

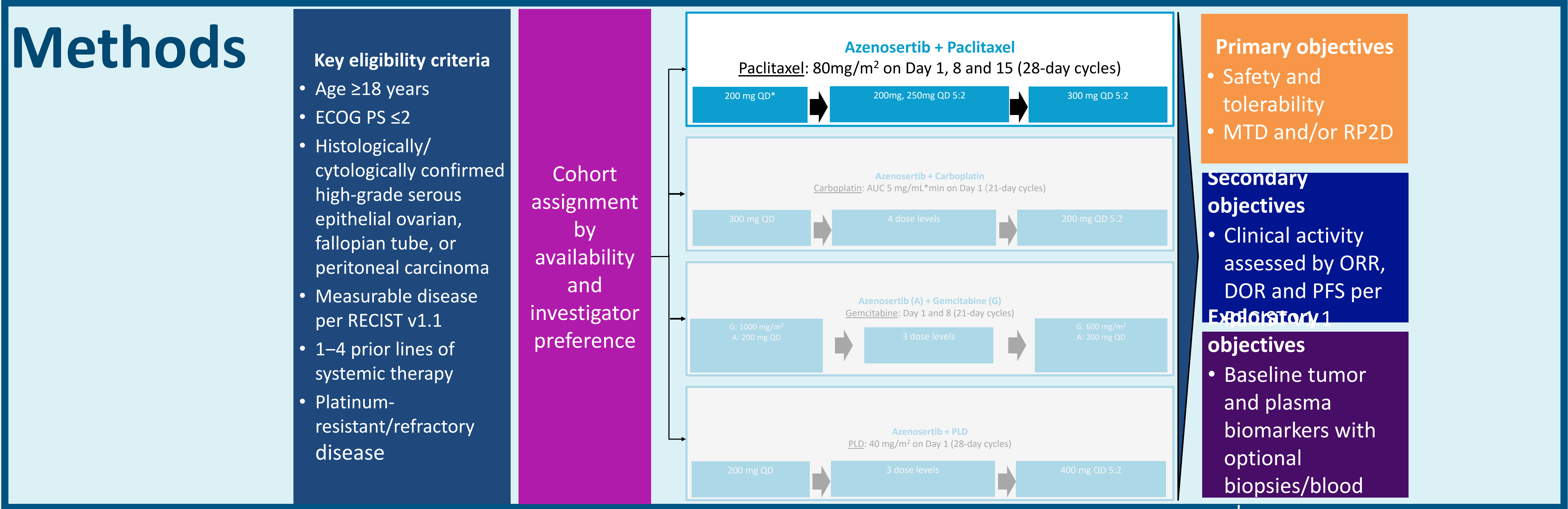
Azenosertib Plus Paclitaxel for Platinum-Resistant Ovarian Cancer: Results From a Phase 1b Study

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Background

- Most patients with ovarian cancer develop platinum-resistant disease following surgery and platinum-based chemotherapy and have a poor prognosis¹
- Paclitaxel monotherapy is the most efficacious single-agent chemotherapy for platinum-resistant ovarian cancer (PROC)²
 - However, clinical benefits require further improvement with objective response rates of ~30%, a median progression-free survival of ~4 months and a median overall survival of ~13 months³
- An urgent need remains for novel therapeutic strategies to meaningfully improve upon the efficacy of paclitaxel monotherapy, extend survival, and ultimately transform the treatment landscape for patients with PROC
- Azenosertib is an investigational, potentially best-in-class, novel, selective, and orally bioavailable small molecule inhibitor of the WEE1 tyrosine kinase (**Figure 1**)
- In a preclinical model of high-grade serous ovarian cancer, azenosertib significantly enhanced the efficacy of paclitaxel *in vivo* with manageable tolerability (**Figure 2**)
- Herein, we report results from a Phase 1b clinical trial of azenosertib combined with paclitaxel for PROC



Results

As of December 1, 2025, 46 patients received azenosertib continuously 200 mg (n=7) and intermittently 5:2 (200 mg [n=15], 250 mg [n=12], and 300 mg [n=12]) in combination with paclitaxel

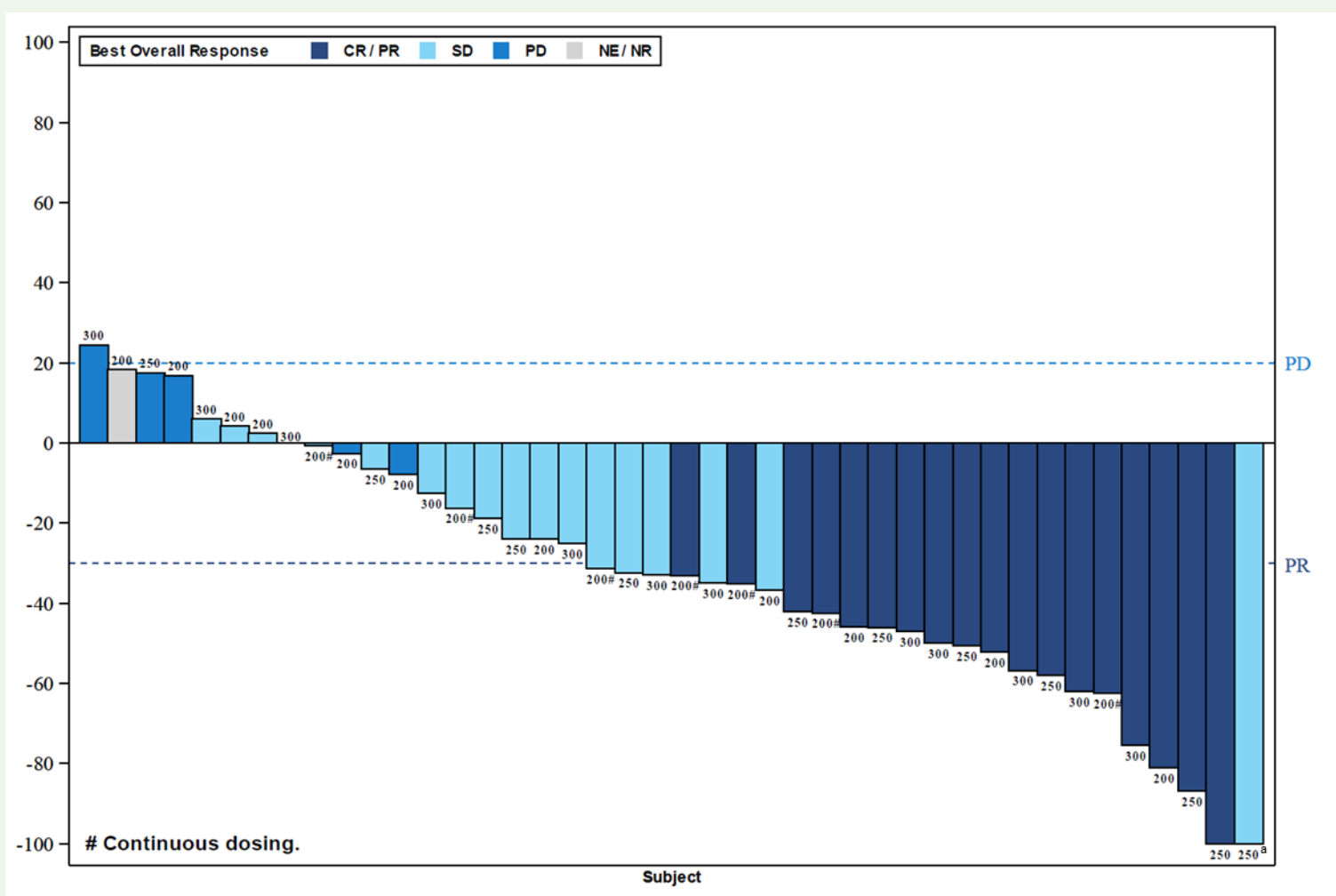
Median age was 66 years (range, 45–83)

Median number of prior lines of therapy was 2 (range, 1–4)

All patients received prior paclitaxel

Among 46 patients, 43 patients were evaluable for Cyclin E1 status per IHC

29 patients were Cyclin E1-positive and 14 were Cyclin E1-negative



Toxicity

Most common all grade TRAEs were fatigue (61%), anemia (59%), nausea (52%), and neutropenia (50%) Most frequent grade ≥3 TRAEs were neutropenia (30%) and anemia (20%)

Serious TRAEs occurred in 20% of patients. The most frequent serious TRAEs were fatigue, diarrhea, and neutropenia, in 2 patients each

Conclusion

- The azenosertib plus paclitaxel combination showed encouraging clinical activity in patients with PROC across 4 dose cohorts, ORR was 39%, median DOR was 5.6 months, and median PFS was 7.3 months
- At the dose cohort of azenosertib 250mg QD 5:2 and paclitaxel 80mg/m² with potentially the optimal therapeutic index, ORR was 50%, median DOR was 9.2, and median PFS was 5.5 months. ORR and median PFS were improved when compared historically with paclitaxel monotherapy
- Comparable clinical activities were observed in Cyclin E1-positive and Cyclin E1-negative patients
- The most frequent TRAEs were fatigue, anemia, nausea, and neutropenia, which were clinically manageable
- These findings support the continued evaluation of this regimen in ovarian cancer including platinum sensitive disease and in other tumor types where taxanes are commonly used