Poster 46: Real-world outcomes of sequential antibody-drug conjugate therapy in advanced gynecologic cancers: a single-institution experience

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Topic
Ovarian

Objectives
Antibody-drug conjugates (ADCs) have improved outcomes in gynecologic cancers, and sequential ADC therapy is increasingly utilized in clinical practice; however, real-world efficacy following prior ADC exposure remains poorly characterized. We aimed to describe outcomes of sequential ADCs in patients with gynecologic malignancies.

Methods
We conducted a single-center retrospective study of gynecologic cancer patients who received ≥2 ADCs. The primary objective was progression free survival (rwPFS) for the first (rwPFS1) and subsequent ADC (rwPFS2), calculated from ADC initiation to radiographic or CA-125-defined progression or death using Kaplan-Meier analysis. Objective response rate (ORR1, ORR2) was a secondary outcome, defined as complete (CR) or partial response (PR) by investigator review of radiology reports.

Results
We report outcomes for 9 patients with advanced ovarian cancer (OC) who received trastuzumab deruxtecan (T-DXd) and mirvetuximab soravtansine (MIRV); data on 30 patients receiving ≥2 ADCs for gynecologic cancers will be reported at presentation. Eight (89%) patients had high-grade serous OC, and 1 (11%) clear cell OC. Median age at diagnosis was 61 years (IQR 53–67). Six (67%) received MIRV followed by T-DXd (MIRV→T-DXd) and 3 (33%) received T-DXd followed by MIRV (T-DXd→MIRV). Median prior lines before ADC1 was 3 (IQR 2–7) and before ADC2 was 6 (IQR 4–10); 5 (56%) received both ADCs with no intervening therapy. The rwPFS1 was 8.1 mos (95% CI: 1.1–12.4) and rwPFS2 was 4.1 mos (95% CI: 1.6–8.1). By sequence, rwPFS1/rwPFS2 were 6.8/5.9 mos for MIRV→T-DXd and 11.3/3.4 mos for T-DXd→MIRV (Figure 1). ORR1 was 67% (1 CR, 5 PR) and ORR2 was 22% (1 CR, 1 PR).

Conclusions
In this single-center retrospective study, patients with advanced OC derived meaningful clinical benefit from sequential ADCs despite heavy prior treatment. A signal favoring MIRV→T-DXd sequencing was observed and warrants further investigation. A larger multi-center collaboration is ongoing to define real-world outcomes and inform optimal sequencing strategies.

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