### INTRODUCTION

- There is a significant unmet medical need for effective therapy for patients with platinum-resistant ovarian cancer (OC).
- In patients with platinum-resistant OC, standard of care treatment such as single-agent pegylated liposomal doxorubicin and bevacizumab have limited efficacy with response rates of 6% to 12% and median progression-free survival of 1 to 4 months.

### METHODS

- **Patient population:** High grade serous ovarian cancer including carboplatin and paclitaxel-refractory OC with progression after standard platinum-containing therapy.
- **Administrative:** Exploratory, open-label, single-arm, multi-site Phase Ib/II study conducted in the U.S. (NCT03319628)
- **Duration:** 48 weeks
- **Dose:** 33 mg/m² administered IV every 4 weeks until disease progression or unacceptable toxicity
- **Safety:** Safety and efficacy of XMT-1536 in patients with platinum-resistant OC
- **Primary objectives:**
  - Safety and tolerability of the full AZD
  - Preliminary anti-epithelial activity (EMA)

### RESULTS

- **Safety Summary of XMT-1536 in OC**
  - **Adverse Events:** Overall, 138 events occurred in 71 patients; 128 events were assessed as related to study drug.
  - **Grade 3/4 Adverse Events:** 14 events occurred in 13 patients.

### CONCLUSIONS

- This study is sponsored by Mersana Therapeutics, Inc.
- The study was designed to evaluate the safety, tolerability, and antitumor activity of XMT-1536 in patients with platinum-resistant OC.
- Key findings include:
  - **Safety:** No unexpected toxicities were observed, and the most common grade 3/4 adverse event was AST increase.
  - **Activity:** Several responses were observed, including one complete response and two partial responses. 

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### REFERENCES

2. Amsellem L et al., Journal of Clinical Oncology 2020 38:15_suppl, 3549-3549
3. Richardson DL et al., Journal of Clinical Oncology 2020 38:15_suppl, 3549-3549
4. Lin K et al., Clinical Cancer Research 2020; 26 (12): 3010; 2020
5. Richardson DL et al., Journal of Clinical Oncology 2020 38:15_suppl, 3549-3549
7. Richardson DL et al., Journal of Clinical Oncology 2020 38:15_suppl, 3549-3549
9. Lin K et al., Clinical Cancer Research 2020; 26 (12): 3010; 2020
11. Richardson DL et al., Journal of Clinical Oncology 2020 38:15_suppl, 3549-3549
13. Lin K et al., Clinical Cancer Research 2020; 26 (12): 3010; 2020
15. Richardson DL et al., Journal of Clinical Oncology 2020 38:15_suppl, 3549-3549
17. Lin K et al., Clinical Cancer Research 2020; 26 (12): 3010; 2020
18. Gao Y et al., Clinical Cancer Research 2020; 26 (13): 3382; 2020
19. Richardson DL et al., Journal of Clinical Oncology 2020 38:15_suppl, 3549-3549