<table>
<thead>
<tr>
<th>NCT00849667</th>
<th>A Randomized, Double-blind, Placebo-Controlled, Phase 3 Study to Assess the Efficacy and Safety of Weekly MORAb-003 in Combination With Carboplatin and Taxane in Subjects With Platinum-sensitive Ovarian Cancer in First Relapse</th>
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<td><strong>Phase</strong></td>
<td>III</td>
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<td><strong>Drug Class</strong></td>
<td>Tumor Specific Targeted Agents: Antibodies (Ab)</td>
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<td><strong>Drug Name</strong></td>
<td>Farletuzumab</td>
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<td><strong>Alternate Drug Names</strong></td>
<td>MORAb-003</td>
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<td><strong>Eligible Participant</strong></td>
<td>Platinum-sensitive ovarian cancer in first relapse</td>
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<td><strong>Patients Enrolled</strong></td>
<td>1,100</td>
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<td><strong>Therapy Setting</strong></td>
<td>Recurrence, Maintenance</td>
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| **Efficacy** | **PFS**: 9.7 months (chemo+2.5mg/kg farletuzumab) vs 9.0 months (chemo+placebo), **HR**: 0.86 (0.70-1.06)  
Exploratory subgroup analysis in patients with baseline CA125 levels ≤3xULN:  
**PFS**: 13.6 months (chemo+2.5mg/kg farletuzumab) vs 8.8 months (chemo+placebo)  
**HR**: 0.49 (0.3-0.79), **p=0.0028**  
**OS**: Not reached (chemo+2.5mg/day farletuzumab) vs 29.1 months (chemo+placebo)  
**HR**: 0.44 (0.23-0.84), **p=0.0108** |
| **Clinically Significant Adverse Events** | Serious AE: none  
Grade 3-4 AE: neutropenia (41%), thrombocytopenia (12%), leukopenia (11%), anemia (10%), similar in all treatment groups |
| **Conclusion** | PFS and OS benefit with addition of Farletuzumab in patients with baseline CA125 levels ≤3xULN |
Legend

Therapy Setting
First-line – Therapy given to patients on initial diagnosis of disease as the first, best treatment option.
Maintenance – Therapy given to patients to help keep cancer from coming back after it has responded to therapy.
Recurrence – Therapy given to patients in whom disease has returned after prior therapy.

Study Design
Randomized -- A study in which participants are assigned by chance to the separate study groups.
Non-randomized -- A study in which participants are NOT assigned by chance to the separate study groups.

Efficacy Endpoints
PFS: Progression-Free Survival — length of time during and after treatment during which the cancer does not get worse (usually reported as the time when the cancer for half -- or median -- of the people in the treatment group gets worse).
OS: Overall Survival — length of time from the start of treatment that patients are still alive (usually reported as the time when half -- or median -- of the people in the treatment group are still alive).
CR: Complete Response -- The disappearance of all signs of cancer in response to treatment.
SD: Stable Disease Response -- Cancer that is neither decreasing nor increasing in extent or severity.
ORR: Objective Response Rate -- Sum of complete and partial tumor responses to treatment, divided by the number of patients evaluated.
DCR: Disease Control Rate -- Sum of complete, partial and stable disease tumor responses to treatment, divided by the number of patients evaluated.
HR: Hazard Ratio--measures survival in the treatment group compared to the control group. An HR = 1 means that there is no difference in survival between the groups. An HR < 1 means that the treatment group has a lower risk of death compared to the control group. Range in parentheses is 95% Confidence Interval (CI).
RECIST: Response Evaluation Criteria in Solid Tumors -- Set of rules, based on measurements of the change in tumor size that define when cancer patients improve, stabilize, or worsen during a treatment regimen.
CA125: GCG CA125 Criteria -- Set of rules, based on measurements of the CA125 biomarker level that define when cancer patients improve, stabilize, or worsen during a treatment regimen.

Clinically Significant Adverse Events (Based on National Cancer Institute--Common Terminology Criteria for Adverse Events (CTCAE))
AE: Adverse events -- any undesirable experience associated with the use of a drug
SAE: Serious adverse events – untoward event associated with drug treatment e.g., death, life-threatening, requiring of hospitalization, persistent or significant incapacity; usually graded from 1-5.