<table>
<thead>
<tr>
<th>NCT01357161</th>
<th>A Randomized, Phase II Study Evaluating MK-1775 in Combination With Paclitaxel and Carboplatin Versus Paclitaxel and Carboplatin Alone in Adult Patients With Platinum Sensitive p53 Mutant Ovarian Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase</strong></td>
<td>II</td>
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<tr>
<td><strong>Drug Class</strong></td>
<td>Cell Cycle Inhibitors: Wee1 Inhibitor</td>
</tr>
<tr>
<td><strong>Drug Name</strong></td>
<td>AZD1775</td>
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<tr>
<td><strong>Alternate Drug Names</strong></td>
<td>MK-1775</td>
</tr>
<tr>
<td><strong>Eligible Participant</strong></td>
<td>Platinum-sensitive, TP53-mutated ovarian cancer</td>
</tr>
<tr>
<td><strong>Patients Enrolled</strong></td>
<td>121</td>
</tr>
<tr>
<td><strong>Therapy Setting</strong></td>
<td>Recurrence</td>
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<tr>
<td><strong>Study Design</strong></td>
<td>Double Blind, Randomized</td>
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<td><strong>Endpoints</strong></td>
<td>ORR evaluated per RECIST; PFS; OS</td>
</tr>
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<td><strong>Biomarkers</strong></td>
<td>TP53 mutations</td>
</tr>
</tbody>
</table>

**Efficacy**

- **ORR**: 81.4% (carboplatin/paclitaxel + AZD1775= combo) vs 75.8% (carboplatin/paclitaxel), (p=0.46) (RECIST)
- **PFS**: 9.9 months (combo) vs 8.0 months (carboplatin/paclitaxel) HR: 0.55 (0.32-0.95, p=0.030) (RECIST)
- **OS**: data immature (interim analysis, 57% maturity)

**Clinically Significant Adverse Events**

- Serious AE: 40.7% combo vs 20% carboplatin/paclitaxel
- Grade 3-4 AE: 78% combo vs 65% carboplatin/paclitaxel

**Conclusion**

- Improved PFS with addition of AZD1775

**Reference**

Oza AM, et al. An international, biomarker-directed, randomized, phase II trial of AZD1775 plus paclitaxel and carboplatin (P/C) for the treatment of women with platinum-sensitive, TP53-mutant ovarian cancer. (2015) J Clin Oncol 33 (suppl; abstr 5506) [http://meetinglibrary.asco.org/content/147808-156](http://meetinglibrary.asco.org/content/147808-156)
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.

**PR**: Partial Response -- A decrease in the size of a tumor, or in the extent of cancer in the body, 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**: GCIG 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.