HCP EDUCATION 5601

Addressing Barriers to FRα-directed Therapy Integration in Platinum-resistant Ovarian Cancer: A Multi-phase, Community-informed Initiative

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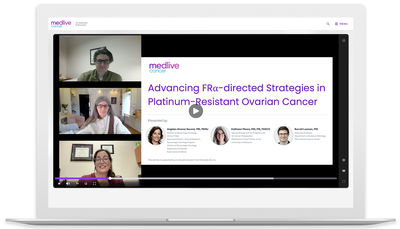
INTRODUCTION

Antibody-drug conjugates (ADCs) targeting folate receptor alpha (FRα) represent an important therapeutic advancement in ovarian cancer, with the potential to improve outcomes for eligible patients. Despite this progress, integration of FRα biomarker testing and FRα-directed therapies into community practice remains variable. This multi-phase, community-informed initiative was designed to assess real-world practice patterns, identify barriers to integration, and evaluate the impact of outcomes-driven education.



METHODOLOGY

Phase 1: Formative research using national claims data, community practice pattern survey (n=100), and case crowdsourcing survey (n=100)

Phase 2: 60-minute on-demand CME activity for oncologists, gynecologic oncologists, pathologists, and APPs

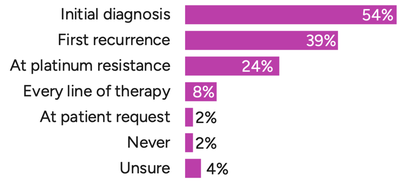
Outcomes: Pre/post knowledge and confidence questions plus post-activity intended practice changes

RESULTS

Phase 1: FRα Testing Patterns & Practice Gaps

A. Low FRα testing across the patient journey

Community Practice Pattern Survey (n=100)



Komodo Healthcare Map®
(OC cohort n=261,801 | PROC cohort n=49,089)

TESTING TYPE	AT INITIAL DIAGNOSIS	AFTER PLATINUM RESISTANCE
Any biomarker testing	55%	33%
FRα testing	22%	17%

B. FRα testing gap: Academic vs community

Komodo Healthcare Map®
(OC cohort n=261,801 | PROC cohort n=49,089)

Initial OC diagnosis

Academic		Community
28%	VS	18%

After PROC confirmation

Academic		Community
15%	VS	11%

FRα testing rates were consistently higher in academic than community settings.

C. Testing workflow and tissue selection

Community Case Crowdsourcing Survey (n=100)

Preferred tissue source in recurrent setting

New biopsy at recurrence **51%**

Archival tissue **49%**

Site where testing is typically performed

Commercial lab **73%**

In-house lab **27%**

Community sites rely heavily on external labs; tissue selection plus turnaround time remain practical challenges.

D. Representative survey quotes

(workflow barriers/challenges; open-ended responses)

> *Biomarker testing took too long*

> *Figuring how to get testing done and then waiting for insurance authorization*

> *Biomarker % and if archival tissue was representative*

Phase 1: Barriers to FRα Therapy Adoption

Community Practice Pattern Survey (n=100)

Barriers to offering FRα-targeted therapy

- **39%** Insurance/reimbursement challenges
- **36%** Test turnaround delay
- **35%** Access to FRα testing
- **32%** Toxicity management
- **23%** Drug access/ supply issues
- **18%** Limited clinical experience/familiarity

Clinical areas requiring further guidance

- **54%** Sequencing with prior therapies
- **53%** Biomarker thresholds
- **34%** Adverse event profile
- **30%** Differentiating MOA/ pharmacology
- **28%** Patient selection criteria

Logistical and educational barriers may delay optimal adoption of FRα-directed therapies in real-world practice.

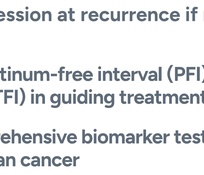
Phase 2: Early Educational Outcomes

A. Learner participation snapshot

5,188
Total Engagements
507 CME participations + 4,681 micro-learning completions

83% of CME learners completed their activity

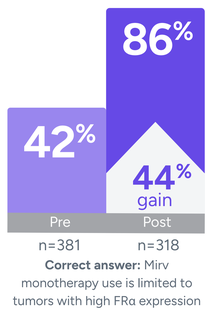
Learner Mix



93% MDs/DOs | 2% NPs/PAs | 3% RNs | 2% Other

B. Learning gains (pre vs post)

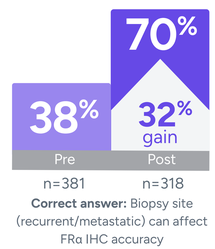
Limitation of the current SOC in PROC



n=381 n=318

Correct answer: Mirv monotherapy use is limited to tumors with high FRα expression

Role of FRα biomarker testing in treatment decisions



n=381 n=318

Correct answer: Biopsy site (recurrent/metastatic) can affect FRα IHC accuracy

C. Post-activity intended practice changes

- **42%** Routinely test FRα expression at recurrence if not previously tested
- **42%** Reevaluate the role of platinum-free interval (PFI) and/or treatment-free interval (TFI) in guiding treatment selection
- **39%** Routinely perform comprehensive biomarker testing for all patients with ovarian cancer

The education aligned with Phase 1 gaps and reinforced testing, timing, and patient-selection considerations.

CONCLUSION

Phase 1 data demonstrated inconsistent FRα testing, clear community-practice workflow barriers, and persistent uncertainty around sequencing and biomarker thresholds. Early Phase 2 outcomes showed substantial gains in knowledge related to FRα testing and treatment eligibility, with intended practice changes that directly align with the gaps identified in Phase 1. Together, these findings support outcomes-driven education to improve integration of FRα-directed therapy in PROC care.