Selinexor (KPT-330) in Patients (pts) with Platinum Resistant/Refractory Ovarian Cancer (OvCa)

Conclusions

• In two different mouse models of OvCa, selinexor displayed significant efficacy and prolonged survival including antitumor synergy with capcitabine. Histopathological analyses in tumor xenografts indicated inhibition of tumor growth and increased survival, with most adverse events gastrointestinal (GI).

As part of an all-comers Phase I solid tumor study, patients with platinum-resistant/refractory solid tumors were treated with selinexor 30 mg/m² (2) or 35 mg/m² (5). Adverse events were evaluated utilizing NCI-CTCAE version 4.0. As of 25 April 2015, dose levels from 0.8 to 200 mg/m² were evaluated. The major adverse events of IRB1076075

Patient Demographics

Characteristics N=7

Median Age (Range) 55 (35-70)

Median Regimens (Range) 5 (2-9)

Previously Treated with Platinum (%) 7 Patients (100%)

ECCAl 0 (3)

Selinexor Activity in OvCa Patients (19 September 2014)

Selinexor Related Adverse Events Occurring at Least Once in 2 Patients (N=7)

Selinexor was associated primarily with Grade 1/2 toxicities, with most adverse events gastrointestinal (GI) in nature. Grade 1/2 nausea (25%), vomiting (25%), diarrhea (4%), constipation (7%), dizziness (7%), anemia (6%), fatigue (5%), dyspepsia (4%), constipation (4%), and symptom were the most common adverse events. Dose relationships were noted, and adverse events generally did not change or escalate among these patients. Conclusion: Selinexor demonstrated early signs of clinical activity in patients with platinum-resistant/refractory ovarian cancer.