MAIA-Ovarian Adaptive Platform Clinical Trial to Evaluate Safety and Efficacy of COM701 maintenance treatment in Relapsed Platinum Sensitive Ovarian Cancer (PSOC) (NCT06888921, CPG 01-201)

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Abstract # 454

Background

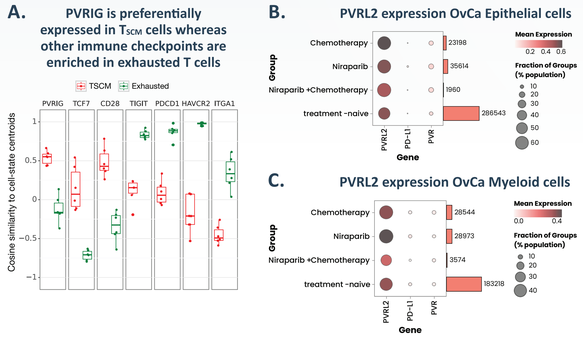
Unmet need for maintenance in platinum sensitive ovarian cancer (PSOC):

- Ovarian cancer is the 5th leading cause of cancer-related death among women and the leading cause of death among all gynecological cancers.[1]
- Patients with ovarian cancer, who relapse and remain platinum sensitive (platinum free interval of ≥ 6 months) are retreated with multiple rounds of platinum-based chemotherapy until they become resistant to these regimens.[2]
- Patients that relapse following maintenance may not be candidates for additional bevacizumab and/or PARP inhibitor treatment and thus, relapse far sooner[2-3], with historical studies demonstrating PFS in the range of 3.8 to 5.5 months.
- There is therefore an unmet need for additional maintenance treatment options for patients with PSOC who have relapsed and are no longer able to receive standard of care maintenance therapy.

Strong biological rationale to target PVRIG in platinum sensitive ovarian cancer (PSOC):

- COM701 is a potential, first-in-class immune checkpoint inhibitor (ICI) blocking the interaction between the anti-poliovirus receptor-related immunoglobulin (PVRIG) and its ligand, poliovirus receptor-related 2 (PVLR2) to enhance anti-cancer immunity. This pathway is highly expressed in ovarian cancer[11] (**Fig 1**).
- **PVRIG pathway** differentially expressed on early differentiated stem like memory T cells and dendritic cells compared to other immune checkpoints.[4] (**Fig 1 and Fig 2**).
- PVRIG blockade with **COM701** alters the tumor microenvironment including in less inflamed tumors **like ovarian cancer.**[4]
- In a pooled analysis of ovarian cancer patients in 3 phase 1 trials (NCT03667716, NCT04354246, NCT04570839), COM701 alone and in combinations was well tolerated and demonstrated consistent, durable responses in heavily pre-treated PROC patients, particularly in patients without liver metastases, as well as patients who are PD-L1 negative, thus supporting further evaluation of COM701 in the MAIA ovarian trial.[5]

Fig 1: PVRIG is dominant on Tscm and PVRL2 is dominant on epithelial OvCa and myeloid cells in the TME



A: Boxplot showing the association of selected genes with T_{SCM} and exhausted state. Y-axis represents the cosine-similarity of each gene to the centroid of the marker genes of the corresponding cell state across six scRNA datasets representing different solid tumors. PVRIG is associated with T_{SCM} state while the other checkpoints are more associated with an exhausted state.[4,10]

B+C: DotPlot of scRNAseq ovary ca. atlas (generated from multiple publicly available datasets) showing PVRL2 has higher expression versus PDL1 and PVR in epithelial (B) cell and myeloid [TAMs, DCs (mainly DC2), and CD14 monocytes] (C), in treatment-naïve samples and expression is retained post SOC treatment in OvCa.

Fig 2: Strong biological rationale to target PVRIG in ovarian cancer[4]

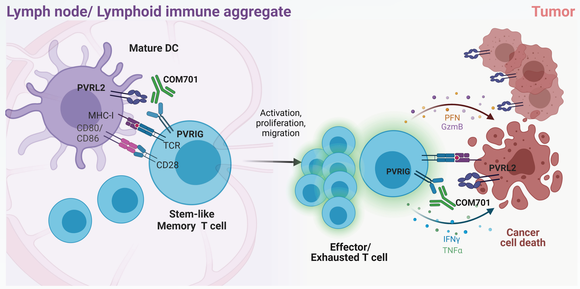
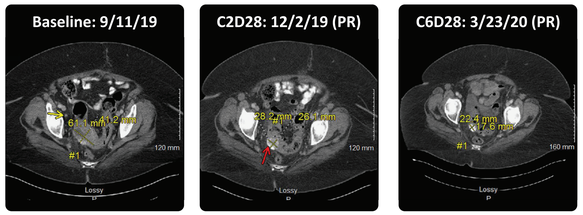


Fig 3: COM701 monotherapy case study – sustained partial response in patient with PD-L1 negative ovarian cancer responding for ~24 months

63-year-old female with microsatellite stable platinum resistant primary peritoneal cancer

PDL1 negative, MRE11 mutation

Study Treatment: COM701 20mg/kg IV Q 4 weeks



Had 3 prior lines of SOC treatment:

- 1st line carboplatin/paclitaxel, SD (best response)
- Carboplatin/paclitaxel, PD (best response)
- Doxorubicin/Bevacizumab, PR (best response, d/c due to toxicity)
- Enrolled into COM701 monotherapy dose escalation (20 mg/kg IV Q4 wks)

Fig 4: Trial design and methods

MAIA Ovarian is an exploratory adaptive platform comprised of:

- Sub-study 1 - a double blinded, randomized, placebo-controlled trial with monotherapy **COM701 IV dosing every 3 weeks.**
- Additional sub studies that may be added based on data outcomes in sub-study 1, to evaluate combos with other anti-cancer drugs or to test enrichment strategies.

Patient Population:

- ≥18 yr of age
- Relapsed PSOC
- PFI >6months
- ≥2 full prior lines of treatment, and CR/PR following 4- 6 cycles of platinum-based chemo
- s/p Bev or PARP or not a candidate for Bev/PARP
- No liver mets

Stratification – 2L vs 3L

Sub-study 1: n=60

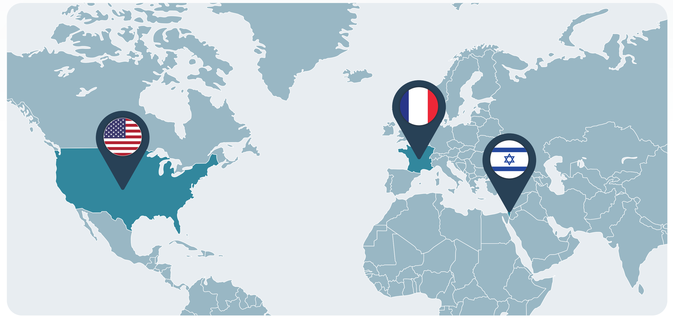
Parallel assignment for arms 1 and 2 → Arm 1 Placebo Control arm n=20; Arm 2 COM701 n=40 → Sub-study 1: Evaluating the effect of COM701 compared to placebo

- Primary objective: Efficacy Investigator assessed PFS using RECIST1.1
- Secondary objectives: safety and additional efficacy endpoints
- Exploratory endpoints: tumor marker, ctDNA and biomarker changes from baseline

Sequential enrollment for subsequent arms → Arm TBD

Study Status & Timeline

- ClinicalTrials.gov Identifier NCT06888921
- EU Trial Number 2025-521125-33-00
- First patient dosed July 2025
- Enrollment is ongoing in US, Israel and France (in collaboration with ARCAGY-GINECO)
- All sites are open for enrollment



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