Poster 125TiP

Design of a First-in-Human Multicentre Open-Label Study of ZW191, a Folate Receptor α-Targeting Antibody-Drug Conjugate Utilising a Novel TOPOli Payload, in Participants With Advanced Solid Tumours: ZWI-ZW191-101

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BACKGROUND

- Folate receptor alpha (FRα) is highly expressed in multiple epithelial tumours but has limited expression in normal tissue¹⁻³
- ZW191 is an antibody-drug conjugate (ADC) composed of a novel fully humanized IgG1 FRα-targeting monoclonal antibody covalently conjugated to a novel camptothecin-derived topoisomerase I inhibitor (TOPOIi) payload, ZD06519, with a drug-to-antibody ratio of 8 and a linker that includes a maleimidocaproyl anchor and a glycineglycine-phenylalanine-glycine (GGFG)-aminomethyl proteasecleavable sequence⁴
- Preclinical studies of ZW191 showed strong specific binding to FRα across broad expression profiles, enhanced internalization, intracellular release of bystander-active payload, significant tumour growth inhibition in spheroid and patient-derived xenograft (PDX) cancer models, a favourable pharmacokinetic (PK) profile, and good tolerability at exposure levels above those projected to be efficacious⁴
- ZW191 has shown preclinical efficacy across multiple tumour types, including FR α -high/mid/low ovarian cancer (OC), non-small cell lung cancer (NSCLC), endometrial cancer (EC), and triple-negative breast cancer, and is well tolerated, with a highest nonseverely toxic dose (HNSTD) of 60 mg/kg in nonhuman primates.⁴ The completed good laboratory practice (GLP) toxicology studies of ZW191 and ZD06519 support the first-in-human starting dose of 1.6 mg/kg administered once every 3 weeks (Q3W) via intravenous infusion
- This is an ongoing, first-in-human, phase 1 study (ZWI-ZW191-101) to evaluate the safety, tolerability, and antitumour activity of ZW191 in participants with advanced OC, EC, or nonsquamous NSCLC

Mechanism of Action of ZW191 ADC



ZW191 binds to FRa, is internalized, and releases ZD06519, which inhibits TOPOI-DNA complexes, causing cancer cell death and bystander-mediated killing of nearby tumour cells.

Inclusion Criteria

- Adults ≥18 years of age with OC (epithelial), EC, or nonsquamous NSCLC
- Pathologically or cytologically confirmed diagnosis of cancers with evidence of locally advanced (unresectable), recurrent, and/or metastatic disease
- Measurable disease per Response Evaluation Criteria in Solid Tumours v1.1
- Eastern Cooperative Oncology Group performance score of 0 or 1
- Adequate cardiac (left ventricular ejection fraction ≥50% as determined by echocardiogram or multigated acquisition scan), neurologic, pulmonary, and other organ function as per protocol
- Participants who have exhausted available treatment options, cannot tolerate or refuse available standard of care (SOC), or are not suitable for available SOC systemic therapies known to confer clinical benefit
- For Part 2, participants must have received ≥ 1 but ≤ 5 prior lines of documented systemic therapy
- For Part 2, in the OC cohort, participants will be eligible independent of FRα status. For the endometrial and NSCLC cohorts, only those participants positive for FR α expression by prospective testing will be eligible

Exclusion Criteria

- Has received prior TOPOli ADC treatment
- Known additional malignancy that is progressing or requires active treatment or may interfere with study endpoints
- History of hypersensitivity or contraindications to any active substance/ingredient of ZW191 • Acute or chronic uncontrolled renal, pancreatic, or liver disease
- Severe chronic or active infections (including known active SARS-CoV-2 infection) requiring systemic therapy, including antibacterial, antifungal, or antiviral therapy

Participating Regions of Study: ZWI-ZW191-101



*Startup has been completed in all the countries except Spain.

METHODS

Key Eligibility Criteria

ZWI-ZW191-101 is a global study with 27 sites across multiple regions, including North America, Europe, and the Asia-Pacific, and is actively enroling patients into Part 1

ZWI-ZW191-101 is a first-in-human multicentre open-label phase 1 study of ZW191 in participants with advanced solid tumours (NCT06555744; EudraCT: 2024-512299-37-00)

Part 1: Dose Escalation (approximately 6 dose levels, $n \approx 45$) OC, EC, and nonsquamous NSCLC



cohorts may be backfilled or expanded up to 12 participants.

Cycle 1 Day 1 ZW191 IV	
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^aTo be initiated with recommended dose for expansion based on safety monitoring data from part 1.^bTimed from Cycle 1 Day 1. Q6W for the first 4 assessments and then Q9W thereafter. CT: computed tomography; DLT: dose-limiting toxicity; EC: endometrial cancer; FRa: folate receptor alpha; IV: intravenous; MRI: magnetic resonance imaging; NSCLC: non-small cell lung cancer; OC: ovarian cancer; Q3W: once every 3 weeks; Q6W: once every 6 weeks; Q9W: once every 9 weeks; SMC: safety monitoring committee; TBD: to be determined.

This study comprises 2 parts:

- or NSCLC
- Participants will receive ZW191 intravenously, once every 3 weeks (21-day cycles)
- Dose level 1 is 1.6 mg/kg, increasing based on safety and tolerability to identify recommended dose level(s) for Part 2
- Part 2a is dose optimization in participants with OC, and Part 2b is dose expansion in FRα-expressing participants with EC or nonsquamous NSCLC

Endpoints

Ĩ	Part 1: Dose Escalation	Part 2: Dos	e Optimization/Dose Expansion
Primary	 Frequency and severity of DLTs, AEs, AESIs, and clinical lab abnormalities Frequency of SAEs and deaths Frequency of dose reductions 	Primary	 cORR Frequency and severity of AEs, AESIs, and clinical lab abnormalities Frequency of SAEs and deaths Frequency of dose reductions
Secondary	 Serum or plasma concentrations of ZW191 PK parameters (C_{max}, t_{max}, AUC, t_{1/2}, λ_z, 	Secondary	 Serum or plasma concentrations and DK parameters of 71//101
	 CL, V_d) Presence of ADAs BOR, DOR, DCR, cORR, CBR PFS, OS 		 Presence of ADAs DOR, DCR, CBR, BOR PFS, OS

λ_z: terminal elimination rate constant; ADA: antidrug antibody; AEs: adverse events; AESIs: adverse events of special interest; AUC: area under the concentrationtime curve; BOR: best overall response; CBR: clinical benefit rate; CL: clearance; C_{max}: maximum observed serum and/or plasma concentration; cORR: confirmed objective response rate; DCR: disease control rate; DLTs: dose-limiting toxicities; DOR: duration of response; OS: overall survival; PFS: progression-free survival; PK: pharmacokinetic; SAEs: serious adverse events; t_{max} : time to maximum observed serum and/or plasma concentration; $t_{1/2}$: apparent elimination half-life; V_d: volume of distribution.

Study Design

• Part 1 is dose escalation to identify the maximum tolerated dose (using the modified toxicity probability interval design) of ZW191 in approximately 6 dose levels in participants with OC, EC,

SUMMARY

- ZWI-ZW191-101 (NCT06555744; EudraCT: 2024-512299-37-00) is evaluating the safety, tolerability, PK, and antitumour activity of ZW191 in participants with advanced OC, EC, or NSCLC
- Enrolment for Part 1 of the study (dose escalation) is ongoing in the US, Japan, South Korea, Singapore, and Australia

References

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