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First-in-human study of AZD5335, a folate receptor α (FR α)-targeted antibody-drug conjugate, in patients with platinum-resistant recurrent ovarian cancer

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Background

AZD5335 is an antibody-drug conjugate that binds FR α on tumour cells and delivers a topoisomerase 1 inhibitor payload. FONTANA (NCT05797168) is a Phase 1/2a, first-in-human, modular open-label study of AZD5335 in patients (pts) with advanced solid tumours. Initial results from monotherapy dose escalation (Part A) have been presented (Shapira-Frommer ESMO 2024). We report the initial data from AZD5335 monotherapy dose optimization (Part B1).

Methods

Pts aged ≥ 18 years with platinum-resistant ovarian cancer were recruited to Part A (FR α expression-unselected, no restriction on prior lines of therapy [LOT]) and Part B1 (FR α -selected, ≤ 3 prior LOT, randomized allocation to dose cohorts). AZD5335 was administered Q3W IV at 5 dose levels (0.8–3.0 mg/kg) in Part A and at 1.6, 2.0 and 2.4 mg/kg in Part B1 until disease progression or unacceptable toxicity. The primary objective was safety and tolerability; secondary objectives included preliminary efficacy.

Results

As of 14 March 2025, 183 pts had received treatment (Part A, n=59; Part B1, n=124). Median duration of exposure was 3.8 months (range 0.3–15.5) with 107 pts (58.5%) remaining on-treatment at the data cut-off. The most common possibly treatment-related adverse events (TRAEs) (any grade [G], G3–4) were nausea (72.7%, 4.9%), fatigue (45.9%, 3.8%), neutropenia (44.8%, 22.9%), vomiting (40.4%, 4.9%), and anaemia (38.8%, 14.2%). Possible TRAEs led to dose reduction in 19.7% of pts and discontinuation in 7.1%. The maximum tolerated dose was not defined. The objective response rate for the 1.6, 2.0 and 2.4 mg/kg dose levels combined was 60.7% (95% CI: 46.8, 73.5) in pts with high FR α expression ($\geq 75\%$ tumour cells staining at $\geq 2+$ intensity, n=56), and 47.5% (95% CI: 34.6, 60.7) in pts with low FR α expression ($\geq 25\%$ tumour cells staining at $\geq 1+$ intensity, n=61). Progression-free survival data will be presented.

Conclusions

AZD5335 is associated with a manageable safety profile and has demonstrated competitive efficacy across all dose levels selected for dose optimization and in both high and low FR α -expressing tumours. Data from this trial will inform future monotherapy and combination opportunities in ovarian and additional solid tumours.

Clinical trial identification

NCT05797168; release date: 4 April 2023.

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Legal entity responsible for the study

AstraZeneca.

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Disclosure

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