-controlled multi-center phase III Trial (ENGOT-ov54/Swiss-GO-2/MATAO) including LOGOS (Low Grade Ovarian cancer Sub-study)

Trial setting: Newly diagnosed high and low grade serous and endometrioid ovarian cancer FIGO II-IV

Study Design: Randomized double-blinded placebo-controlled multi-center phase III trial

Examining the maintenance therapy with aromatase inhibitor letrozole versus placebo.



Status: CH recruiting, 20/21 since Q4/2020 (241 pat.)

AT recruiting 5/8 since Q2/2022 ( 17 pat.)

DE 27 approved/ 4 initiated/ 3 activated/ 1 recruiting since Q1/2023 ( 2 pat.)





MARIO NEGRI · IRCCS

10% dropout

Sample-size: 132 patients

HR=0.5 (mPFS from 24 to 48 mos); 80% power;  $\alpha$ =5%;

Accrual 24 months - Follow-up 30 months

#### **LEPRE Trial**

<u>Letrozole for Estrogen/Progesterone Receptor</u> positive low-grade <u>Epithelial serous ovarian cancer.</u> A randomized phase III trial

**Experimental arm** 

Carboplatin AUC 5 + Paclitaxel 175 mg/mg.

every 21 days, for 6 cycles





Letrozole 2.5 mg daily, per Os, until PD or up to 60 months, whichever comes first **First diagnosis LGSCO DEXA of the femoral neck** within 3 months of Centralized randomization and then every 18 months. Stage III-IV review ER+ and/or PgR+ of tumor (≥10%) (1:1)samples Total body contrast enhanced CT-scan and CA-125 Upfront **SURGERY** no every 6 months, until PD more than 60 days before randomization **Primary Endpoint: PFS Control arm** 

PI: Andrea De Censi Sponsor: MaNGO

At PD,
Patients previously
assigned to
chemoterapy can
receive letrozole and
vice versa

ALRC

**Supported by AIRC** Investigator Grant - IG 2018

### LEPRE Trial hypothesis and primary objective

### **Hypothesis**

- Letrozole, instead of chemotherapy, as adjuvant treatment in patients with LGSCO stage III-IV, leads to a doubling of median PFS.
- Differences in patients' Quality of Life (QoL) and treatment safety between letrozole group and chemotherapy in favor of letrozole.

### **Primary objective**

• to test the superiority of letrozole in comparison with chemotherapy in terms of time to progression or death (PFS).



## LEPRE Trial Secondary and Translational objectives

#### **Secondary objectives**

- To test whether the expression of ER and PgR is positively associated with the effect of letrozole in terms of PFS and response.
- To evaluate the impact of letrozole on patients' QoL compared with chemotherapy.
- To evaluate the safety of letrozole compared with chemotherapy.
- To describe the OS in order to test the strategy to use chemotherapy or hormone therapy as first line treatment.

#### **Translational objectives**

- Since the biological features of LGSCO are only partially elucidated, an additional aim of the
  project is the full characterization of the mutational and gene expression profile by means of
  next-generation sequencing (NGS) based methodology.
- To investigate the assessment of circulating (ctDNA) as a tool to monitor tumor response and relapse during the patients follow up.

## LEPRE Trial Study history

- 2019 January. AIRC approved the study with the changes requested by the reviewers
- 2021 March. Agreement Mario Negri Galliera signed on March 2021
- 2022 February. AIFA approved the study after the revisions
- 2022 September. First two SIV at Brescia Tognon and Genova De Censi
- 2023 February. First patient enrolled by Roma Gemelli site P.I.
   Domenica Lorusso
- 2023 June. Sites involved 39. Active sites 19



## LEPRE Trial Accrual at June 2023

City	Principal Investigator	Pts enrolled	Pts on screening	Screening failure	Pts randomized
Roma	Domenica Lorusso	5	0	1	4
Varese	Nicoletta Donadello	1	0	0	1
Meldola	Ugo De Giorgi	1	0	0	1
Brescia	Chiara Abeni	1	0	0	1
	Sum	8	0	1	7



# LEPRE Trial Not enrolling sites (n. 15)

City	Principal Investigator	Days from SIV
,		,
Milano	Nicoletta Colombo	7
Roma	Paola Malaguti	14
Ferrara	Antonio Frassoldati	43
Ravenna e Rimini	Claudia Casanova	54
Biella	Laura Zavallone	84
Roma	Violante di Donato	138
Belluno	Fable Zustovich	139
Como	Monica Giordano	158
Arezzo	Sabrina Del Buono	190
Milano	Francesco Raspagliesi	196
Castelfranco V. (TV)	Simona Frezzini	210
Treviso	Grazie Artioli	216
Padova	Valentina Guarneri	221
Genova	Andrea De Censi	278
Brescia	Germana Tognon	285



# LEPRE Trial Not yet active sites (n. 19)

City	Principal Investigator	City	Principal Investigator
Firenze	Maria Cristina Petrella	Piacenza	Rosa Porzio
Lecco	Federica Villa	Pisa	Angiolo Gadducci
Manerbio	Elena Montani	Prato	Elena Zafarana
Milano	Luca Bocciolone	Reggio Emilia	Alessandra Bologna
Milano	Giovanna Scarfone	Roma	Maurizio Lalle
Modena	Laura Cortesi	Sondrio	Alessandro Bertolini
Monserrato (CA)	Elena Massa	Torino	Dionyssios Katsaros
Monza	Andrea Lissoni	Udine	Claudia Andreetta
Napoli	Michele Orditura	Vercelli	Vincenzo Tortora
Pavia	Chiara Cassani		



## **LEPRE Trial Next steps**

 Finalize the study activation by September-October 2023 (7 sites will complete the authorization process by July 2023)

 Expand the study within ENGOT. An invitation to the Spanish group GEICO was recently sent



### ENGOT-ov60 / NCRI; GOG-3052 Update June-2022





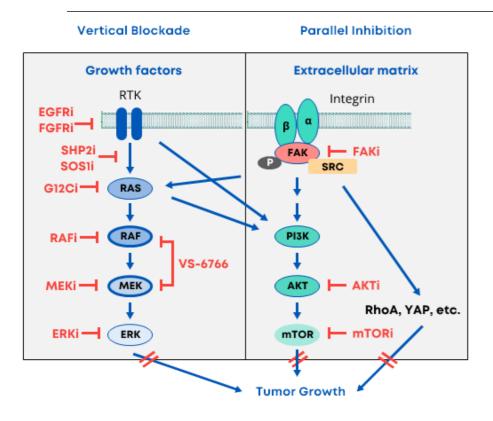








### A Phase 2 Study of VS-6766 (Dual RAF/MEK Inhibitor) Alone and In Combination with Defactinib (FAK Inhibitor) in Recurrent Low-Grade Serous Ovarian Cancer (LGSOC) (RAMP 201)



- MEK inhibitors paradoxically induce RAS signaling by relieving ERK-dependent feedback inhibition of RAK
- MEK inhibitors also cause compensatory activation of FAK
- Single-target therapies are associated with resistance and may not be the best avenue to slowing tumor growth



### ENGOT-ov60/NCRI; GOG-3052











A Phase 2 Study of VS-6766 (Avutometinib a Dual RAF/MEK Inhibitor) Alone and In Combination with Defactinib (FAK Inhibitor) in Recurrent Low-Grade Serous Ovarian Cancer (LGSOC) (RAMP 201)

- ENGOT Model: C
- Sponsor: Verastem. ENGOT Co-ordinating Unit: The Institute of Cancer Research (NCRI)
- Cooperating ENGOT Groups: BGOG, GEICO, GINECO, MaNGO
- Sites: 45 Globally, inc. GOG, Canada and ENGOT (18 Sites, inc. 2 Sites MaNGO: IEO Milano and IOV Padova)
- Planned No. of Patients (originally): 144; 64 patients Part A and 40-80 patients Part B



### ENGOT-ov60/NCRI; GOG-3052













#### Figure 1: Study Diagram

patients (16 KRAS-mut, 16

GF regimen can be selected

KRAS-wt) to determine if

#### Yes Part A "Go Forward" Phase (Randomized) Evaluate 64 patients with KRAS-mutant or Efficacy and KRAS-wild-type LGSOC Safety Data randomized 1:1 to identify a 3 of Have criteria 4 week GF dosing regimen for GF regimen selection been Arm 1: VS-6766 4 mg BIW No met? Arm 2: VS-6766 3.2 mg BIW +Defactinib 200 mg BID Evaluate data after first 32

#### Part B Expansion (Non-randomized)

- Enroll additional 20 28 patients with KRASmutant LGSOC to GF regimen
- Enroll additional 20 28 patients with KRAS-wildtype LGSOC to GF regimen

#### Part B Expansion (Randomized)

- Randomize additional 40 patients with KRASmutant LGSOC 1:1 to Arms 1 and 2
- Randomize additional 40 patients with KRASwild-type LGSOC 1:1 to Arms 1 and 2
- Data will be evaluated at the following accrual milestones for determination of the GF regimen:
  - 20 additional patients (10 KRAS-mutant, 10 KRAS wild-type)
  - 40 additional patients (20 KRAS-mutant, 20 KRAS wild-type)

#### Simultaneous Evaluation of ORR

- · All patients
- Patients with KRAS-mutant tumors



### ENGOT-ov60/NCRI; GOG-3052













### Update at June 2023

- 169 patients recruited globally: 102 from GOG US sites and 67 from ENGOT sites.
- Only 2 MaNGO sites were involved (IEO and Padova with 9 patients enrolled)
- Breakdown on recruitment for the Italian sites as of 27-May-2023.
- Waiting for the amendment n. 6, which provides a further extension of enrollment (No more information available).

## **ALEPRO Trial ENGOT-ov70**







### A Phase 2, open label, multicenter study of abemaciclib and letrozole in estrogen receptor-positive rare ovarian cancer

Model A

Study Population:	udy Population: Recurrent, persistent and/or metastatic ER positive rare ovarian cancer		
Study Design:	Subjects with rare ovarian cancer will be enrolled into two cohorts, as follows:		
	<ul> <li>Cohort 1: low-grade serous ovarian cancer</li> <li>Cohort 2: adult-type granulosa cell tumor</li> </ul>		
Study Objectives:	Primary Objective:		
	<ul> <li>To determine the overall response rate (ORR) of the combination of abemaciclib and letrozole according to RECIST 1.1 (time frame: 3 years)</li> </ul>		

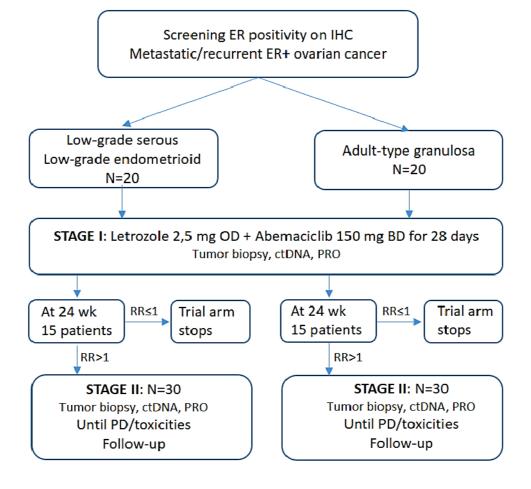


## **ALEPRO Trial ENGOT-ov70**











## **ALEPRO Trial ENGOT-ov70**







### 6 MaNGO sites have expressed interest Last Sponsor communication on June 15, 2023

Thank you very much for ... expressing your interest in the ALEPRO trial.

For now ... we are applying for the ATTRACT call ... a collaboration of cancer research funding organisations in the following countries: Belgium, the Netherlands, France and Spain.

... when we are planning to include another ENGOT group ... we will certainly consider the participation of MaNGO ...