

Phase III MIRASOL (GOG 3045/ENGOT-ov55) Study: Mirvetuximab Soravtansine vs. Investigator's Choice of Chemotherapy in Platinum-Resistant, Advanced High-Grade Epithelial Ovarian, Primary Peritoneal or Fallopian Tube Cancers with High Folate Receptor-Alpha (FR α) Expression

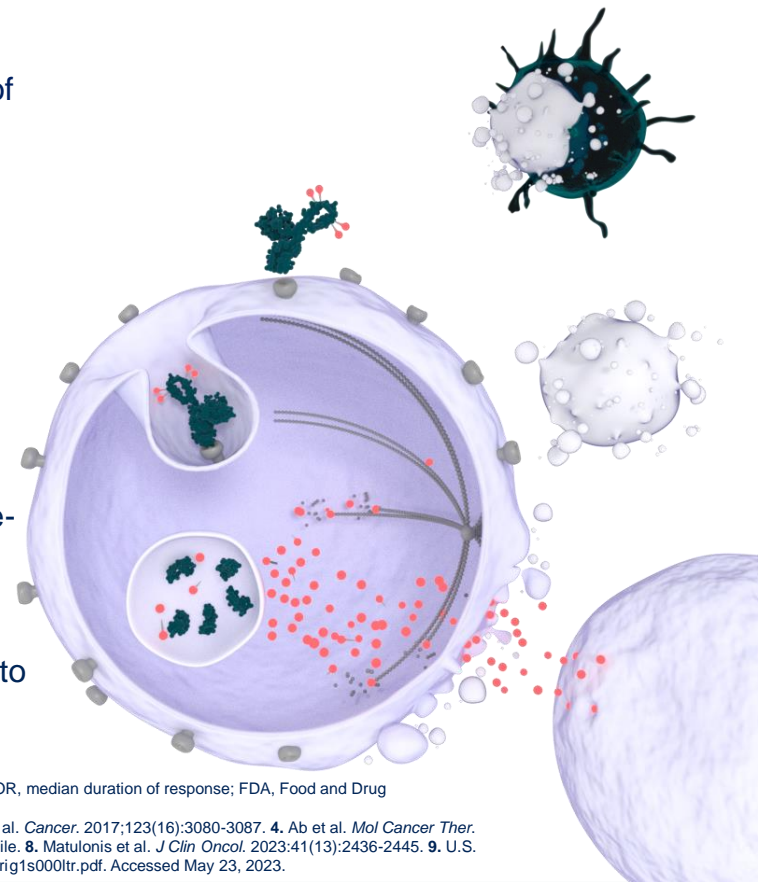
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Background

- No randomized phase 3 trial has shown an overall survival (OS) benefit of a novel therapy in platinum-resistant ovarian cancer (PROC)^{1, 2}
- Mirvetuximab soravtansine (MIRV) is an ADC comprising a FR α -binding antibody, cleavable linker, and maytansinoid DM4, a potent tubulin-targeting agent^{3,4}
- FR α is expressed in ~90% of ovarian carcinomas,^{5, 6} with 35-40%⁷ of PROC tumors exhibiting high FR α expression ($\geq 75\%$ of tumor cells positive with $\geq 2+$ intensity)⁸
- MIRV demonstrated an ORR of 32% and mDOR 6.9 months in the single-arm study SORAYA⁸ of BEV pre-treated PROC to support accelerated approval by the FDA⁹
- MIRASOL is the confirmatory, randomized, global phase 3 trial designed to support approval worldwide

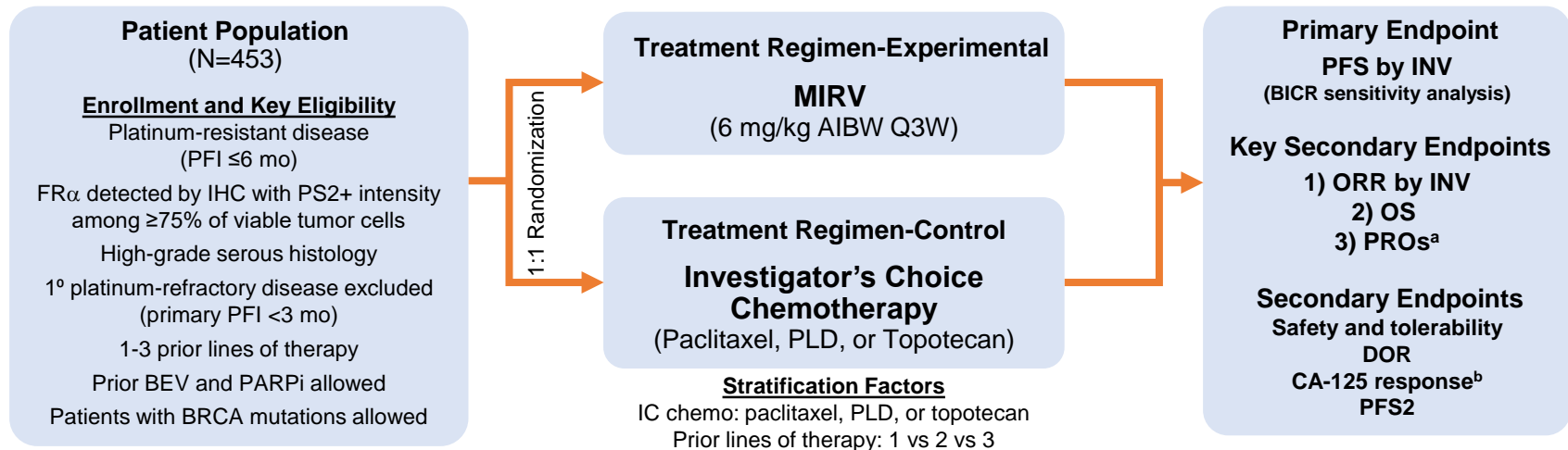


PFS, progression-free survival; OS, overall survival; FR α , folate receptor alpha; ORR, objective response rate; ADC, antibody-drug conjugate; mDOR, median duration of response; FDA, Food and Drug Administration; BEV, bevacizumab; US, United States; EU, Europe.

1. Pujade-Lauraine et al. *J Clin Oncol*. 2014;32(13):1302-1308. 2. Richardson et al. *JAMA Oncol*. 2023;10.1001/jamaoncol.2023.0197. 3. Moore et al. *Cancer*. 2017;123(16):3080-3087. 4. Ab et al. *Mol Cancer Ther*. 2015;14(7):1605-1613. 5. Markert et al. *Anticancer Res*. 2008;28(6A):3567-3572. 6. Martin et al. *Gynecol Oncol*. 2017;147(2):402-407. 7. Data on file. 8. Matulonis et al. *J Clin Oncol*. 2023;41(13):2436-2445. 9. U.S. FOOD & DRUG ADMINISTRATION. BLA ACCELERATED APPROVAL. https://www.accessdata.fda.gov/drugsatfda_docs/appletter/2022/761310Orig1s000ltr.pdf. Accessed May 23, 2023.

MIRASOL (NCT04209855) – Study Design^{1,2}

An open-label, phase 3 randomized trial of MIRV vs investigator's choice chemotherapy in patients with FR α -high platinum-resistant ovarian cancer



AIBW, adjusted ideal body weight; BEV; bevacizumab; BICR, blinded independent central review; BRCA, BRCA1/2 gene; CA-125, cancer antigen 125; chemo, chemotherapy; DOR, duration of response; FR α , folate receptor alpha; IC, investigator's choice; IHC, immunohistochemistry; INV, investigator; MIRV, mirvetuximab soravtansine; ORR, objective response rate; OS, overall survival; PARPi, poly (ADP-ribose) polymerase inhibitors; PFI, platinum-free interval; PFS, progression-free survival; PFS2, time from randomization until second disease progression; PLD, pegylated liposomal doxorubicin; PROs, patient-reported outcomes; PS2+, positive staining intensity ≥2; Q3W, every 3 weeks.

^aPROs will be measured using the European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire, 28-item Ovarian Cancer Module (OV28) study instrument.

^bGynecological Cancer InterGroup (GCI) criteria.

1. ClinicalTrials.gov identifier: NCT04209855. Updated June 16, 2022. Accessed October 5, 2022. <https://clinicaltrials.gov/ct2/show/NCT04209855>

2. Moore K, et al. Presented at: 2020 American Society of Clinical Oncology Annual Meeting; May 29-31, 2020; Virtual. Abstract TPS6103.

Baseline Demographics and Stratification Factors (N=453)

Characteristics		MIRV (n=227)	IC Chemo (n=226)
Age, median (range)	Age in years	63 (32-88)	62 (29-87)
Stage at initial diagnosis, n (%) ^a	I-II	9 (4)	9 (4)
	III	137 (60)	147 (65)
	IV	76 (33)	65 (29)
BRCA mutation, n (%)	Yes	29 (13)	36 (16)
	No/Unknown	198 (87)	190 (84)
Prior exposure, n (%)	Bevacizumab	138 (61)	143 (63)
	PARPi	124 (55)	127 (56)
	Taxanes	227 (100)	224 (99)
Primary platinum-free interval, n (%) ^b	≤ 12 months	146 (64)	142 (63)
	> 12 months	80 (35)	84 (37)
Platinum-free interval, n (%) ^c	≤ 3 months	88 (39)	99 (44)
	> 3 - ≤6 months	138 (61)	124 (55)
Stratification Factor No. of prior systemic therapies, n (%)	1	31 (14)	32 (14)
	2	91 (40)	91 (40)
	3	105 (46)	103 (46)
Stratification Factor Investigator Choice of Chemotherapy	Paclitaxel	93 (41)	92 (41)
	PLD	82 (36)	81 (36)
	Topotecan	52 (23)	53 (23)

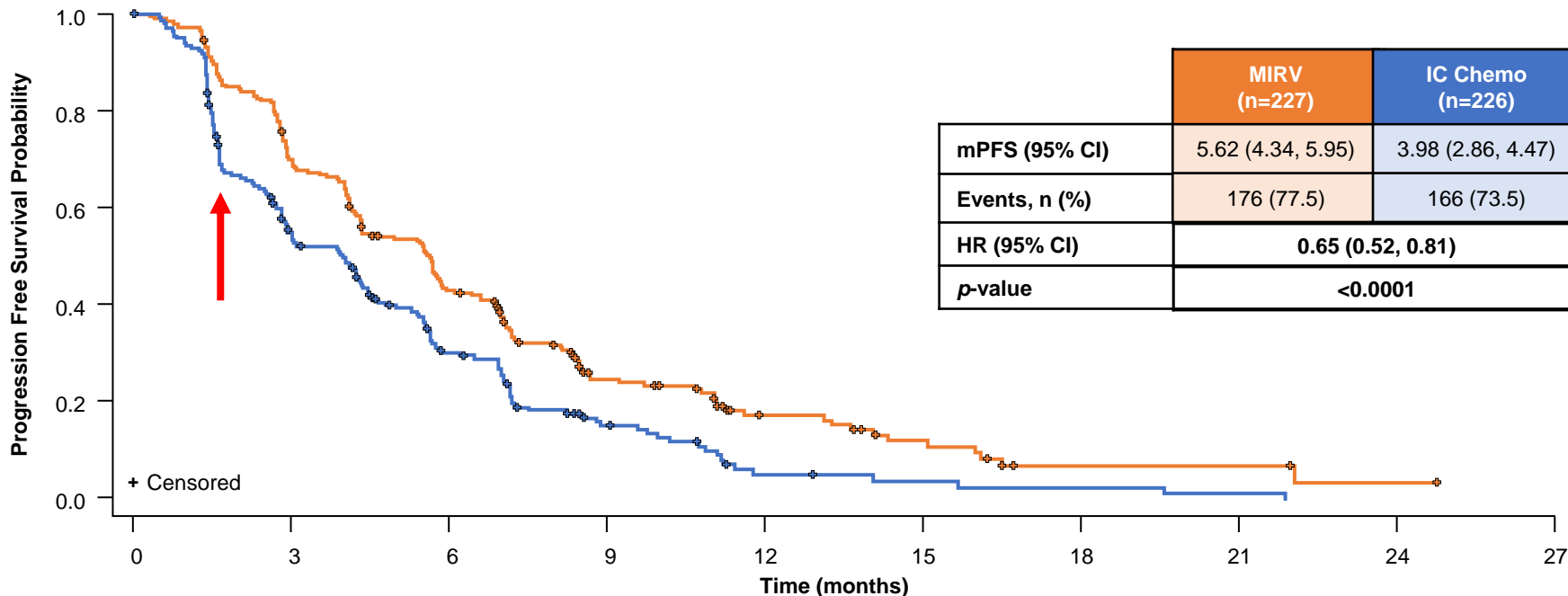
Data cutoff: March 6, 2023. 14% of patients remain on MIRV; 3% remain on IC Chemo

BRCA, BRCA1/2 gene; PARPi, poly (ADP-ribose) polymerase inhibitors; MIRV, mirvetuximab soravtansine; IC Chemo, investigator's choice chemotherapy; PLD, pegylated liposomal doxorubicin.

^aFive patients (2%) in the MIRV arm and five patients in the IC chemo arm (2%) were missing information for stage at initial diagnosis. ^bOne patient (<1%) in the MIRV arm was missing information on primary platinum-free interval.

^cOne patient (<1%) in the MIRV arm and 3 patients (1%) in the IC chemo arm enrolled with platinum-free interval of >6 months

Primary Endpoint: Progression-Free Survival by Investigator



No. Participants at Risk

	0	3	6	9	12	15	18	21	24	27
MIRV 227	227	151	89	38	18	10	3	3	1	0
IC Chemo 226	226	98	48	19	5	3	2	1	0	0

Data cutoff: March 6, 2023

MIRV, mirvetuximab soravtansine; IC Chemo, investigator's choice chemotherapy; mPFS, median progression-free survival; CI, confidence interval; HR, hazard ratio.

Overall Response Rate by Investigator (N=453)

	MIRV (n=227)	IC Chemo (n=226)
ORR n, 95% CI	42% 96, (35.8, 49.0)	16% 36, (11.4, 21.4)
Best overall response, n (%)		
CR	12 (5%)	0
PR	84 (37%)	36 (16%)
SD	86 (38%)	91 (40%)
PD	31 (14%)	62 (27%)
Not evaluable	14 (6%)	37 (16%)

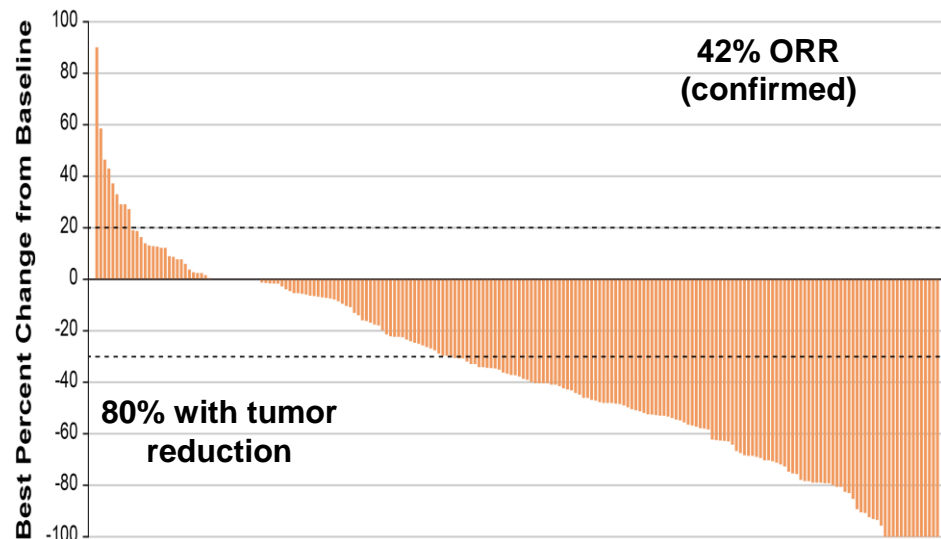
ORR Difference 26.4% (18.4, 34.4)
OR 3.81 (2.44, 5.94)
p<0.0001

Data cutoff: March 6, 2023

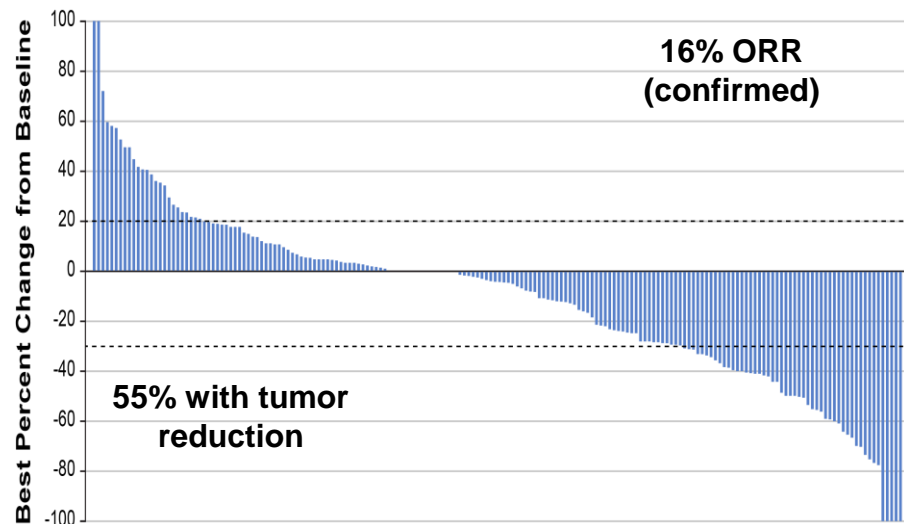
MIRV, mirvetuximab soravtansine; IC chemo, investigator's choice chemotherapy; ORR, objective response rate; CI, confidence interval; CR, complete response; PR, partial response; SD, stable disease; PD, progressive disease; OR, odds ratio.

Maximum Percentage Change in Target Lesion Size from Baseline by Investigator (N=453)

MIRV



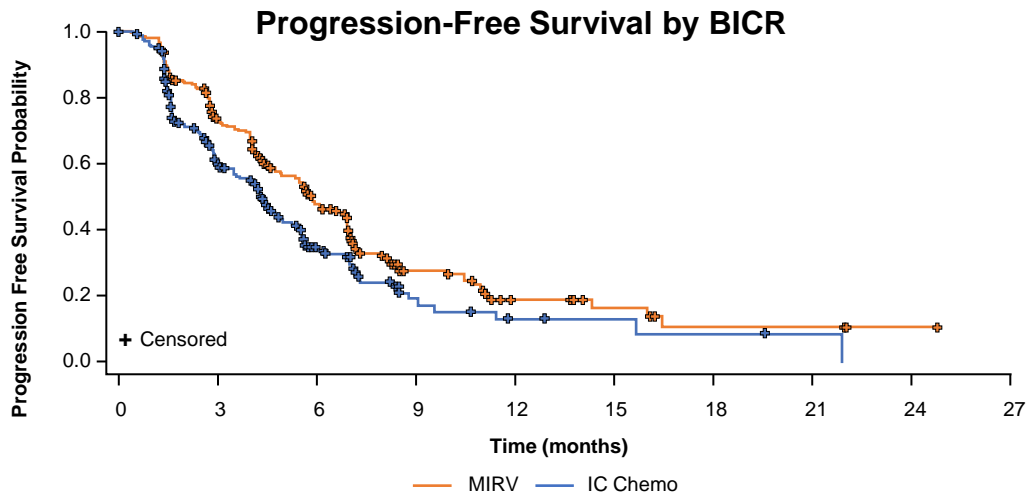
IC Chemo



Data cutoff: March 6, 2023

MIRV, mirvetuximab soravtansine; IC chemo, investigator's choice chemotherapy; ORR, objective response rate.

Progression-Free Survival and Objective Response Rate by Blinded Independent Central Review



No. Participants at Risk

	MIRV 227	146	83	28	12	7	3	3	1	0
MIRV	227	146	83	28	12	7	3	3	1	0
IC Chemo	226	95	36	10	4	3	2	1	0	

	MIRV (n=227)	IC Chemo (n=226)
mPFS (95% CI)	5.9 (4.9, 7.0)	4.3 (3.5, 5.0)
Events, n (%)	146 (64)	123 (54)
HR (95% CI)	0.72 (0.56, 0.92)	
p-value	0.0082	

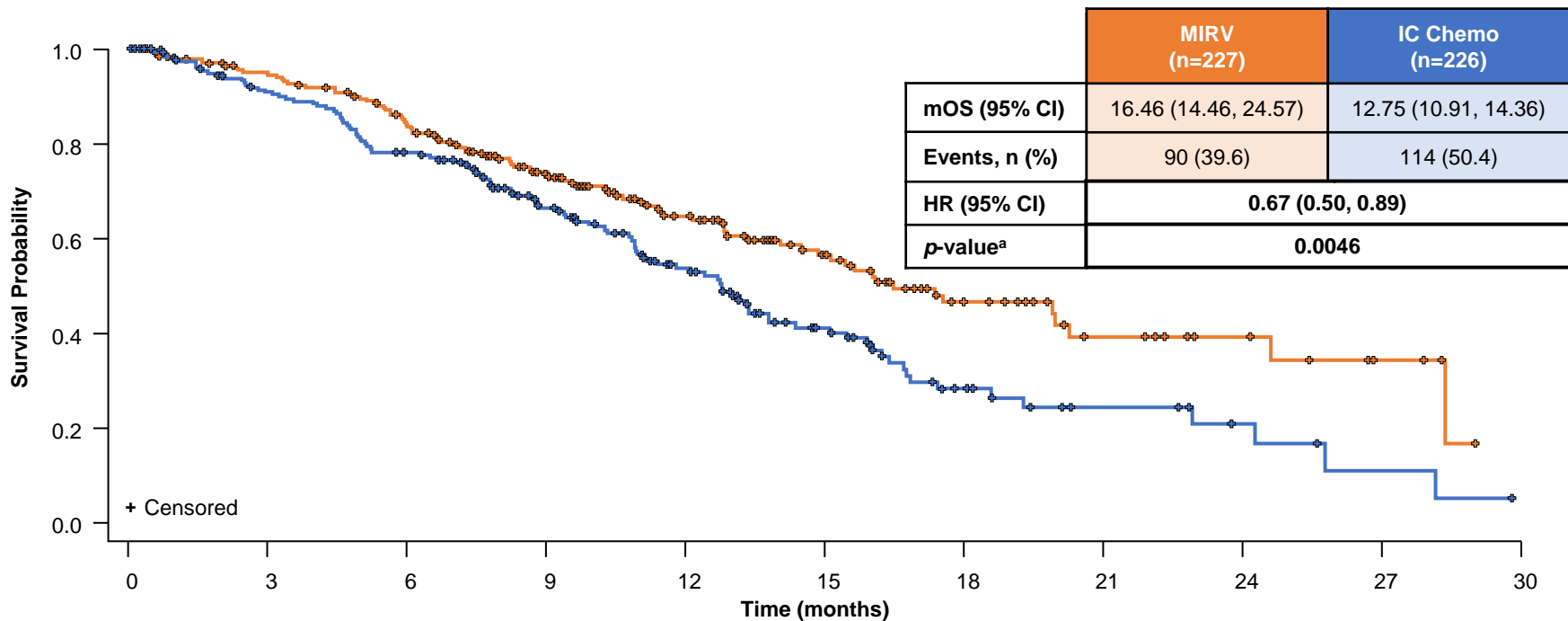
	MIRV (n=227)	IC Chemo (n=226)
ORR, n (%) (95% CI)	82 (36) (30, 43)	33 (15) (10, 20)
OR (95% CI)	3.22 (2.04, 5.09)	
p-value	<0.0001	

BICR for PFS and ORR were concordant with investigator assessment

Data cutoff: March 6, 2023

MIRV, mirvetuximab soravtansine; IC Chemo, investigator's choice chemotherapy; mPFS, median progression-free survival; HR, hazard ratio; OR, odds ratio; ORR, objective response rate; CI, confidence interval.

Overall Survival



No. Participants at Risk

	0	3	6	9	12	15	18	21	24	27	30
MIRV 227	227	204	175	128	82	53	28	15	9	4	0
IC Chemo 226	226	185	157	107	68	39	18	9	5	2	0

Data cutoff: March 6, 2023; median follow-up time: 13.11 months

MIRV, mirvetuximab soravtansine; IC Chemo, investigator's choice chemotherapy; mOS, median overall survival; CI, confidence interval; HR, hazard ratio.

^aOverall survival is statistically significant based on pre-specified boundary p-value at interim analysis = 0.01313

Progression-Free and Overall Survival in Bevacizumab-Naïve and Prior Bevacizumab-Treated Subsets by Investigator

	Bev-Naïve		Prior Bev	
	MIRV	IC Chemo	MIRV	IC Chemo
mPFS (95% CI)	7.0 (5.6, 8.4)	5.6 (3.0, 6.5)	4.4 (4.0, 5.8)	3.0 (2.5, 4.3)
Events n (%) ^a	65 (73.0)	57 (69.0)	111 (80.4)	109 (76.2)
HR (95% CI)	0.66 (0.46, 0.94)		0.64 (0.49, 0.84)	
Nominal <i>p</i> -value	0.0210		0.0011	
mOS (95% CI)	20.2 (14.8, NE)	14.4 (11.8, 16.7)	15.4 (11.3, 17.5)	10.9 (9.4, 13.3)
Events n (%) ^a	23 (25.8)	39 (47.0)	67 (48.6)	75 (52.4)
HR (95% CI)	0.51 (0.31, 0.86)		0.74 (0.54, 1.04)	
Nominal <i>p</i> -value	0.0099		0.0789	

Data cutoff: March 6, 2023

^aPercentage of events was calculated out of the total number of patients in each treatment arm: n=227 for MIRV and n=226 for IC Chemo.

mPFS, median progression-free survival; HR, hazard ratio; CI, confidence interval; mOS, median overall survival; MIRV, mirvetuximab soravtansine; Bev, bevacizumab; IC Chemo, investigator's choice chemotherapy.

MIRASOL Efficacy Summary

- Compared to IC chemo, MIRV:
 - Demonstrated a **35% improvement in PFS** with a HR of 0.65, $p < 0.0001$
 - More than doubled the ORR, 42% vs 16%, $p < 0.0001$ with 12 CRs compared to zero with IC chemo
 - Provided a **33% improvement in OS** with a HR of 0.67, $p = 0.0046$
- BICR PFS and ORR results are concordant with investigator assessment
- Results from both BEV-naïve and BEV-pretreated subgroups demonstrated a consistent benefit with MIRV in patients with PROC

Data cutoff: March 6, 2023

PFS, progression-free survival; inv, investigator; BICR, blinded independent central review; ORR, objective response rate; MIRV, mirvetuximab soravtansine; IC Chemo, investigator's choice chemotherapy; HR hazard ratio; BICR, blinded independent central review; BEV, bevacizumab; PROC, platinum-resistant ovarian cancer; CR, complete response; OS, overall survival.

Safety Summary (N=425)

MIRV has a tolerable safety profile compared with IC Chemo

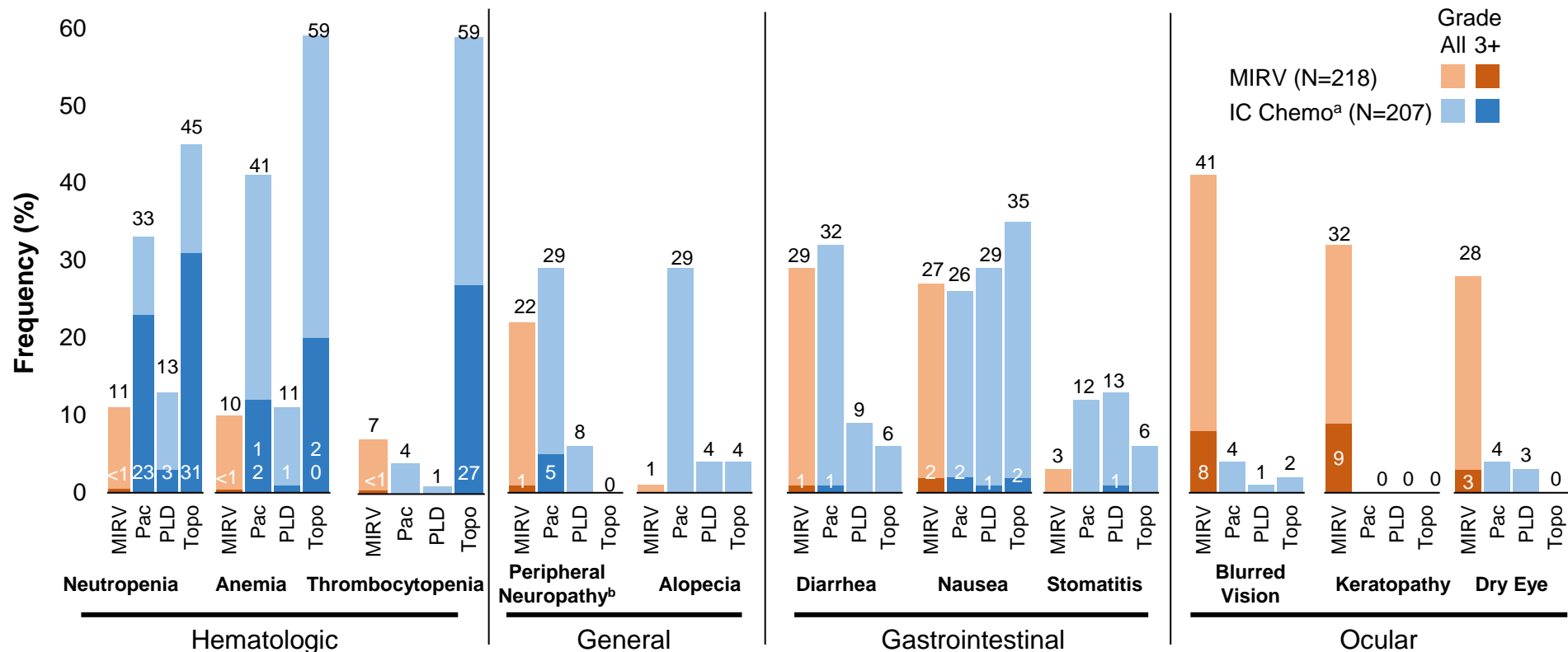
	MIRV (n=218)	IC Chemo (n=207)
Any TEAE, n (%)	210 (96)	194 (94)
Grade 3+ TEAEs, n (%)	91 (42)	112 (54)
SAEs, n (%)	52 (24)	68 (33)
Deaths on study drug or within 30 days of last dose, n (%)	5 (2)	5 (2)
Dose reductions due to TEAEs, n (%)	74 (34)	50 (24)
Dose delays due to TEAEs, n (%)	117 (54)	111 (54)
Discontinuations due to TEAEs, n (%)	20 (9)	33 (16)

Data cutoff: March 6, 2023

The safety population comprises all patients who received at least one dose of MIRV or IC Chemo

TEAEs, treatment-emergent adverse events; SAEs, serious adverse events; MIRV, mirvetuximab soravtansine; IC, investigator's choice chemotherapy.

Differentiated Safety Profile: Treatment-Emergent Adverse Events



Data cutoff: March 6, 2023

MIRV, mirvetuximab soravtansine; IC Chemo: investigator's choice chemotherapy; Pac, paclitaxel; PLD, pegylated liposomal doxorubicin; Topo, topotecan.

^aPac n=82 (39%), PLD n=76 (37%), Topo n=49 (24%). ^bGrade 2+ peripheral neuropathy events were observed in 12% and 16% of patients that received MIRV or paclitaxel, respectively.

MIRASOL Conclusions

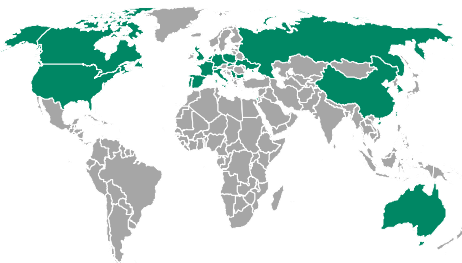
- MIRV is the first novel treatment to **demonstrate a benefit in overall survival** in platinum-resistant ovarian cancer in a phase 3 trial
- MIRV demonstrated statistically significant and clinically meaningful **improvement in PFS, ORR, and OS** compared to IC chemotherapy, with a differentiated safety profile consisting predominantly of low-grade ocular and gastrointestinal events
- MIRV is the **first ADC for ovarian cancer** with proven efficacy and is the only FDA-approved biomarker-directed therapy for platinum-resistant ovarian cancer
- These data are practice-changing and position MIRV as a **new standard of care** for patients with FR α -positive PROC

MIRV, mirvetuximab soravtansine, PFS, progression-free survival; ORR, objective response rate; OS, overall survival; IC, investigator's choice chemotherapy; ADC, antibody-drug conjugate; FR α , folate receptor alpha

Acknowledgments

This presentation is dedicated to the patients and their families who participated in the MIRASOL clinical trial.

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