
VÅRMÖTE I PATOLOGI
NPM 2025
19–21 MAY
NORDIC PATHOLOGY MEETING

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The FOLR1 Biomarker: Advancing Tubo-Ovarian Cancer Management Beyond Chemotherapy

Gold sponsor symposium – Roche Diagnostics

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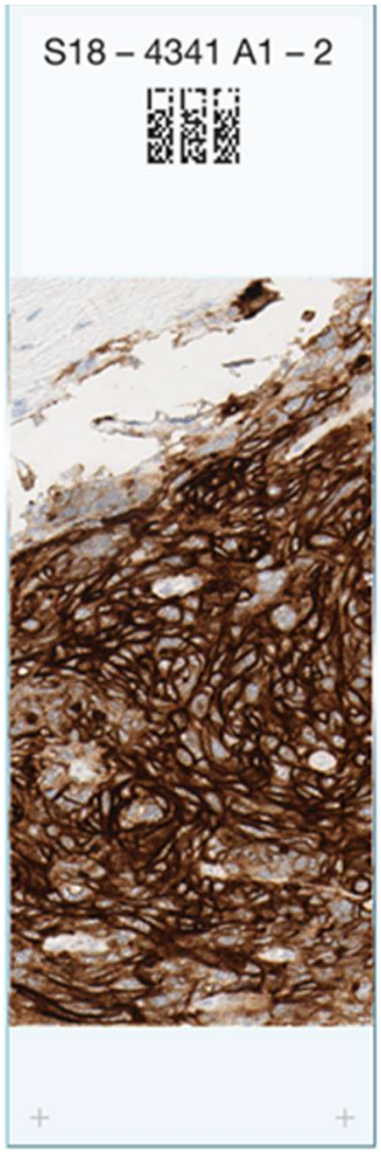
Oncology lead Roche Diagnostics Medical and Government Affairs EMEA-LATAM

20.05.2025 Elite Hotel Marina Tower in Stockholm

Disclaimer

- Emilia Andersson is a full time employee of Roche Diagnostics
- The VENTANA FOLR1 (FOLR1-2.1) RxDx Assay is approved in the EU and Roche Diagnostics is providing this medical and scientific education to prepare pathologists to be confident in the interpretation of the VENTANA FOLR1 Assay to ensure there is no delay in identifying patients eligible for mirvetuximab soravtansine
- **This presentation is for educational purposes only**

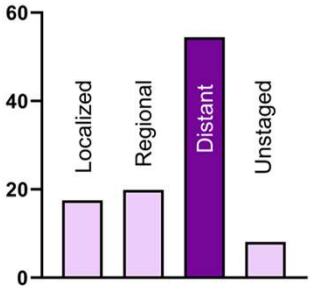


VENTANA FOLR1 (FOLR1-2.1) RxDx Assay

Disease context

Tubo-Ovarian cancer (OC) background

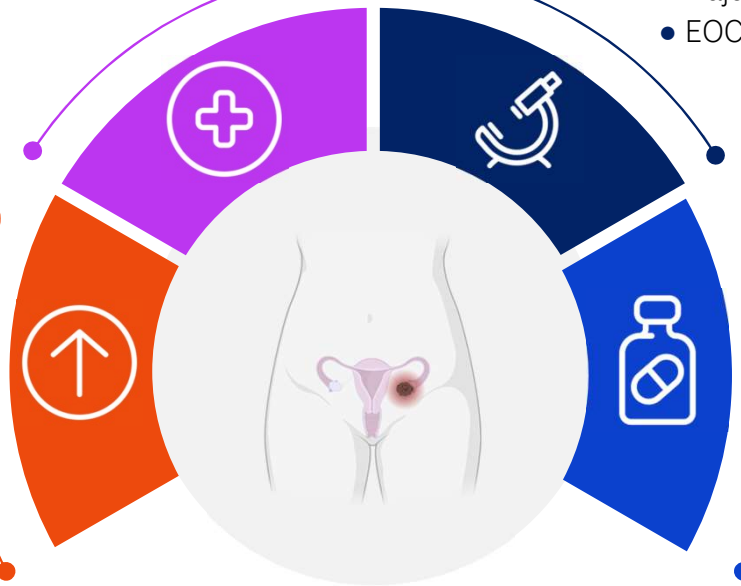
Disease Burden[2]



- Asymptomatic in early stages
- Majority of diagnosis occurs at advanced stages

Histology

- OC can be of epithelial, mesenchymal, sex cord stromal and germ cell origin
- Majority of cases are epithelial ovarian cancers (EOC)
- EOC is comprised of 5 distinct subtypes[3]
  - High-grade serous (HGSOC), low-grade serous, endometrioid, clear call & mucinous



Epidemiology[1]

- 300 000 new cases per year
- 8th most common cancer in women worldwide
- Over 200,000 deaths per year
- Number of annual deaths is projected to increase 50% by 2040

HGSOC & Treatment[4,5]

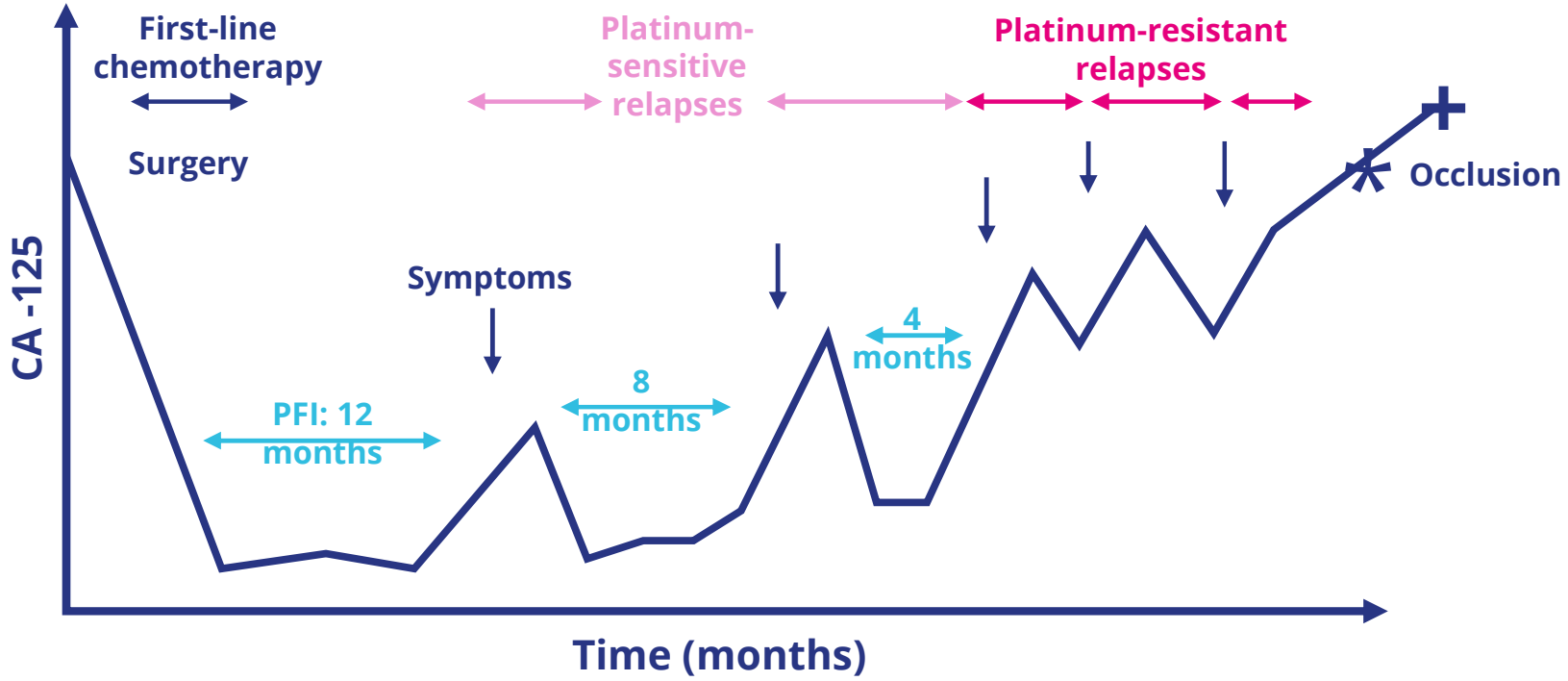
- **Accounts for 75% of all OC & 90% of all mortalities[6]**
- Molecular testing for BRCA ½ and HRD recommended for all OC patients to guide 1L treatment
- **Surgery** → platinum/taxane chemotherapy +/- bevacizumab (anti-VEGF)
- **Maintenance:** bevacizumab +/- PARPi

1 Globocan database, https://gco.iarc.fr/, accessed June 2023, SEER database, https://seer.cancer.gov/, accessed June 2023
2 SEER database: https://seer.cancer.gov/, accessed in Jan. 2022
3 De Leo, A, et al. What Is New on Ovarian Carcinoma: Integrated Morphologic and Molecular Analysis Following the New 2020 World Health Organization Classification of Female Genital Tumors. Diagnostics. 2021; 11(4):697. https://doi.org/10.3390/diagnostics11040697

4 NCCN Guidelines for Epithelial Ovarian Cancer Version 1.2022 (www.NCCN.org)
5 Ledermann, J. A., et al. (2013). "Newly diagnosed and relapsed epithelial ovarian carcinoma: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up." Ann Oncol 24 Suppl 6: vi24-32.DOI: 10.1093/annonc/mdt333
6 Lheureux, S., et al. (2019). "Epithelial ovarian cancer." Lancet 393(10177): 1240-1253.DOI: 10.1016/S0140-6736(18)32552-2

Advanced ovarian cancer: a “chronic” disease with multiple relapses

Despite aggressive therapy (surgery/chemotherapy) 70% of patients with advanced EOC will have their disease recur [1]



PFI: platinum-free interval or duration of disease control without chemotherapy.

1 Richardson, Debra L et al. “Advances in Ovarian Cancer Care and Unmet Treatment Needs for Patients With Platinum Resistance: A Narrative Review.” JAMA oncology vol. 9,6 (2023): 851-859. doi:10.1001/jamaoncol.2023.0197
Du Bois a, Pfisterer J. Zentralbl Gynakol. 2004;126:312-4.

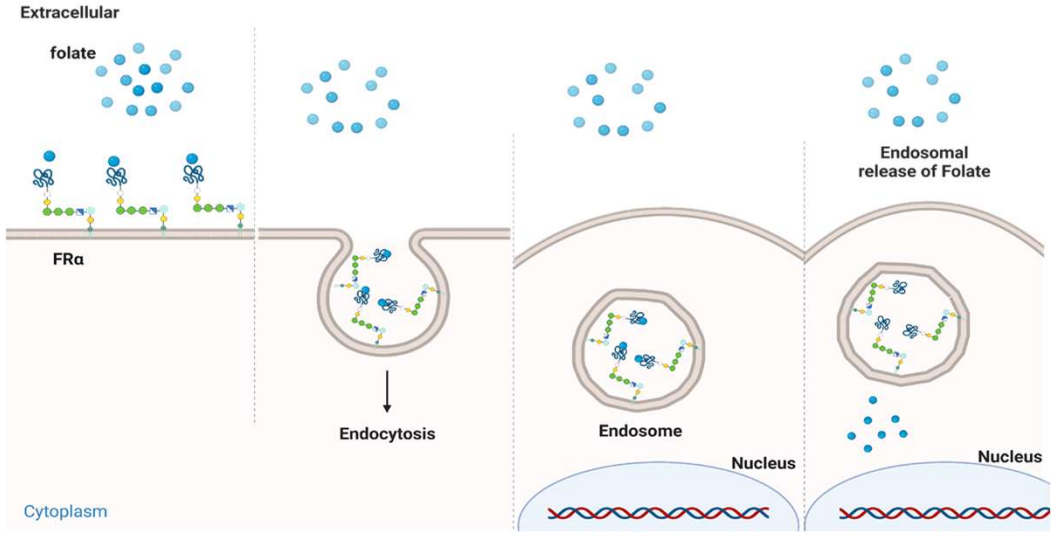
Folate receptor-alpha (FRα)

Background and therapeutic targeting in cancer

- Folate is a water soluble vitamin essential for **DNA and RNA synthesis** in normal cell **growth and development**

- Expression of membrane bound cell surface **FRα** is high during periods of rapid cell growth and division, such as **pregnancy and embryogenesis,** but is **limited** in most (not all) **adult tissues**, as they utilize an alternative transporter for folate uptake

- Due to FRα's role in cell growth, FRα is **overexpressed in certain cancers**
  The combination of restricted expression in normal tissue and overexpression in tumor tissue makes FRα an ideal clinical **target**



Tumors shown to overexpress* FRα:

Breast, Lung, Endometrial, Ovarian

35-70% **15-75%** **20-50%** **75-90%**

*derived from the literature using different detection techniques, numbers of specimens and thresholds for determining expression

Scaranti M, Cojocaru E, Banerjee S, Banerji U. Exploiting the folate receptor α in oncology. Nature reviews clinical oncology. 2020;17(6):349-359

Review of Folate receptor-alpha (FRα) targeting clinical trials

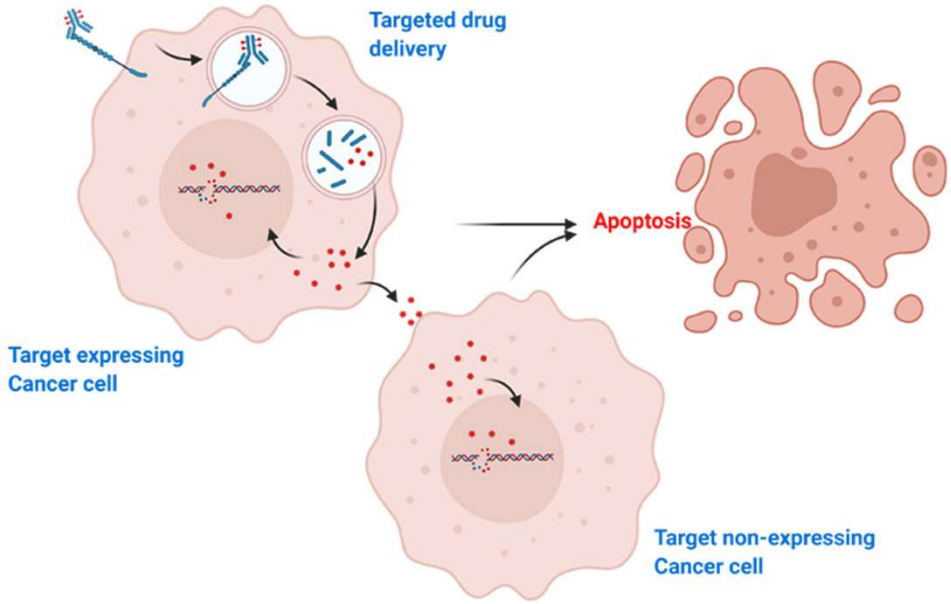
Mirvetuximab soravtansine

Mirvetuximab soravtansine-gynx (ELAHERE®)

Drug mechanism

- ELAHERE is an antibody-drug conjugate (ADC) targeting the FRα protein[1] on the cell surface and is internalized by the cell
- As the ADC is broken down, the cytotoxic drug is released, resulting in cell death including bystander effects due to diffusion of toxic metabolites
- By selectively targeting tumors express FRα, physicians can target the patient's cancer and reduce unwanted drug side effects
- Efficacy correlates directly with FRα protein expression levels

Identifying the level of FRα present in a patient's tumor is critical to ensure efficacy of ELAHERE



Developed by ImmunoGen, Inc. (now AbbVie)

1 Matulonis UA, et al., Efficacy and Safety of Mirvetuximab Soravtansine in Patients With Platinum-Resistant Ovarian Cancer With High Folate Receptor Alpha Expression: Results From the SORAYA Study. J Clin Oncol. 2023 Jan 30:JCO2201900. doi: 10.1200/JCO.22.01900. PMID: 36716407..

Phase 2 & 3 MIRV Clinical Development Timeline

Overview of key clinical trials

FORWARD 1
Double arm

Did not meet primary endpoint but promising activity in a predefined subset of patients with high FOLR1 expression

SORAYA
Single arm

Robust evidence for the efficacy of mirvetuximab soravtansine vs historical data

Led to accelerated conditional FDA approval Nov 2022

MIRASOL
Double arm

Confirmatory study.

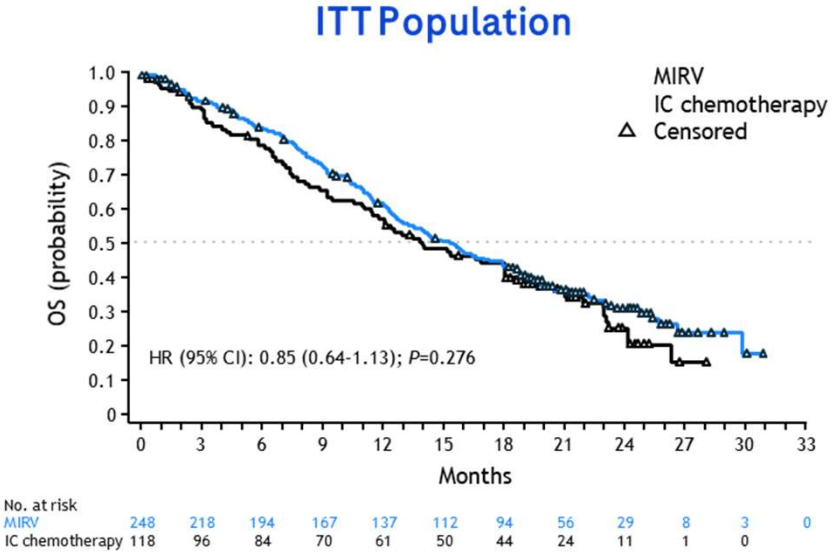
Led to full FDA approval Mar 2024 and EMA approval Nov 2024

All trials used the VENTANA FOLR1 (FOLR1-2.1) RxDx Assay to determine patient FRα expression

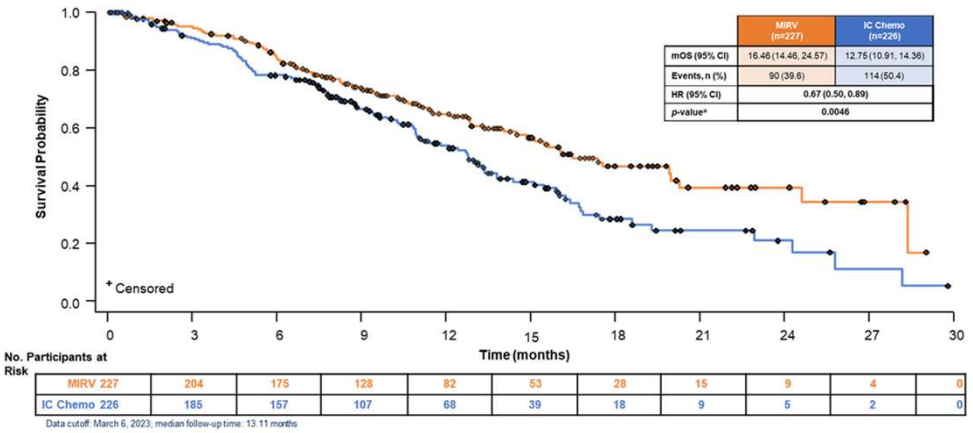
VENTANA® FOLR1 (FOLR1-2.1) RxDx Assay

The cutoff for eligibility

- FORWARD 1 trial: Negative results
  - Patient selection: (**≥50%** with membrane staining visible at 10x)



- MIRASOL trial: Positive results
  - Patient selection: (**≥75%** of cells with ≥2+ membrane staining intensity)



Phase III, randomized trial of mirvetuximab soravtansine versus chemotherapy in patients with platinum-resistant ovarian cancer: primary analysis of FORWARD I. Moore, K.N. et al. Annals of Oncology, Volume 32, Issue 6, 757 - 765

FDA and EMA granted full approval in 2024

FDA approves mirvetuximab soravtansine-gynx for FRα positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer

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On March 22, 2024, the Food and Drug Administration approved mirvetuximab soravtansine-gynx (Elahere, ImmunoGen, Inc. [now a part of AbbVie]) for adult patients with FRα positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer, who have received one to three prior systemic treatment regimens. Patients are selected based on an FDA-approved test. Mirvetuximab soravtansine-gynx previously received accelerated approval for this indication.

Full prescribing information for Elahere will be posted here.

Efficacy was evaluated in Study 0416 (MIRASOL, NCT04209855), a multicenter, open-label, active-controlled, randomized, two-arm trial in 453 patients with platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer. Patients were permitted to receive up to three prior lines of systemic therapy. The trial enrolled patients whose tumors were positive for FRα expression as determined by the VENTANA FOLR1 (FOLR1-2.1) RxDx Assay. Patients were randomized (1:1) to receive mirvetuximab soravtansine-gynx 6 mg/kg (based on adjusted ideal body weight) as an intravenous infusion every 3 weeks or investigator's choice of chemotherapy (paclitaxel, pegylated liposomal doxorubicin, or

Content current as of:
03/22/2024

----------INDICATIONS AND USAGE----------

ELAHERE is a folate receptor alpha (FRα)-directed antibody and microtubule inhibitor conjugate indicated for the treatment of adult patients with FRα positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer, who have received one to three prior systemic treatment regimens. Select patients for therapy based on an FDA-approved test. (1, 2.1)

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Home > Medicines > Elahere

Elahere

mirvetuximab soravtansine

Medicine | Human

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Authorised
This medicine is authorised for use in the European Union

Page contents

- Overview
- Product information
- Product details
- Authorisation details
- Assessment history
- News on Elahere
- More information on Elahere

Application under evaluation → CHMP opinion → **European Commission decision**

Overview

Elahere is a cancer medicine used for the treatment of adult patients with advanced cancers of the ovaries fallopian tubes (the tubes connecting ovaries to the uterus) and the peritoneum (the membrane lining the abdomen).

Elahere can only be used when the cancer cells have receptors (targets) for proteins called folate-alpha on their surface (folate receptor-alpha (FRα) positive). It is only used when the cancer has become resistant to platinum-based cancer treatment.

Ovarian cancer is rare, and Elahere was designated an 'orphan medicine' (a medicine used in rare diseases) on 19 March 2015.

4.1 Therapeutic indications

ELAHERE as monotherapy is indicated for the treatment of adult patients with folate receptor-alpha (FRα) positive, platinum-resistant high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who have received one to three prior systemic treatment regimens (see section 4.2).

Archives of Pathology & Laboratory Medicine Manuscript

Available online

ARCHIVES of Pathology & Laboratory Medicine

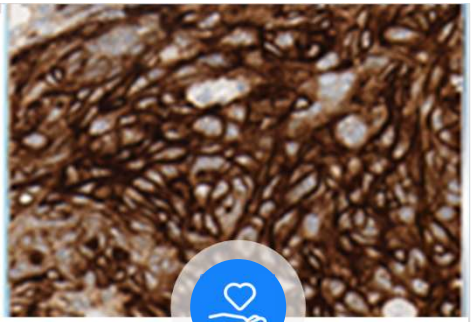
Development of an FRα Companion Diagnostic Immunohistochemical Assay for Mirvetuximab Soravtansine

Racheal L. James, BS; Taryn Sisserson, MS; Zhuangyu Cai, PhD; Megan E. Dumas, PhD; Landon J. Inge, PhD; James Ranger-Moore, PhD; Albert Mason, MD; Callum M. Sloss, PhD; Katherine McArthur, MS

- Describes the analytical verification performed to ensure the VENTANA FOLR1 Assay was reproducible for the clinical setting
  - Inter/Intra reader precision
  - Inter antibody, detection, instrument and day precision
  - Interlaboratory Reproducibility
- Reports the assay performance in the registrational SORAYA trial

James et al,. Development of an FRα Companion Diagnostic Immunohistochemical Assay for Mirvetuximab Soravtansine. Arch Pathol Lab Med 2024; doi: https://doi.org/10.5858/arpa.2023-0149-OA

VENTANA FOLR1 (FOLR1-2.1) RxDx Assay

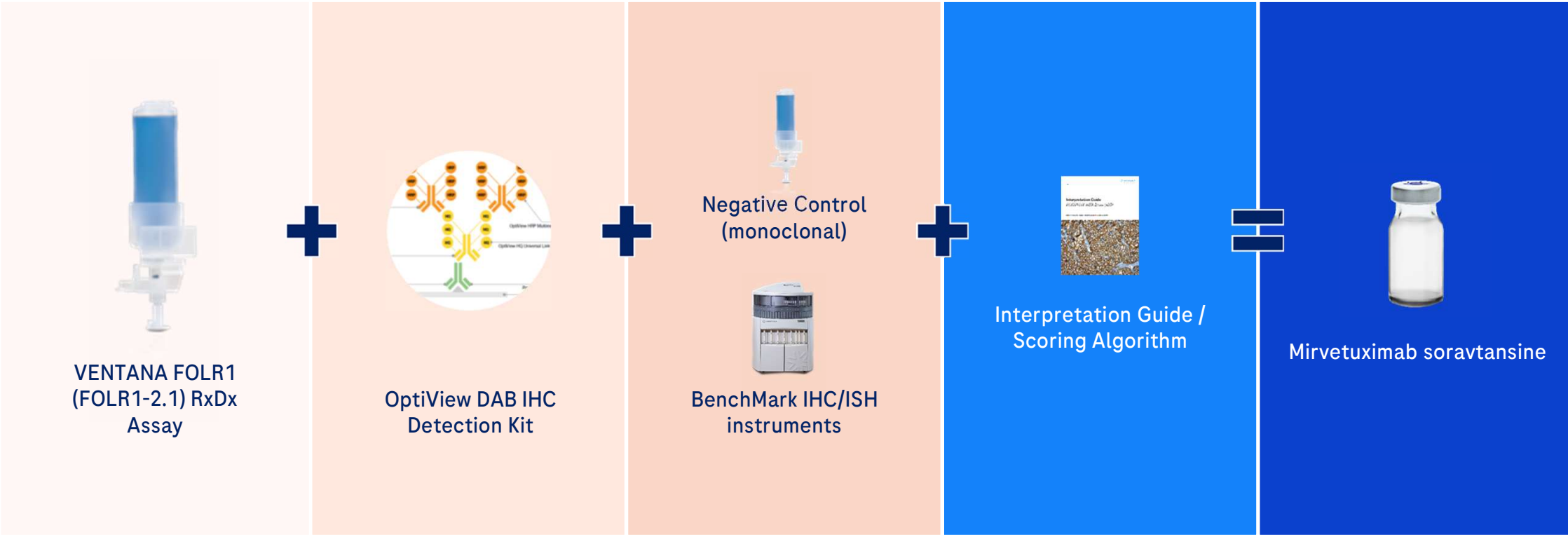


Analytically and clinically validated IHC assay to detect FRα in epithelial ovarian, primary peritoneal, and primary fallopian tube cancer.

VENTANA FOLR1 (FOLR1-2.1) RxDx Assay is the first and only FDA-and CE-IVD approved IHC companion diagnostic for determining FRα protein expression in high grade EOC patients who may benefit from ELAHERE therapy.

VENTANA FOLR1 (FOLR1-2.1) RxDx Assay

Assay configuration



VENTANA FOLR1 (FOLR1-2.1) RxDx Assay [package insert]. Tucson, AZ. Ventana Medical Systems, Inc. 2022.

VENTANA FOLR1 (FOLR1-2.1) RxDx Assay

Specimen Types

Validated specimens

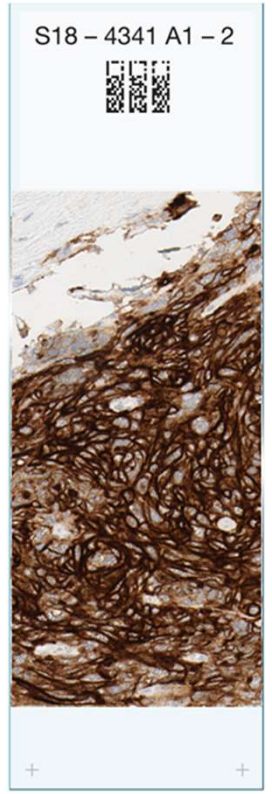
- Primary ovarian cancer, fallopian tube cancer and primary peritoneal cancer
- Formalin-fixed and paraffin embedded
- Archival or fresh tissues from resections, excisions, and biopsies
- Primary and metastatic sites

Non-validated specimens

- Cytology samples
- Decalcified metastatic bone lesions

System level control

- Fallopian tube with 2+ staining intensity in the epithelial cells



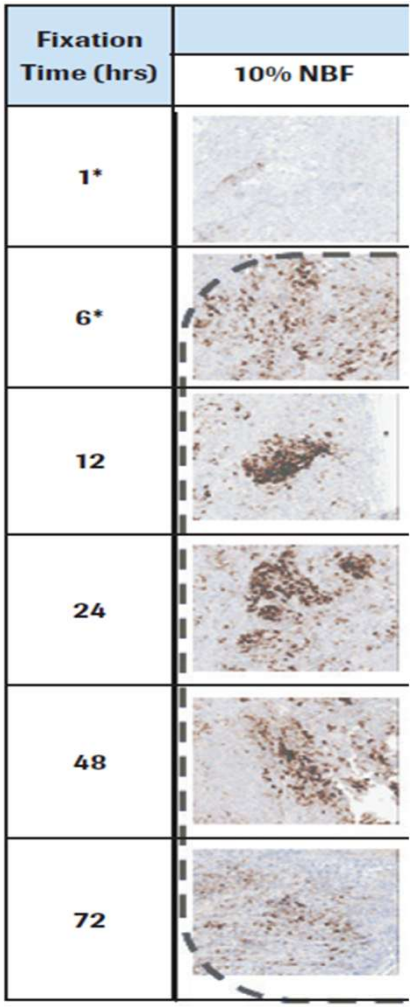
VENTANA FOLR1 (FOLR1-2.1) RxDx Assay

Specimen Pre-analytical Factors

Specimens should be:

- Fixation (12-72 hours) with 10% neutral buffered formalin
- 6 hour minimum fixation for small biopsies
- Sectioned at a thickness of 4µm and placed onto positively charged slides
- Cut slide stability: no more than 45 days

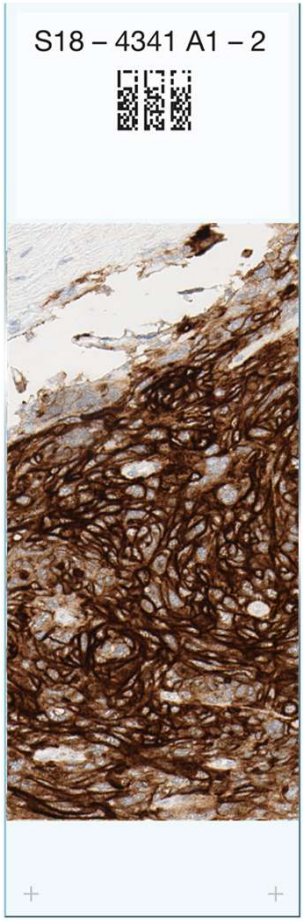
*Fixation with alcohol based fixatives is not recommended



VENTANA FOLR1 (FOLR1-2.1) RxDx Assay Interpretation Guide for Epithelial Ovarian Cancer, Primary Peritoneal, and Fallopian Tube Cancer
VENTANA FOLR1 (FOLR1-2.1) RxDx Assay Package Insert

VENTANA FOLR1 (FOLR1-2.1) RxDx Assay

Staining Interpretation



VENTANA FOLR1 (FOLR1-2.1) RxDx Assay

Scoring Criteria

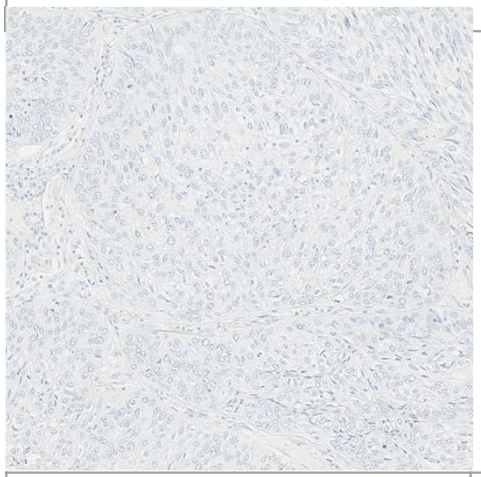
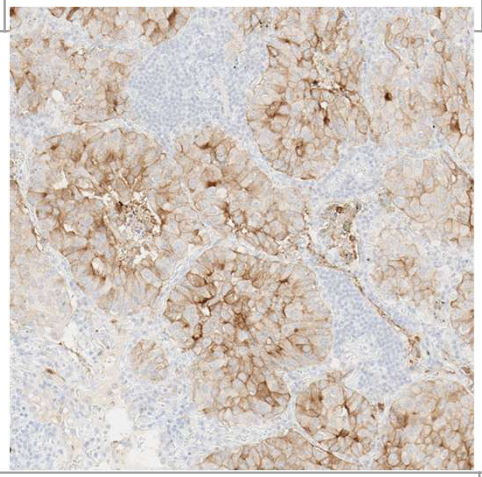
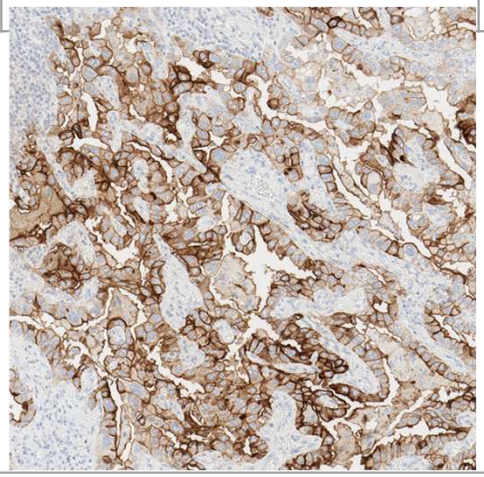
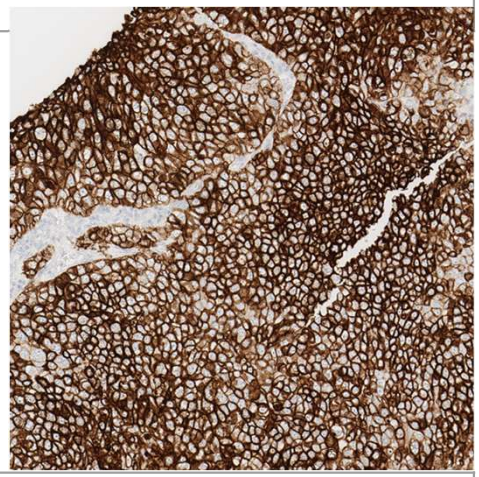
- **membrane** staining is included in scoring
  - **Partial** and/or **complete**
  - **Apical, circumferential** distribution

  - When variable intensities are seen in a single cell, the **highest intensity** is scored

- Excluded from scoring:
  - Necrotic, crushed or cauterized cells
  - Cytoplasmic staining

VENTANA® FOLR1 (FOLR1-2.1) RxDx Assay

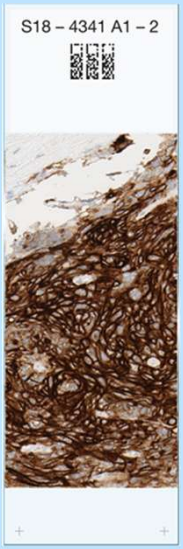
Tumor cell intensity characteristics

0	1+	2+	3+
			
Absence of any detectable signal. Negative cases may still exhibit pale grey cytoplasmic and/or membranous discoloration.	Signal intensity is characterized by **a faint gold/light brown hue**	Signal intensity is characterized by a **chocolate brown to thickened dark brown, black hue**	

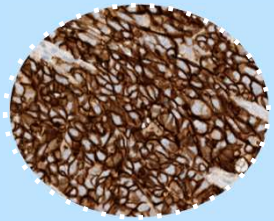
Note: Relative ease of visualization of membrane staining can be impacted by presence/absence of concurrent cytoplasmic staining and its intensity

VENTANA FOLR1 (FOLR1-2.1) RxDx Assay

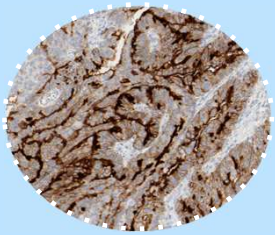
Staining Characteristics



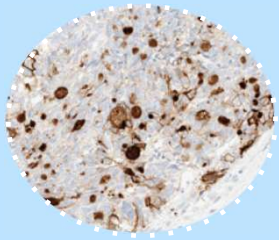
Membrane Staining

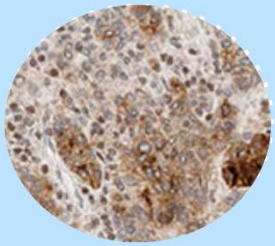


Apical Staining



Dot Like Staining





Cytoplasmic

Though rare, EOC cases can exhibit dot-like or apical staining that can make interpretation challenging. Both are considered as membranous staining.

FRα cytoplasmic staining should not be scored

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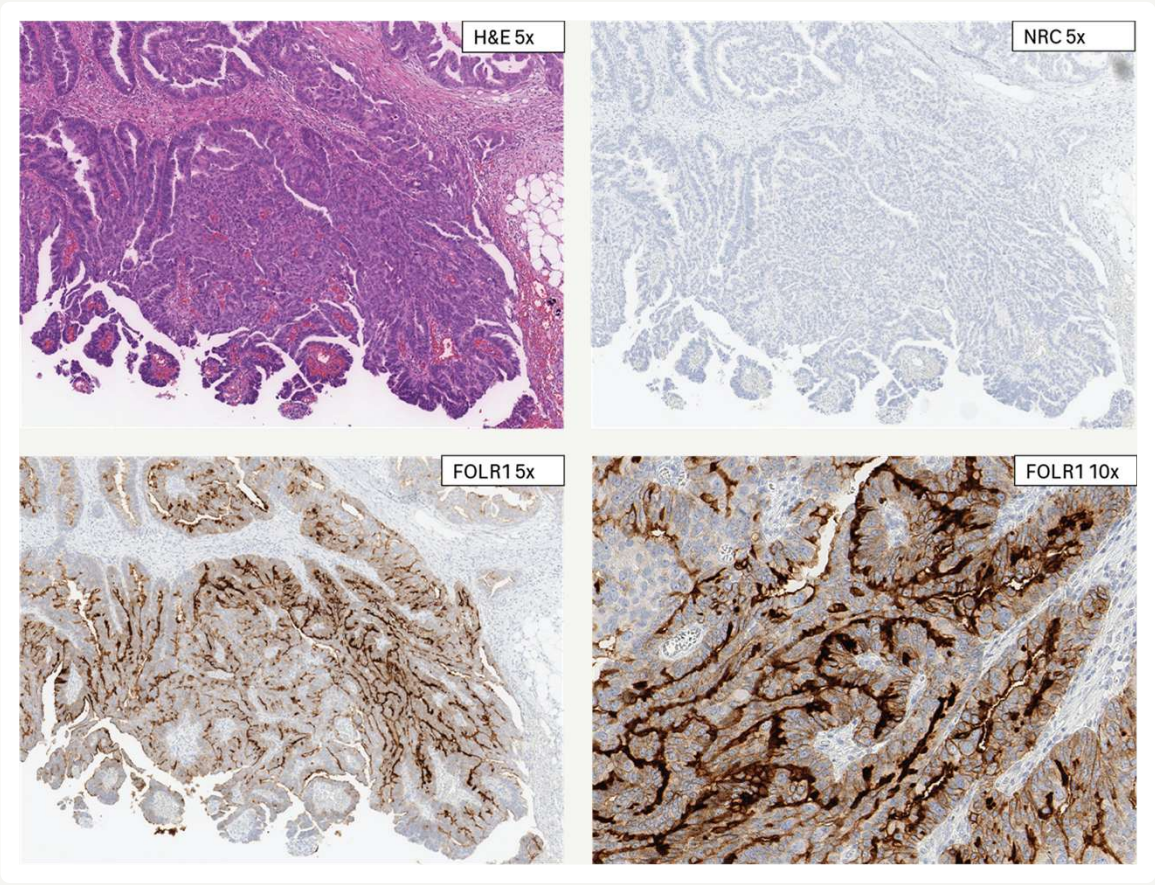
VENTANA FOLR1 (FOLR1-2.1) RxDx Assay

Apical staining



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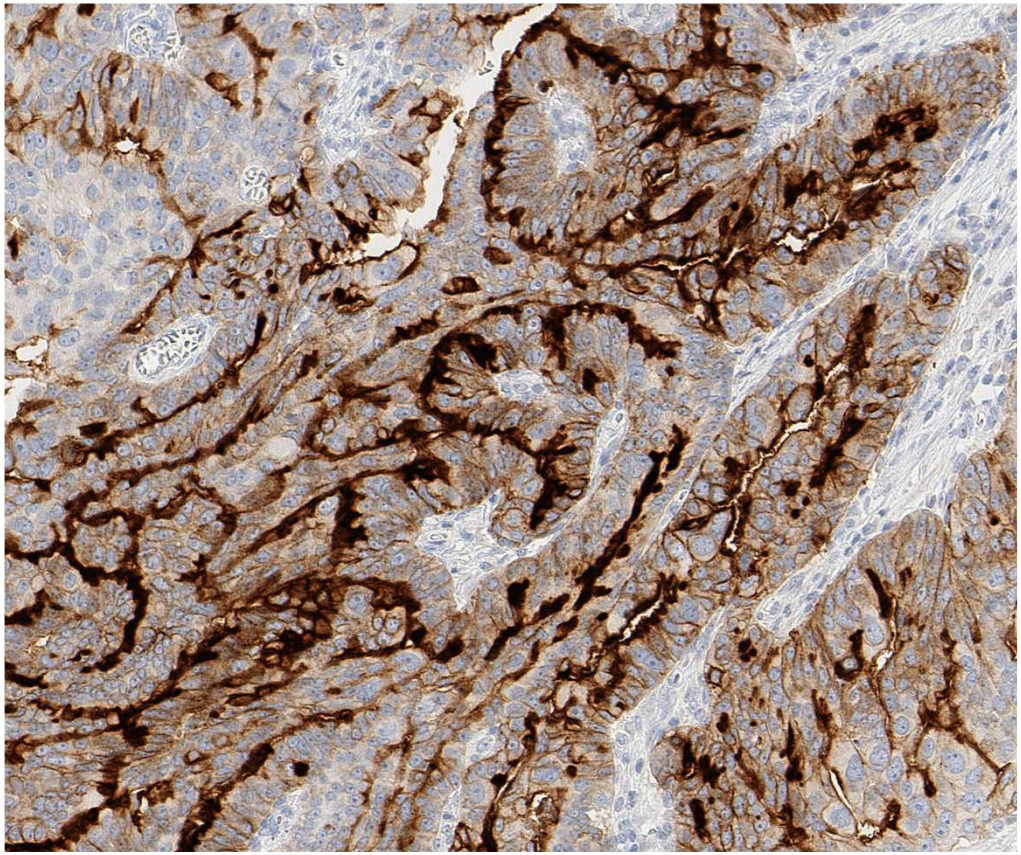
VENTANA FOLR1 (FOLR1-2.1) RxDx Assay

Apical staining

Apical Staining:

When there is apical staining in a cell, the entire cell should be **considered positive.**
When variable intensities are seen in a single cell, **the highest intensity is scored**
Risk of underscoring



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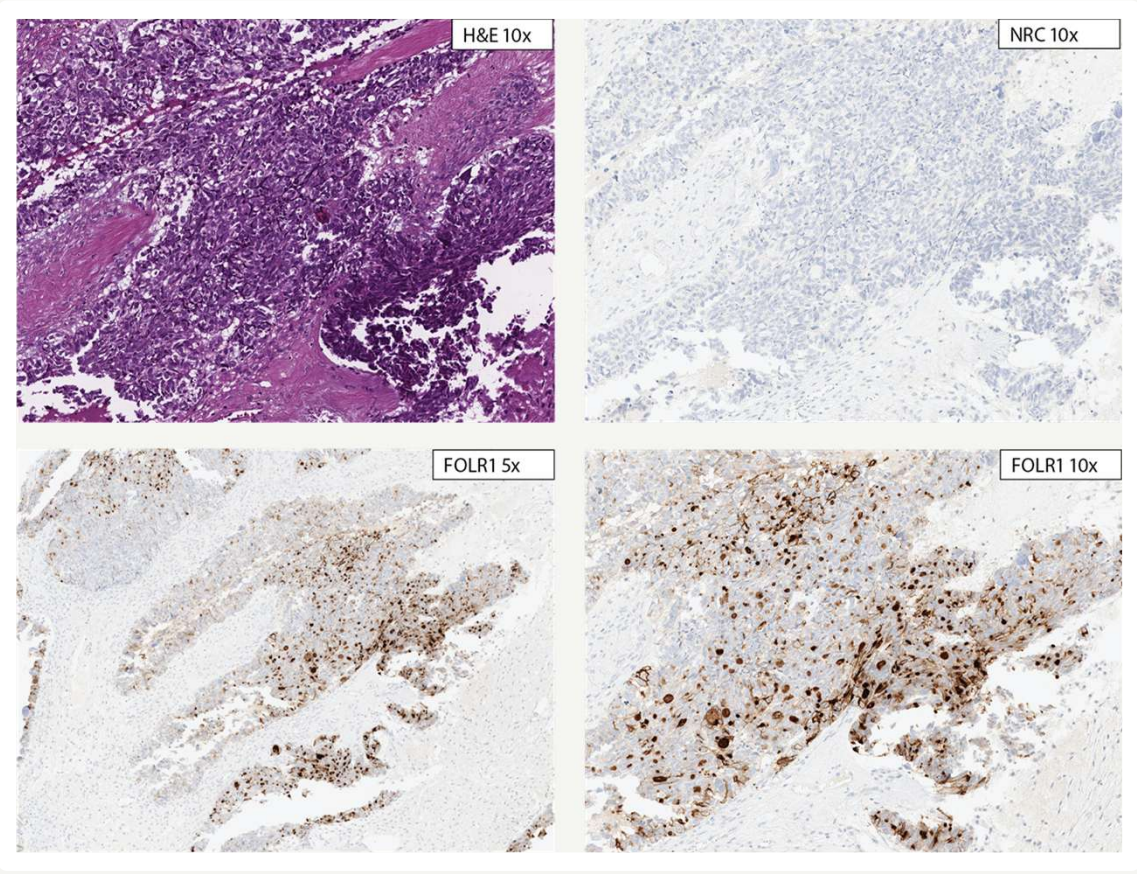
VENTANA FOLR1 (FOLR1-2.1) RxDx Assay

Dot-like staining pattern



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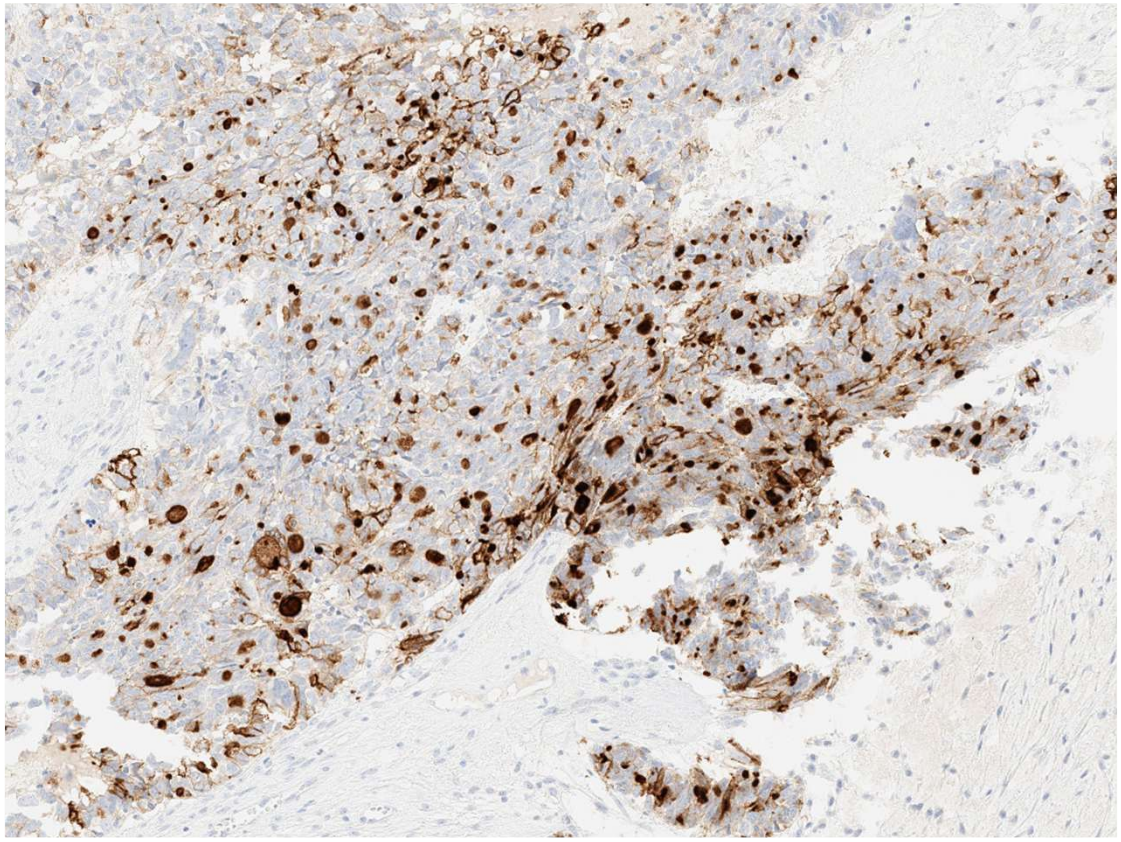
Dot-like staining pattern

Dot-like Pattern Staining:

Apical staining in gland forming morphology.
The entire cell should be **considered positive.**

When variable intensities are seen in a single cell, **the highest intensity is scored**

Risk of underscoring



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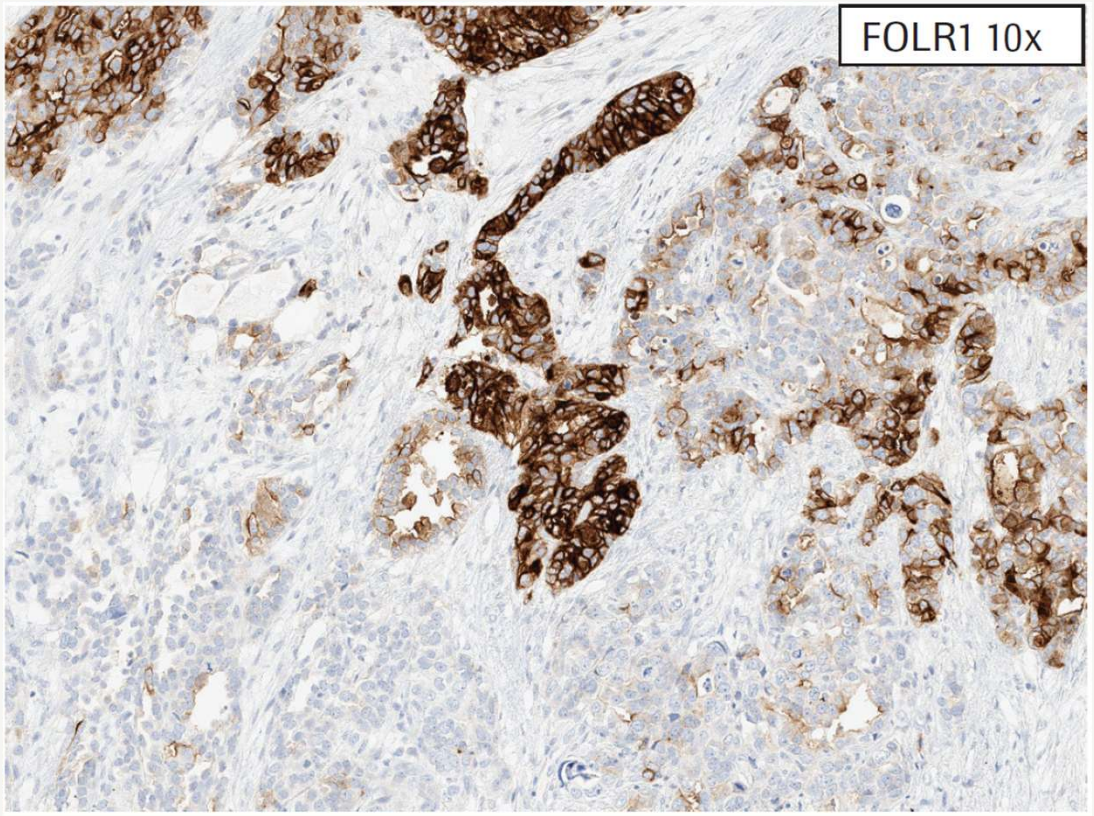
VENTANA FOLR1 (FOLR1-2.1) RxDx Assay

Heterogeneity

Heterogeneous Staining:

Pay attention to non staining areas.

Risk of overscoring



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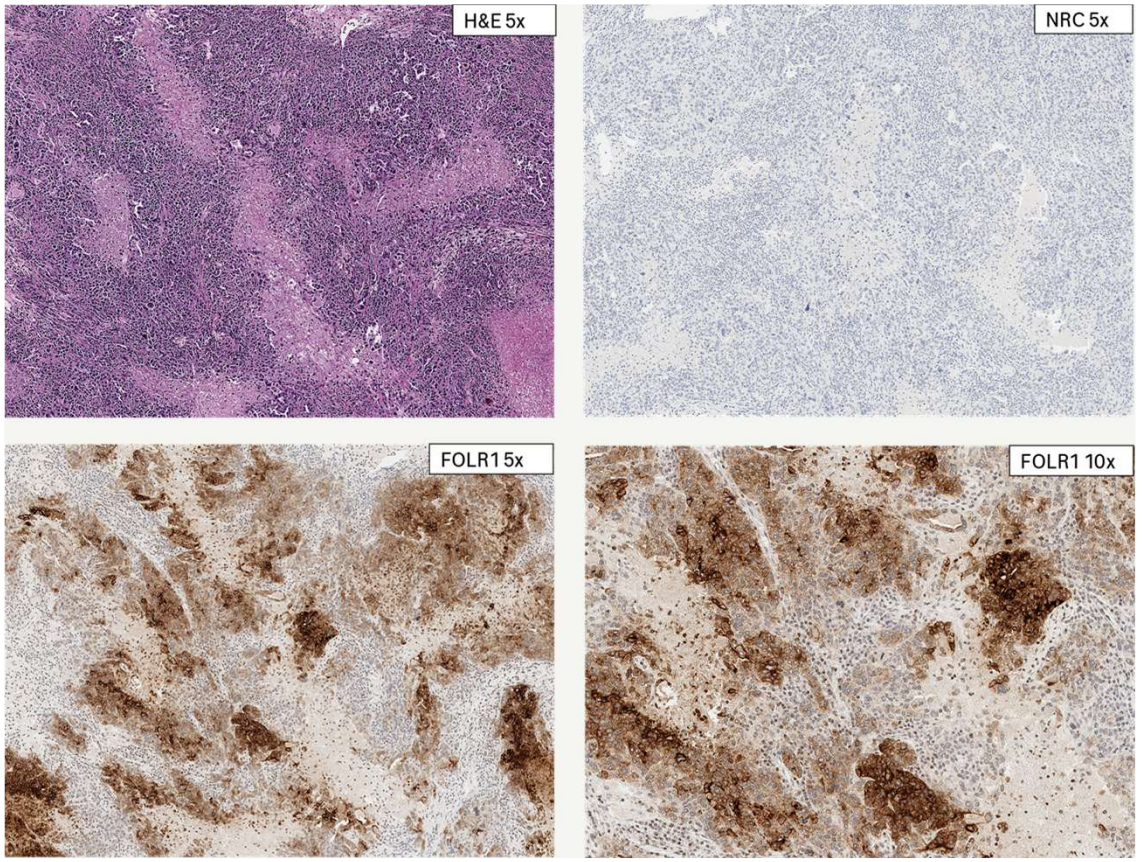
VENTANA FOLR1 (FOLR1-2.1) RxDx Assay

Mix of cytoplasmic and membrane staining



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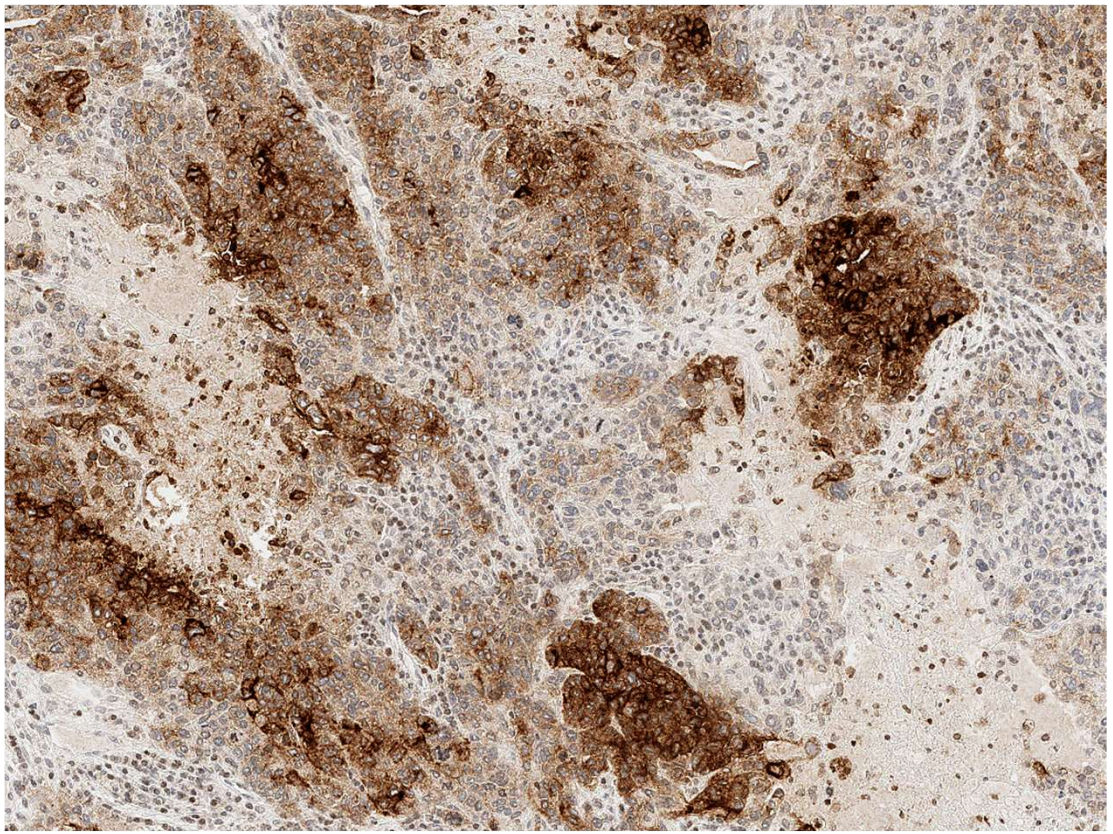
VENTANA FOLR1 (FOLR1-2.1) RxDx Assay

Cytoplasmic and membrane staining

Cytoplasmic Staining:
Only include cells with membrane staining.
Risk of overscoring

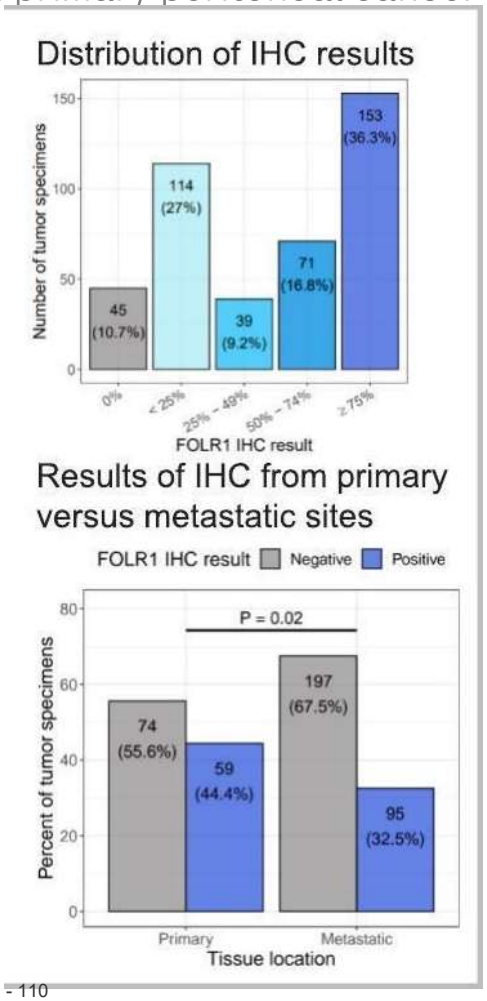


VENTANA FOLR1 (FOLR1-2.1) RxDx Assay [Interpretation Guide]. Tucson, AZ. Ventana Medical Systems, Inc. 2022.

Real world FOLR1 data

Analysis of real world FOLR1 testing in ovarian, fallopian tube, and primary peritoneal cancer

- Retrospective study 432 patients tested with FOLR1 RxDx assay in standard of care setting
- 90% of tested specimens had some level of FOLR1 expression
- 36.3% of patients tested positive defined as >75% tumor cells staining at 2+/3+ intensity
- Primary tumors had higher positivity rates (44.4%) compared to metastatic tumors (32.5)
- 8 patients had more than 1 specimen tested; 3 (37.5%) of them had discordant results



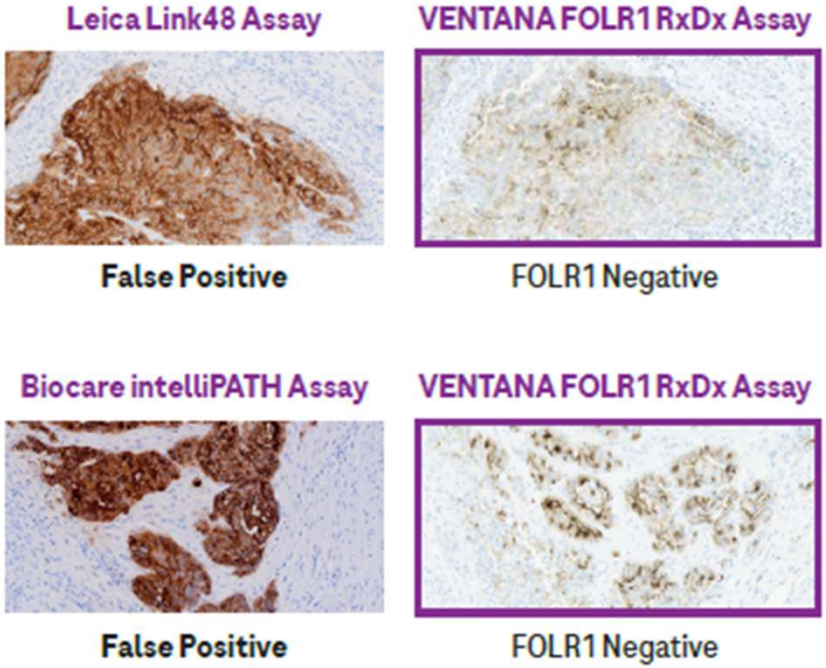
Analysis of real world FRα testing in ovarian, fallopian tube, and primary peritoneal cancers Previs, Rebecca A. et al. Gynecologic Oncology, Volume 192, 102 - 110

Analytical and clinical validity

Of other commercially available antibodies

Six commercially available assays were investigated.
Four failed analytical validation due to high background, incorrect staining patterns on a subcellular level, or both, and did not proceed to comparison with the VENTANA FOLR1 RxDx Assay.

	Agreement with VENTANA FOLR1 RxDxAssay	
	False positive	False negative
Leica link48 assay	40%	0%
Biocare intelliPATH assay	26%	14%



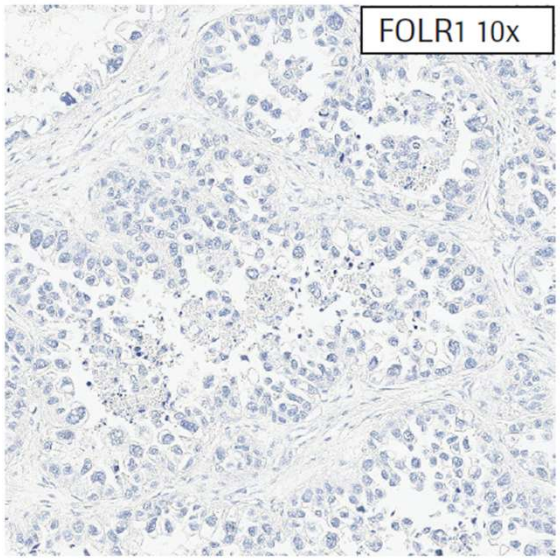
Two assays which succeeded analytical validity were compared to the VENTANA FOLR1 RxDx Assay. Both show low agreement with the clinically validated VENTANA FOLR1 RxDx Assay. As shown in the previous FORWARD I study, including patients with low FOLR1 expression does not translate in benefit from treatment.

Emily Deutschman, et al Arch Pathol Lab Med (2025) https://doi.org/10.5858/arpa.2024-0210-OA

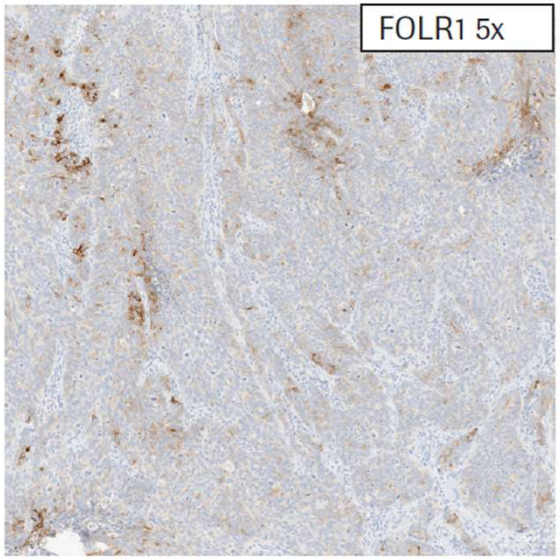
VENTANA FOLR1 (FOLR1-2.1) RxDx Assay

Negative Case Examples

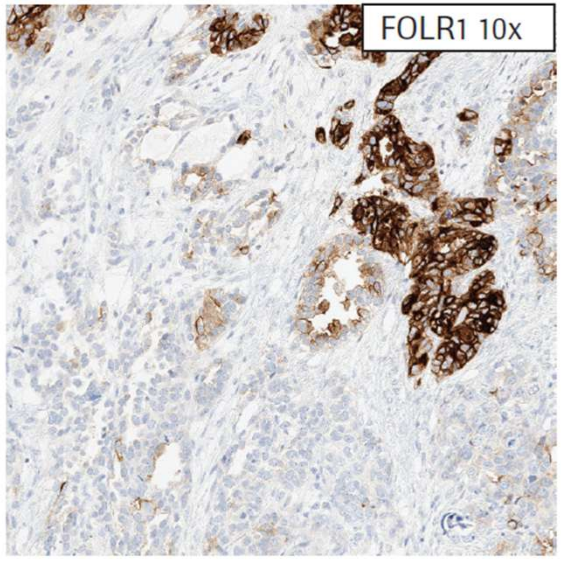
Clinical Diagnosis Negative



Exhibits no moderate or strong tumor cell membrane staining or < 75% moderate and/or strong tumor cell membrane staining



Exhibits 7% moderate and strong membrane staining or < 75% moderate and/or strong tumor cell membrane staining



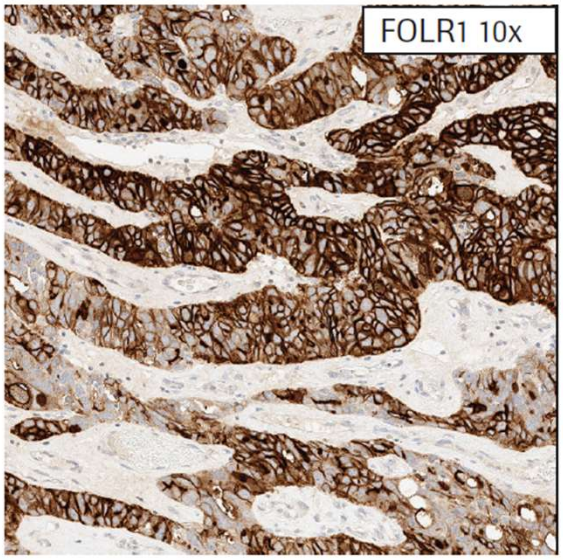
Exhibits 20% moderate and strong membrane staining or < 75% moderate and/or strong tumor cell membrane staining

VENTANA FOLR1 (FOLR1-2.1) RxDx Assay Interpretation Guide for Epithelial Ovarian Cancer, Primary Peritoneal, and Fallopian Tube Cancer

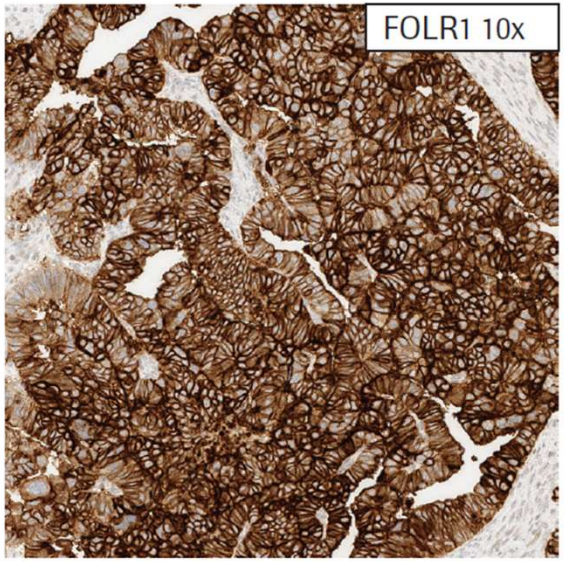
VENTANA FOLR1 (FOLR1-2.1) RxDx Assay

Positive Case Examples

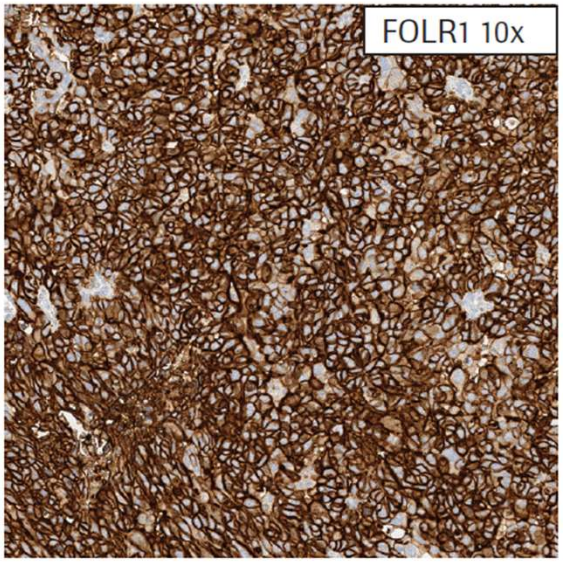
Clinical Diagnosis Positive



Exhibits 95% moderate and strong membrane staining or ≥ 75% moderate or strong membrane staining with complete circumferential pattern*



Exhibits 98% moderate and strong membrane staining or ≥ 75% tumor cells membrane staining with complete circumferential pattern*



Exhibits 98% moderate and strong membrane staining or ≥ 75% tumor cells membrane staining with complete circumferential pattern*

VENTANA FOLR1 (FOLR1-2.1) RxDx Assay Interpretation Guide for Epithelial Ovarian Cancer, Primary Peritoneal, and Fallopian Tube Cancer

For more cases and background

Education.ventana.com

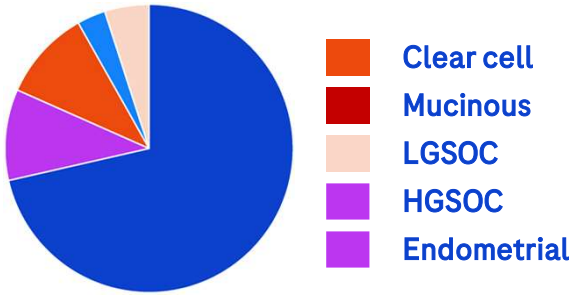
or reach out to your Roche contact.

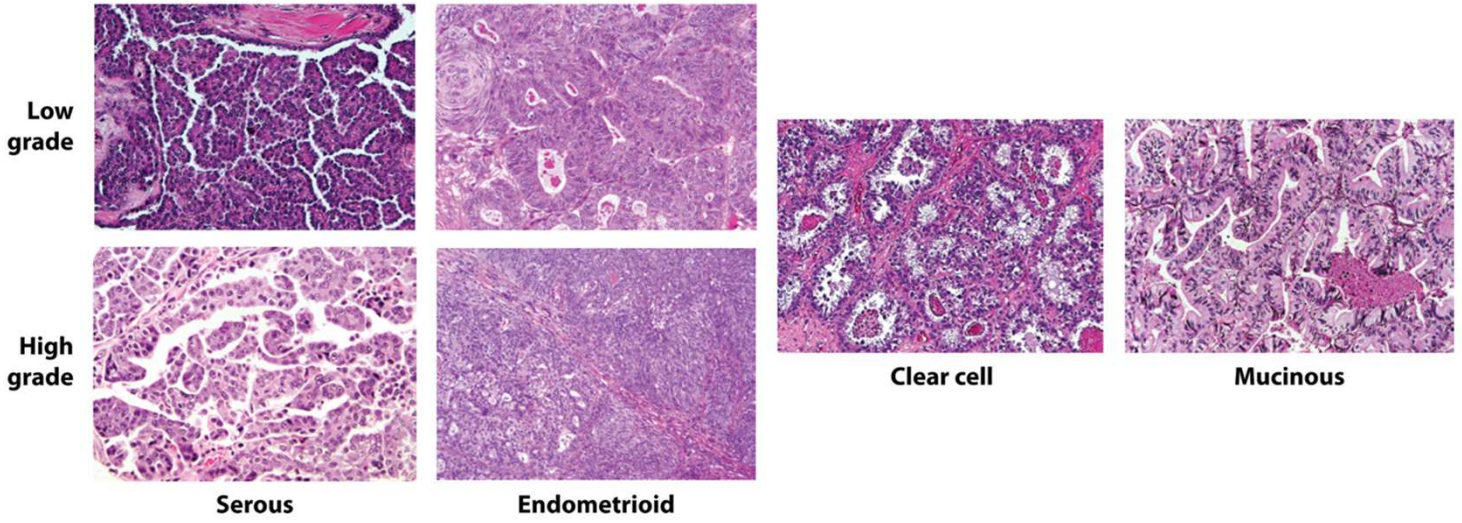
Thank you

for your attention

Doing now what patients need next

Ovarian Cancer Histologies





- High-grade serous (HGSOC) (70%), endometrial (10%), Clear Cell (10%), Mucinous (3%), Low-grade serous (LGSOC) (<5%)
  - Each one has a borderline classification wherein frank invasion is not identified but features are otherwise consistent with malignancy, the malignant potential is unclear on for these tumors
- HGSOC, LGSOC thought to originate in the fallopian tube

Cho KR, Shih IeM. Ovarian cancer. Annu Rev Pathol. 2009.

Options in patients with recurrent ovarian cancer

Platinum is an option for 'platinum-sensitive'

- Surgery
- Platinum-doublet eg carboplatin with paclitaxel, carboplatin with gemcitabine, carboplatin with PLD
- BRCA mutated/HRD+: PARP inhibitor treatment (Olaparib, rucaparib, niraparib)

Platinum not an option 'platinum-resistant/refractory'

- Weekly Paclitaxel (+/-Bevacizumab)
- PLD (Caelyx) (+/-Bevacizumab)
- Carboplatin with Gemcitabine*, Gemcitabine alone
- Weekly carboplatin/paclitaxel
- Topotecan (+/-Bevacizumab)

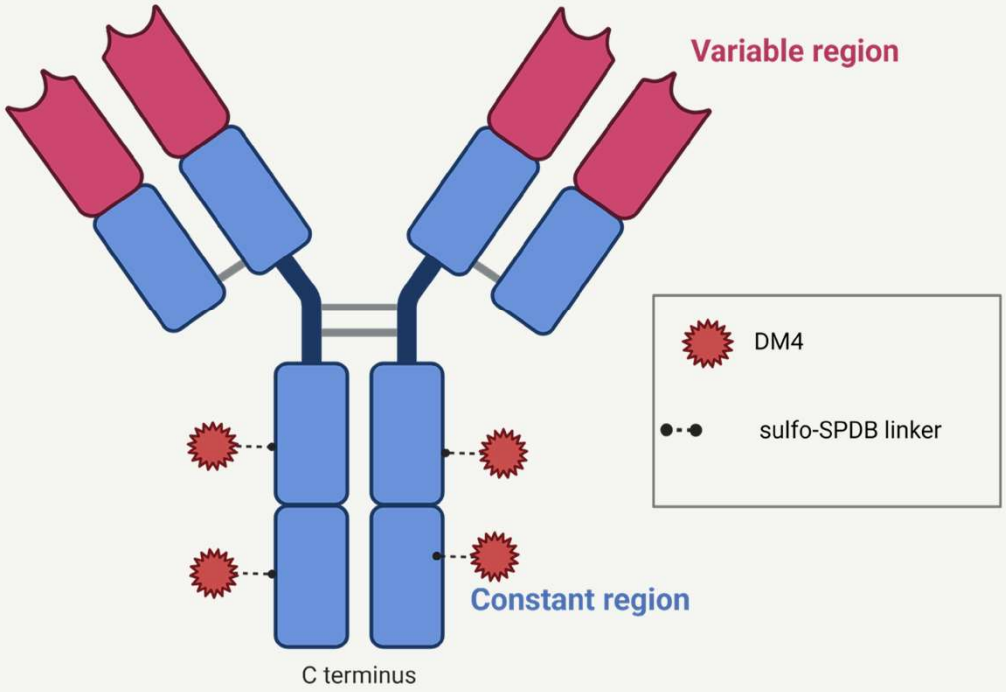
Mirvetuximab soravtansine-gynx (ELAHERE®)

ADC Characteristics

- FRα specific monoclonal antibody
- Cleavable antibody-drug linker
- 3-4 molecules of cytoplasmic payload (the maytansinoid DM4) per antibody

Preclinical Data

- Efficacy in HGSOC correlates directly with FRα protein expression levels
- Bystander effects due to diffusion of toxic metabolites



FORWARD I clinical study

NCT02631876

A phase 3, open label, randomized trial of mirvetuximab soravtansine versus chemotherapy in patients with platinum-resistant ovarian cancer

Enrolled 366 patients

Inclusion criteria:

- Ovarian cancer including epithelial ovarian cancer, peritoneal cancer, fallopian tube cancer
- Majority (99%) where high grade serous
- 1-3 prior therapies
- **FRα expression (≥50% of tumor cells with any FRα membrane staining visible at ≤×10 microscope objective determined by VENTANA FOLR1 (FOLR1-2.1) RxDx Assay**

Arm 1, n=248

Patients were administered mirvetuximab soravtansine-gynx once every 3 weeks

Arm 2, n=118

Patients were administered paclitaxel, pegylated liposomal doxorubicin, or topotecan

2:1 randomization

Primary outcome:

- Progression-free survival

Secondary outcomes:

- Objective response rate
- Overall survival
- Patient reported outcome
- Duration of response
- CA-125 response
- Time to progression or death

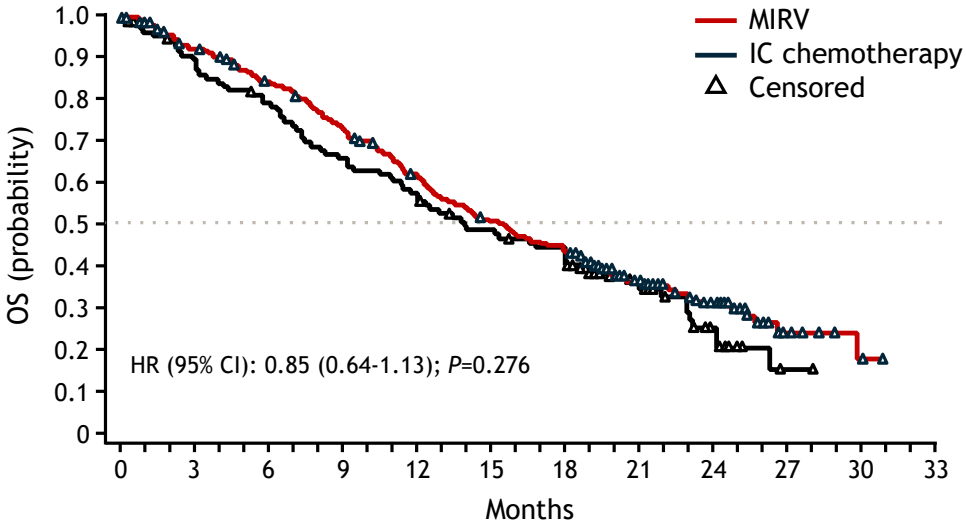
Moore, Kathleen N., et al. "Mirvetuximab soravtansine in FRα-positive, platinum-resistant ovarian cancer." New England Journal of Medicine 389.23 (2023): 2162-2174.

FORWARD clinical study

No significant difference in OS in the ITT population.

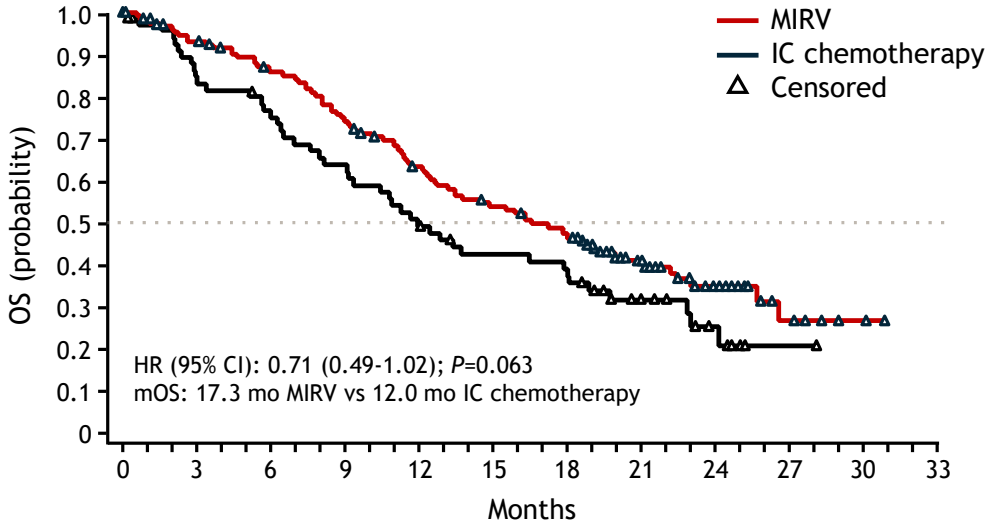
Longer OS in the FOLR1 high group but not statistically significantly

ITT Population



No. at risk												
MIRV	248	218	194	167	137	112	94	56	29	8	3	0
IC chemotherapy	118	96	84	70	61	50	44	24	11	1	0	

FRα-High Population



No. at risk												
MIRV	147	128	116	100	81	68	58	33	17	6	2	0
IC chemotherapy	71	36	48	40	32	25	23	12	6	1	0	

The study did not meet its primary endpoint of superior OS in the MIRV arm in the ITT population.
"The method of determining FOLR1 positivity for patient enrollment may not have been reliable".

Phase III, randomized trial of mirvetuximab soravtansine versus chemotherapy in patients with platinum-resistant ovarian cancer: primary analysis of FORWARD I. Moore, K.N. et al. Annals of Oncology, Volume 32, Issue 6, 757 - 765

SORAYA clinical study

NCT04296890

A phase 2, single arm study of mirvetuximab soravtansine-gynx in platinum-resistant, advanced high-grade epithelial ovarian, primary peritoneal, or fallopian tube cancers with high folate receptor alpha expression

106 patients enrolled

Inclusion criteria:

- High grade serous ovarian cancer including epithelial ovarian cancer, peritoneal cancer, fallopian tube cancer
- 1-3 prior therapies
- FRα expression (≥75% TCs with **moderate & strong intensity**) as determined by **VENTANA FOLR1 (FOLR1-2.1) RxDx Assay**

Patients were administered mirvetuximab soravtansine-gynx once every 3 weeks

Primary outcome:

- Objective response rate (compared to historic ORR for SOC)

Secondary outcomes:

- Duration of response
- Adverse events
- Progression-free survival
- Overall survival
- CA-125 response

Matulonis UA, et al., Efficacy and Safety of Mirvetuximab Soravtansine in Patients With Platinum-Resistant Ovarian Cancer With High Folate Receptor Alpha Expression: Results From the SORAYA Study. J Clin Oncol. 2023 Jan 30:JCO2201900. doi: 10.1200/JCO.22.01900. PMID: 36716407..

SORAYA clinical study

Outcome data is favorable for patients with FRα protein expression ≥ 75% TC staining moderate and strong intensity

Endpoint	SORAYA[1]	AURELIA[2]
Confirmed objective response rate (ORR) (95% confidence interval (CI))	**32.4% (23.6, 42.2); P< .0001**	**12.6% P< .001**
Complete response rate	4.8%	NE
Partial response rate	27.6%	NE
Duration of response (DOR)		NE
Number of responders	34	
Median DOR, months (95% CI)	6.9 (5.6, 9.7)	
Median PFS, months (95% CI)	4.3 [3.7-5.2]	3.4 [2.2, 3.7]

DOR is defined as the time from the date of first response (CR or PR) to the date of progressive disease or death from any cause, whichever occurred first; NE (not evaluated)

32.4% of EOC patients whose tumors were positive for FRα protein (≥ 75% TC staining with moderate and strong intensity) demonstrated a partial or complete response (ORR) to ELAHERE therapy.

1 Matulonis UA, et al., Efficacy and Safety of Mirvetuximab Soravtansine in Patients With Platinum-Resistant Ovarian Cancer With High Folate Receptor Alpha Expression: Results From the SORAYA Study. J Clin Oncol. 2023 Jan 30:JCO2201900. doi: 10.1200/JCO.22.01900. PMID: 36716407
.2 Pujade-Lauraine E, et al. Bevacizumab combined with chemotherapy for platinum-resistant recurrent ovarian cancer: The AURELIA open-label randomized phase III trial. Journal of Clinical Oncology 2014 32:13, 1302-1308. PMID: 24637997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