2025 ASCO ANNUAL MEETING

Safety and Efficacy of BAT8006, a Folate Receptor α (FRα) Antibody Drug Conjugate, in Patients with Platinum-resistant Ovarian Cancer: Update on the Dose Optimization/Expansion Cohort of BAT-8006-001-CR Trial.

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PRESENTED BY:

Background

▶ BAT8006 Design

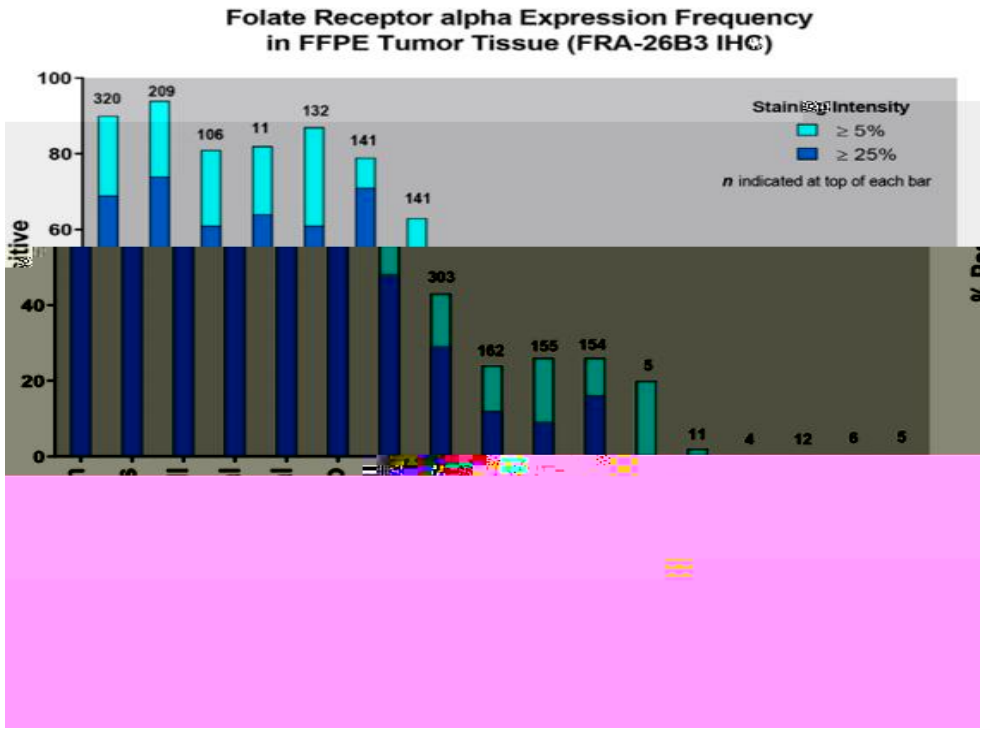
BAT8006 was developed adopting a novel ADC platform technology with Exatecan as the payload tethered to a cleavable linker. The drug-to-antibody ratio (DAR) stands 7~8.

▶ Drug Target

Folate receptor FR has a high affinity for reduced folates and folic acid and is responsible for the transport of folates for a number of reactions involving one

▶ Target Expression

a number of reactions involving one-carbon transfer exhibits an increased expression on cell surfaces in multiple solid tumors, including ovarian, lung, breast and endometrial cancer, while demonstrating limited expression in normal tissuesat.



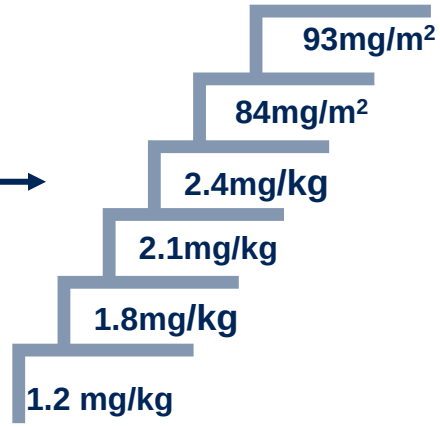
Sakai H,et al. Clin Transl Med (2021)

Study design

Part 1 Dose escalation study in subject with advanced solid tumors

KEY ELIGIBILITY CRITERIA:

Advanced solid tumors refractory to standard therapy (mainly ovarian, endometrial, lung and breast cancer patients)



Study endpoints:

Primary: DLT, AEs, AEs leading to discontinuation or death

Secondary: PK, PD， immunogenecity

Part 2 Dose optimal/expansion study in subject with Platinum-resistance Ovarian Cancer ovarian cancer (PROC) cohort

KEY ELIGIBILITY CRITERIA:

Platinum - resistant epithelial ovarian cancer, primary peritoneal cancer, and fallopian tube cancer with FRα PS 2+ ≥ 1%.

With at least one measurable target lesion (according to RECIST v1.1).

ECOG 0 to 1.

Study endpoints:

Primary: ORR (according to RECIST v1.1)

Secondary: PFS, OS, safety profile and PK, PD

Based on E-R analysis, doses calculated using body surface area (BSA) exhibit a linear PK profile in terms of both efficacy response and safety profile. Two BSA-calculated doses were selected for the optimization study.

Demographics and Antitumor Activity (PROC Cohort)

A total of 82 PROC subjects with FR expression 1% and have 1~3 prior lines treatment were randomly assigned in PROC Cohort.

Among them, 80.5% (66/82) subjects had previously received bevacizumab.

With 38 and 31 subjects in the 84 mg/m² and 93 mg/m² groups were efficacy evaluable according to RECIST 1.1 criteria.

Baseline Characteristics of Subjects in PROC Cohort

	84mg/m² (n=43)	93mg/m² (n=39)
Age (Median, Min- Max)	55.0(41-74)	55.0(32-70)
ECOG 0/1	8/35	8/31
Priors Surgery (Yes/No)	42/1	38/1
Prior Radiotherapy (Yes/No)	2/41	3/36
Prior PARPi Therapy (Yes/No)	22/21	19/20
Prior Bevacizumab (Yes/No)	33/10	33/6
Prior Treatment Lines (Median, Min- Max)	2 (1-3)	2 (1-3)
Treatment Cycles (Median, Min-Max)	8 (2-20)	8 (1-20)
Treatment Ongoing (Yes/No)	9/34	10/29

The ORR in PROC Cohort

	84mg/m² (n=38)	93mg/m² (n=31)
ORR, n (%)	14* (36.8%)	13# (41.9%)
CR, n (%)	1 (2.6%)	1 (3.2%)
PR, n (%)	13 (34.2%)	12 (38.7%)
SD, n (%)	16 (42.1%)	14 (45.2%)
PD, n (%)	8 (21.1%)	4 (12.9%)
DCR, n (%)	30 (78.9%)	27 (87.1%)

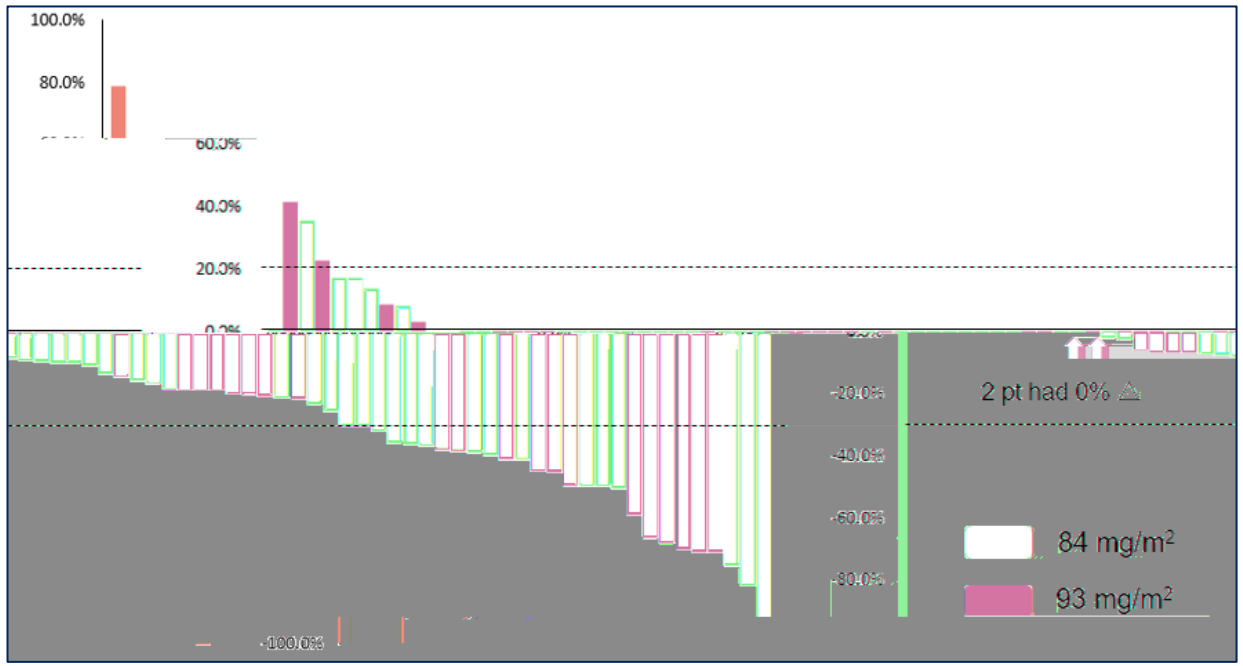
* with 4 unconfirmed PR, # with 3 unconfirmed PR

Efficacy in PROC Cohort

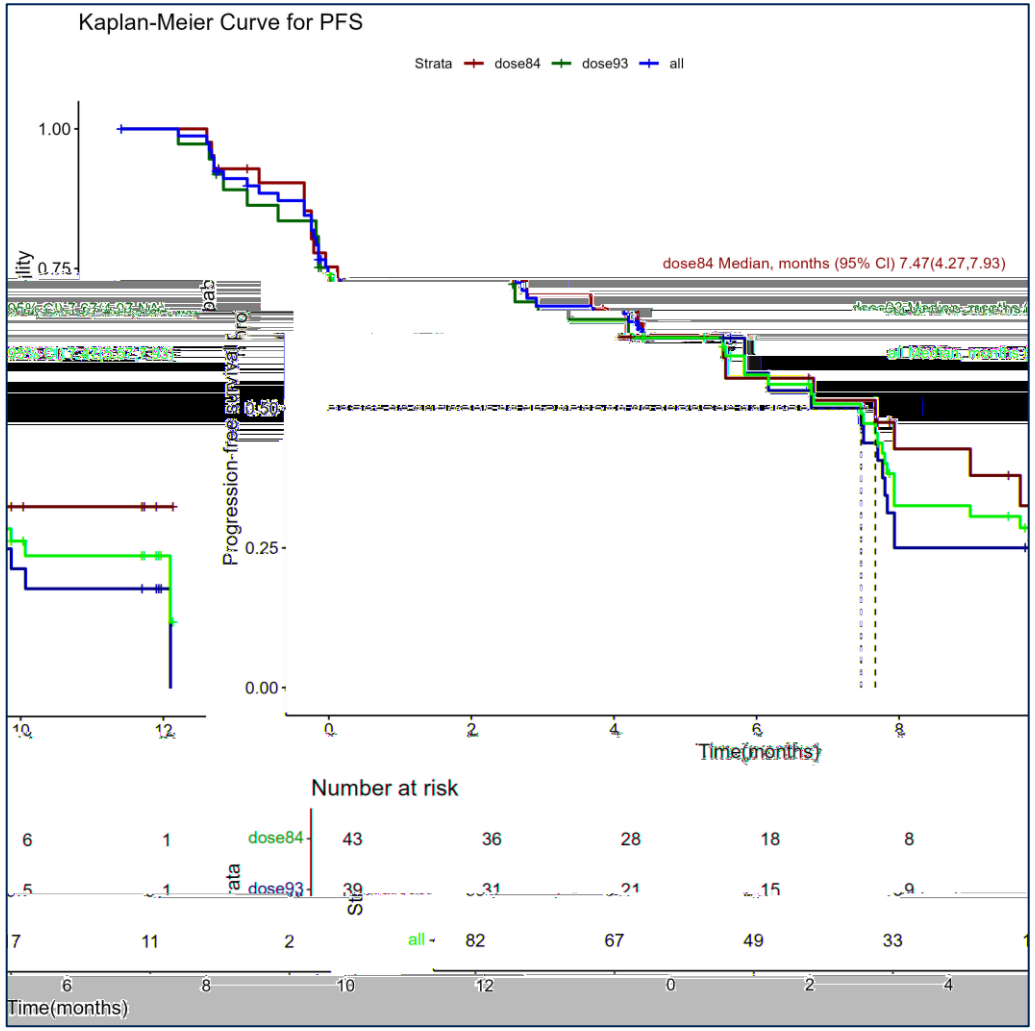
With a median follow-up of 9.5 months, the mPFS in 84 mg/m² group was **7.47 months** (4.27 to 7.93), while the mPFS in 93 mg/m² group was **7.67 months** (4.07 to NA).

The median OS have not been reached, with 6-month OS rates exceeding 75% for both groups.

Maximum Reduction of Target Lesions in PROC Cohort



K-M Curves of PFS in PROC Cohort



Efficacy in PRROC Subjects Across All Dose Cohorts

113 subjects with platinum-resistant/platinum-refractory ovarian cancer (PRROC) had undergone at least one tumor assessment after BAT8006 treatment, and were efficacy-evaluable according to RECIST V1.1 (including subjects from all dose cohorts, regardless of expression levels).

Among them, 31.9% (36/113) had previously received 3 lines of systemic anti-tumor

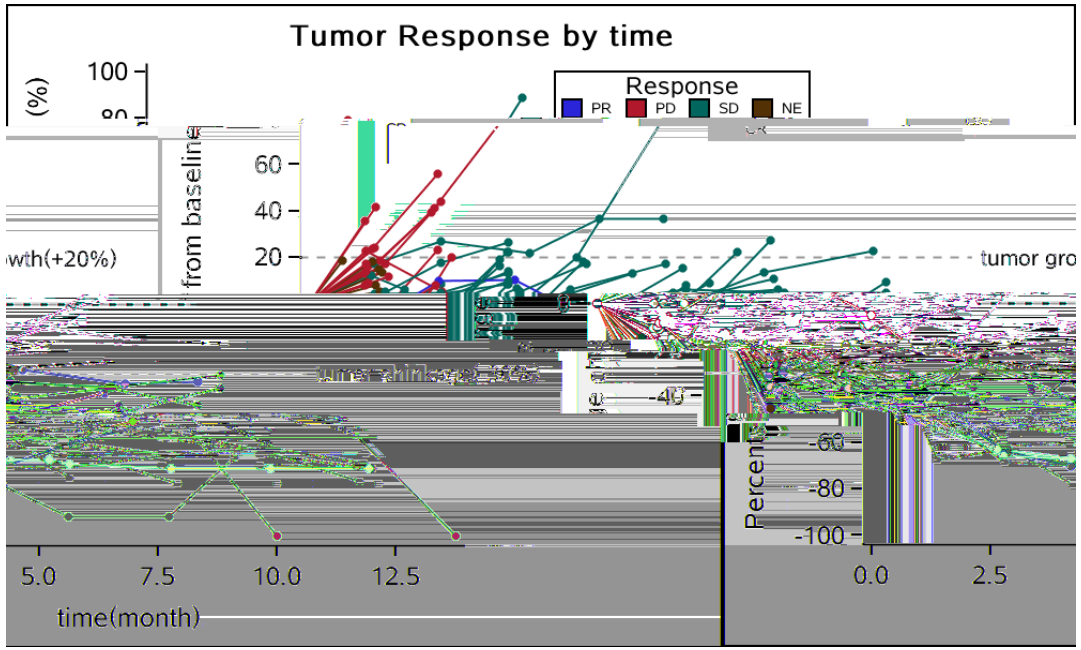
ORR in PRROC Subjects Across All Dose Cohorts

Efficacy in PRROC Subjects Across All Dose Cohorts

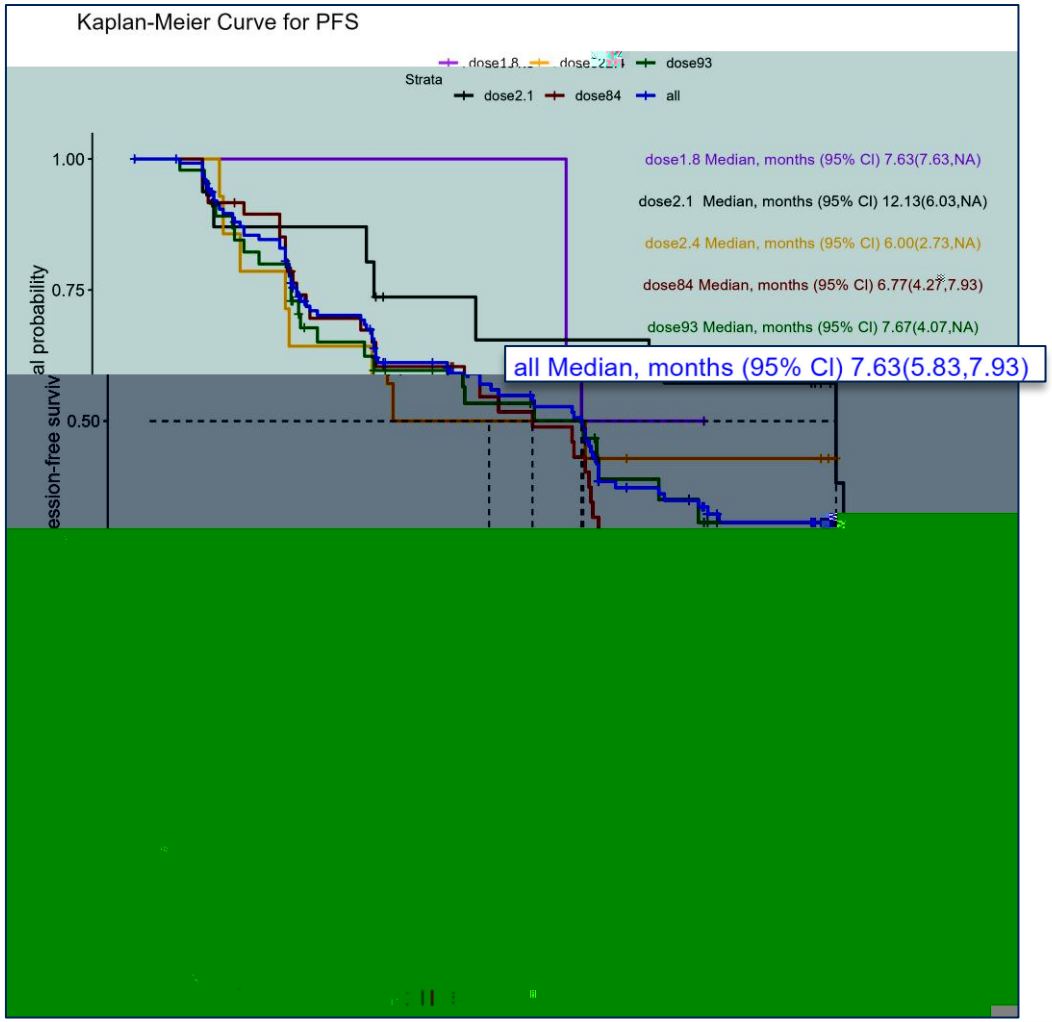
With a median follow-up of 9.5 months, regardless of prior lines of the mPFS in 84 mg/m² dose level is **6.77 months** (4.27 to 7.93), in 93 mg/m² dose level is **7.67 months** (4.07 to NA),.

The mPFS among all PRROC patients is **7.63 months** (5.83 to 7.93), regardless the dose level.

Spider Plot of Percentage Change from Baseline in Target Lesion



K-M Curves of PFS in PRROC Subjects Across All Dose Cohorts



As of April 30, 2025, in the dose optimal/expansion study, 167 subjects with advanced solid tumors have been enrolled in 84 or 93 mg/m² cohort (80 subjects in each cohort were randomly assigned, additional 7 subjects in 84mg/m² were expanded). The median treatment cycles for these two cohorts were 6 (1~21) and 5 (1~22), respectively.

Safety Summary in Advanced Solid Tumor

	84mg/m² (n=87)	93mg/m² (n=80)
Any TE		

Ongoing Study of BAT8006

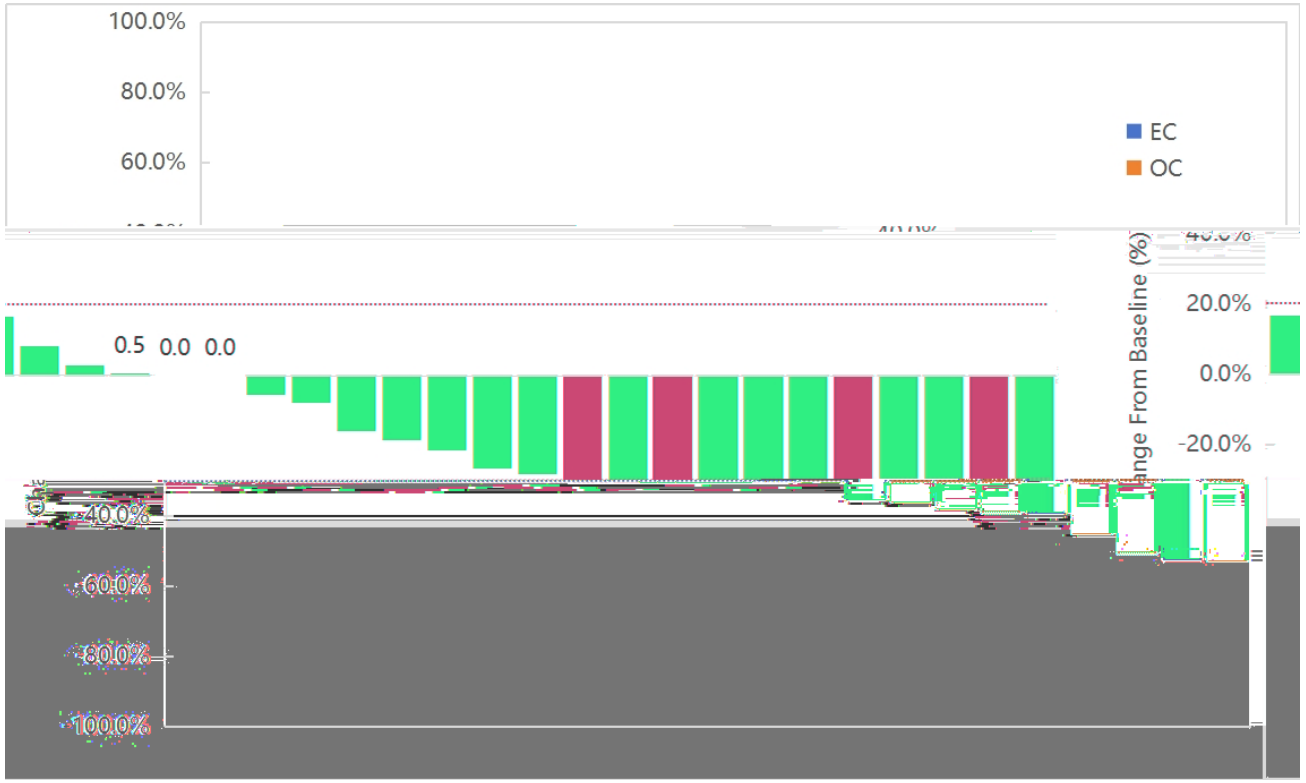
Study No.	Study Name
BAT-8006-003-CR (Phase 3)	A Randomized, Multicenter, Open-label Phase III Clinical Study Evaluating BAT8006 in Patients with Platinum-resistant Ovarian Cancer.
BAT8006+BAT1706-001-CR (Phase 2/3)	A Phase 2/3, Randomized, Open-label, Multicenter Study to Evaluate the Efficacy and Safety of BAT8006 as Maintenance Treatment in Patients with Platinum-sensitive Recurrent Ovarian Cancer
BAT8006+BAT1308-001-CR (Phase 1b/2)	A Multicenter, Open-label Phase 1b/2 Clinical Study Evaluating the Safety, Tolerability, Pharmacokinetic Characteristics, and Preliminary Efficacy of BAT8006 in Combination with BAT1308 in Patients with Advanced Solid Tumors.

BAT8006 + BAT1308 Ph1b/2 Study

BAT-8006+1308-001-CR is a Phase 1b/2 trial to evaluate the safety, tolerability, PK characteristics and efficacy of BAT8006 in combination with BAT1308 in patients with advanced ovarian or endometrial cancer.

The dose escalation study has been accomplished. The Phase 2 dose expansion study is ongoing.

Maximum Reduction of Target Lesions



In patients with advanced ovarian and endometrial cancers who had received 2-6 prior lines of systemic therapy, the ORR was 45.8% (11/24).

Notably, among 4 patients with advanced endometrial cancer who had received 2-4 prior systemic therapies (including immunotherapy in 2 of 4 cases), a 100% ORR (4/4) was observed.

Acknowledgements

We extend our deepest gratitude to all the patients who participated in this study and their families for their invaluable contribution and unwavering support.

Our sincere thanks also go to the investigators and staff at the participating study sites for their dedication and hard-work in the successful execution of this trial.

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