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2025 ESMO GYNAECOLOGICAL CANCERS

Annual Congress

PHASE 3 RESULTS OF RELACORILANT + NAB-PACLITAXEL VS NAB-PACLITAXEL IN PLATINUM-RESISTANT OVARIAN CANCER (ROSELLA): SECONDARY ENDPOINTS

(ENGOT-ov72, GOG-3073, APGOT-Ov10, LACOG-0223, and ANZGOG-2221/2023)

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19 June 2025

DECLARATION OF INTERESTS

Lorusso, Domenica

Grants or contracts from AstraZeneca, Clovis, Genmab, GSK, Immunogen, Incyte, MSD, Novartis, PharmaMar, Seagen, and Roche

Consulting fees from AstraZeneca, Clovis Oncology, Genmab, GSK, Immunogen, MSD, PharmaMar, Seagen, and Novartis

Payment or honoraria from AstraZeneca, Clovis, Corcept, Genmab, GSK, Immunogen, MSD, Oncoinvest, PharmaMar, Seagen, and Sutro

Support for attending meetings and/or travel from GSK, AstraZeneca, Clovis, and MSD

Participation on a Data Safety Monitoring or Advisory Board for AstraZeneca, Clovis, Corcept, Genmab, GSK, Immunogen, MSD, Oncoinvest, PharmaMar, Seagen, and Sutro

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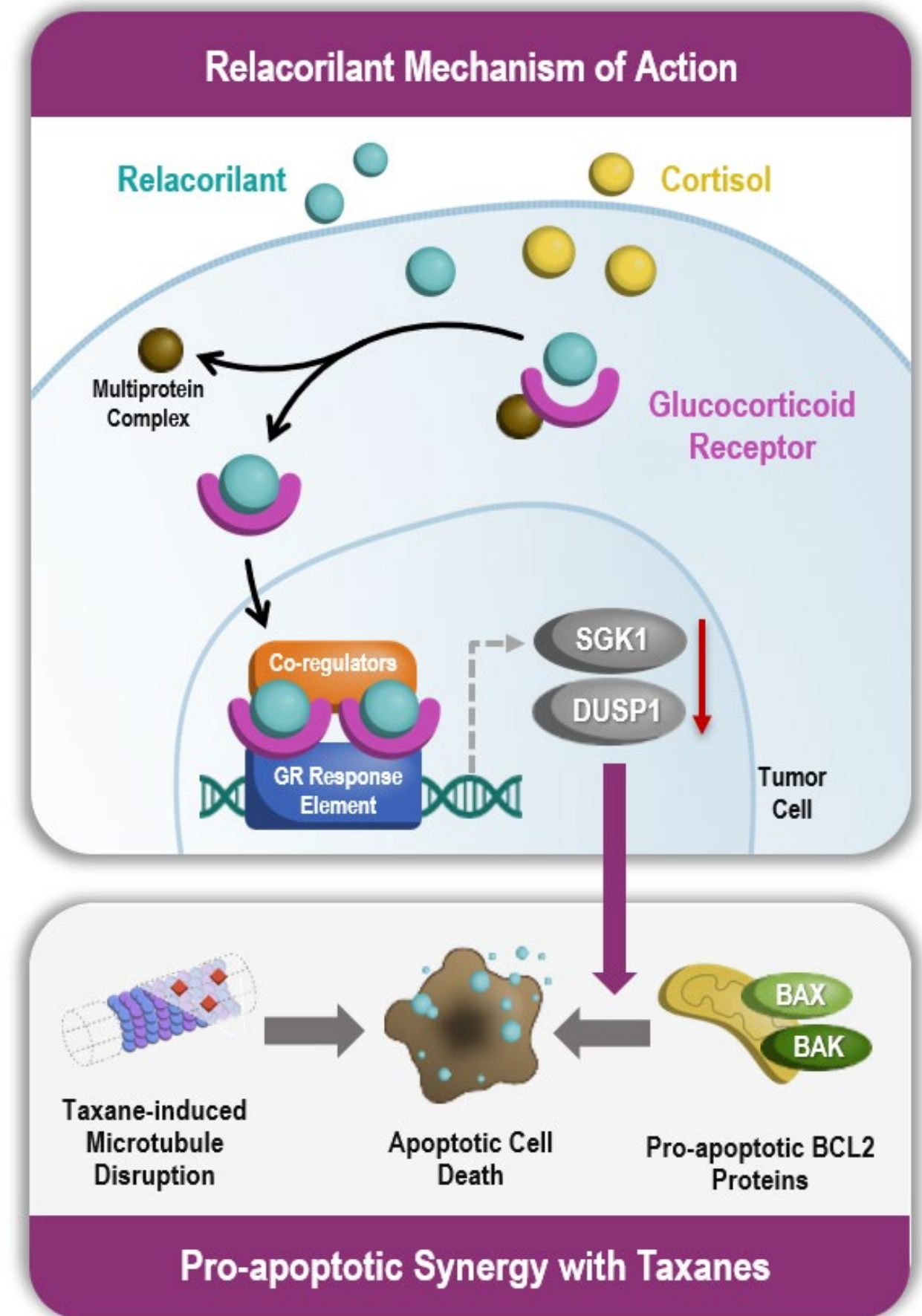
ROSELLA | BACKGROUND

- Patients with platinum-resistant ovarian cancer have an overall survival of ~1 year and need new treatments¹
- Ovarian cancers express the glucocorticoid receptor (GR), a marker of poor prognosis²
- GR signaling reduces sensitivity to chemotherapy^{3,4}
- Relacorilant is a novel, selective GR antagonist (SGRA) that restores the sensitivity of cancers to cytotoxic chemotherapy^{3,5,6}

1. Martorana, et al. *Int J Gynecol Cancer*. 2025;35(1):100009. 2. Veneris, et al. *Gynecol Oncol*. 2017;146(1):153-60. 3. Greenstein, et al. *Oncotarget*. 2021;12(13):1243-55. 4. Melhelm, et al. *Clin Cancer Res*. 2009;15(9):3196-3204. 5. Stringer-Reasor, et al. *Gynecol Oncol*. 2015;138(3):656-62. 6. Munster, et al. *Clin Cancer Res*. 2022;28(15):3214-24.

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RELACORILANT ONCOLOGY DEVELOPMENT TIMELINE

Nab-paclitaxel is one of the most efficacious therapies in patients with platinum-resistant ovarian cancer;¹⁻³ as it does not require steroid pretreatment, it is a rational partner for relacorilant



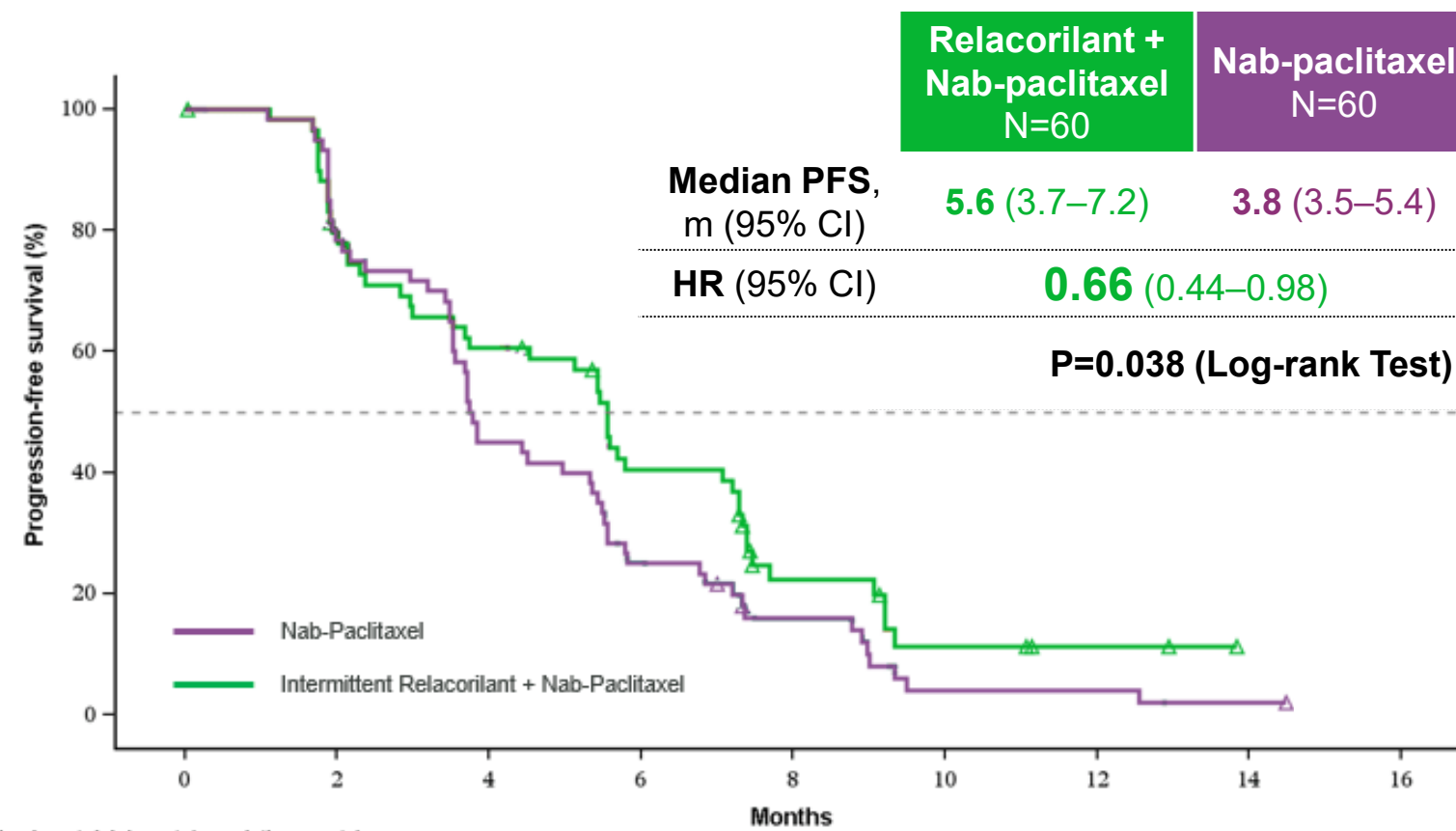
1. Martorana F, et al. *Int J Gynecol Cancer*. 2025;35:100009. 2. Colombo, et al. *J Clin Oncol*. 2023;41(30):4779-89. 3. Coleman RL, et al. *Gynecol Oncol*. 2011;122:111-15. 4. Munster, et al. *Clin Cancer Res*. 2022;28(15):3214-24. HR, hazard ratio.

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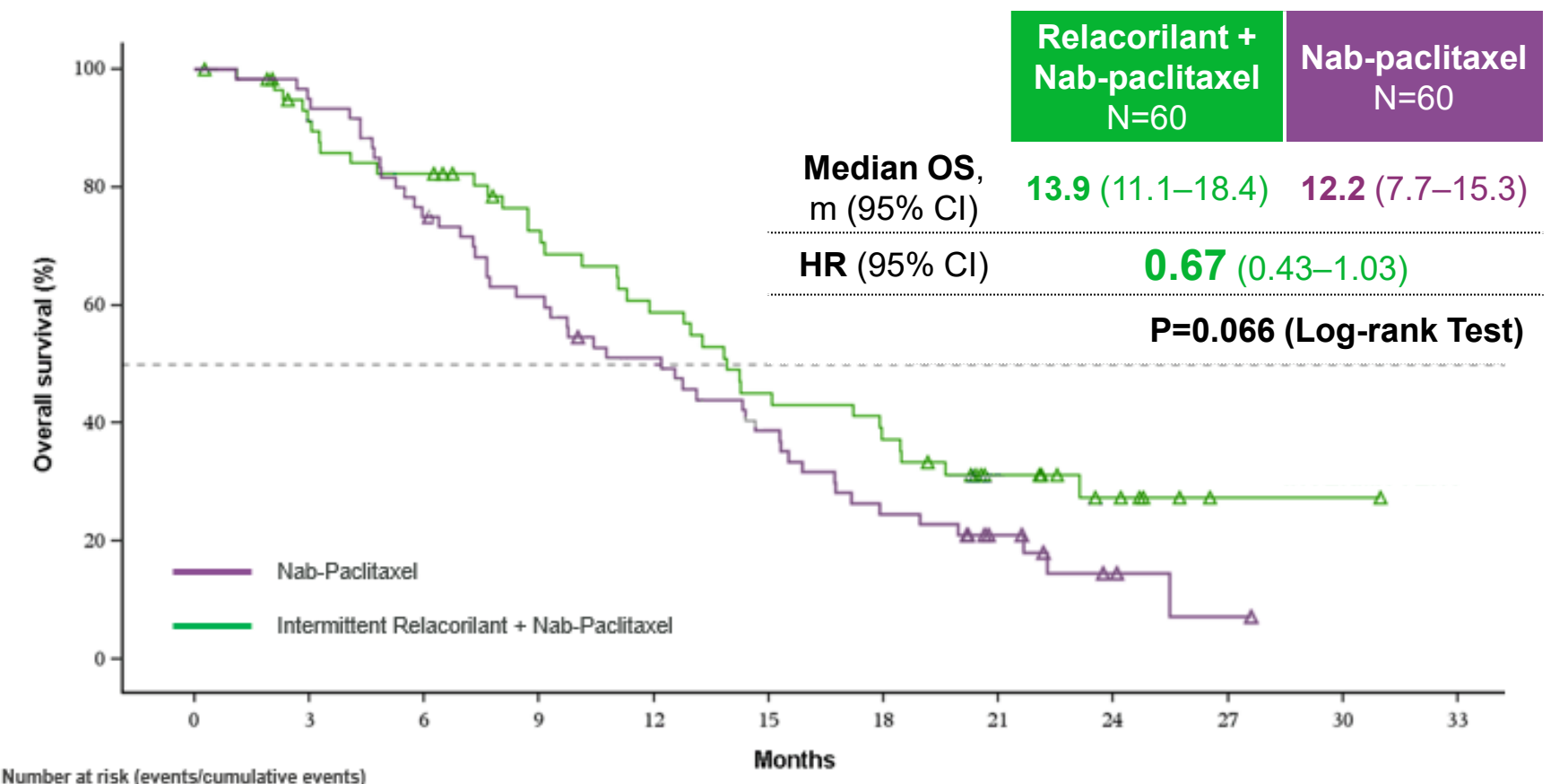
PHASE 2 | INTERMITTENT RELACORILANT + NAB-PACLITAXEL SHOWED IMPROVED PROGRESSION-FREE SURVIVAL AND A TREND TO IMPROVED OVERALL SURVIVAL

Phase 2 | Progression-Free Survival



| Relacorilant + Nab-Paclitaxel | 60 (0/0) | 46 (12/12) | 35 (11/23) | 22 (11/34) | 9 (9/43) | 4 (4/47) | 2 (0/47) | 0 (0/47) |
|-------------------------------|----------|------------|------------|------------|----------|----------|----------|----------|
| Nab-Paclitaxel | 60 (0/0) | 47 (13/13) | 27 (20/33) | 15 (12/45) | 8 (5/50) | 2 (6/56) | 2 (0/56) | 1 (1/57) |

Phase 2 | Overall Survival



| Relacorilant + Nab-Paclitaxel | 60 (0/0) | 51 (5/5) | 46 (5/10) | 37 (5/15) | 30 (7/22) | 23 (7/29) | 19 (4/33) | 11 (3/36) | 6 (1/37) | 1 (0/37) | 1 (0/37) | 0 (0/37) |
|-------------------------------|----------|----------|------------|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|----------|
| Nab-Paclitaxel | 60 (0/0) | 57 (3/3) | 45 (12/15) | 36 (8/23) | 29 (6/29) | 22 (7/36) | 14 (8/44) | 8 (2/46) | 3 (2/48) | 1 (1/49) | 0 (0/49) | |

PFS Median follow-up time: 11.1 months (data cutoff 22 March 2021).
 OS Median follow-up time: 22.5 months (data cutoff 7 March 2021).
 CI, confidence interval; HR, hazard ratio; OS, overall survival; PFS, progression-free survival
 Colombo, et al. *J Clin Oncol.* 2023;41(30):4779-89. NCT03776812

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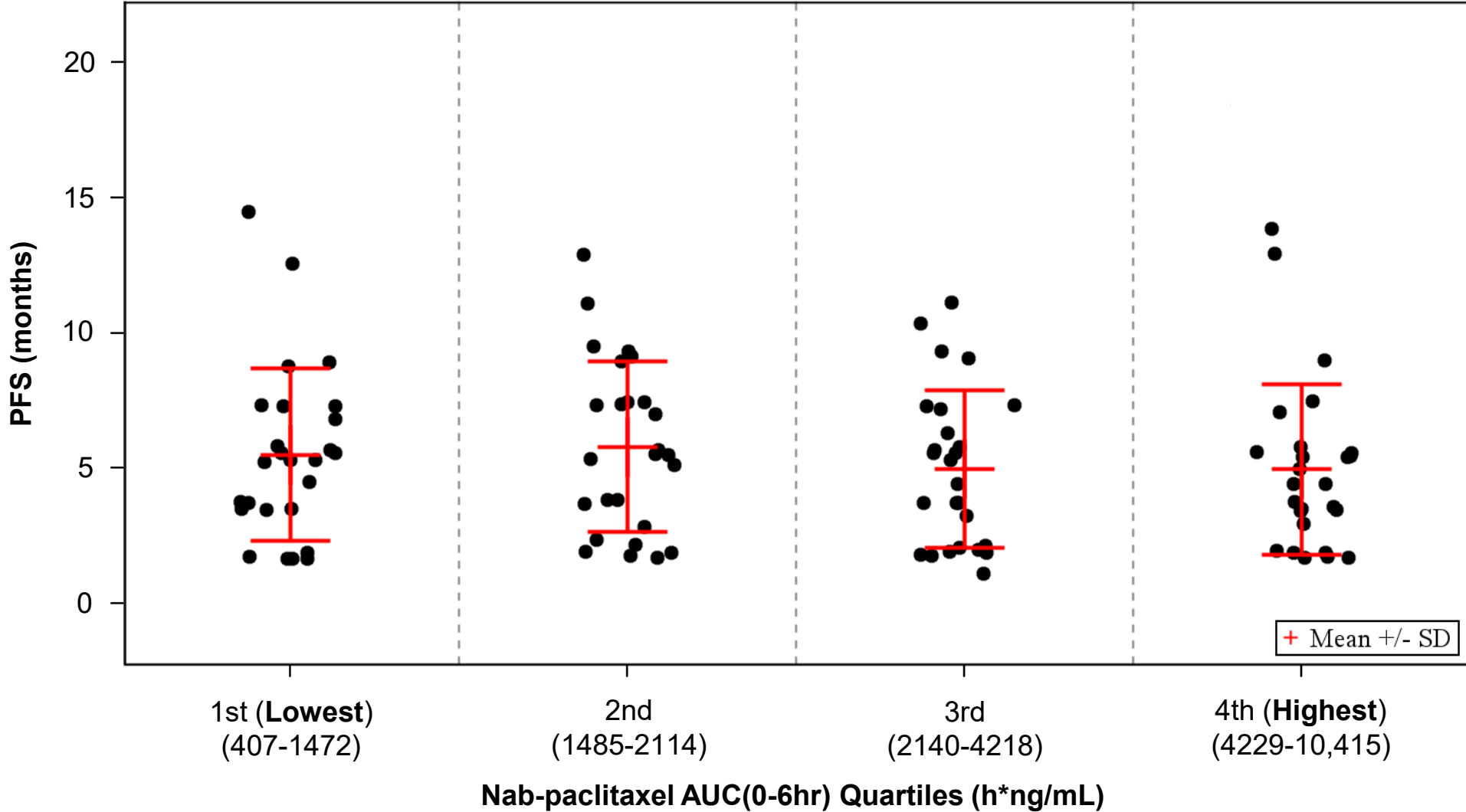
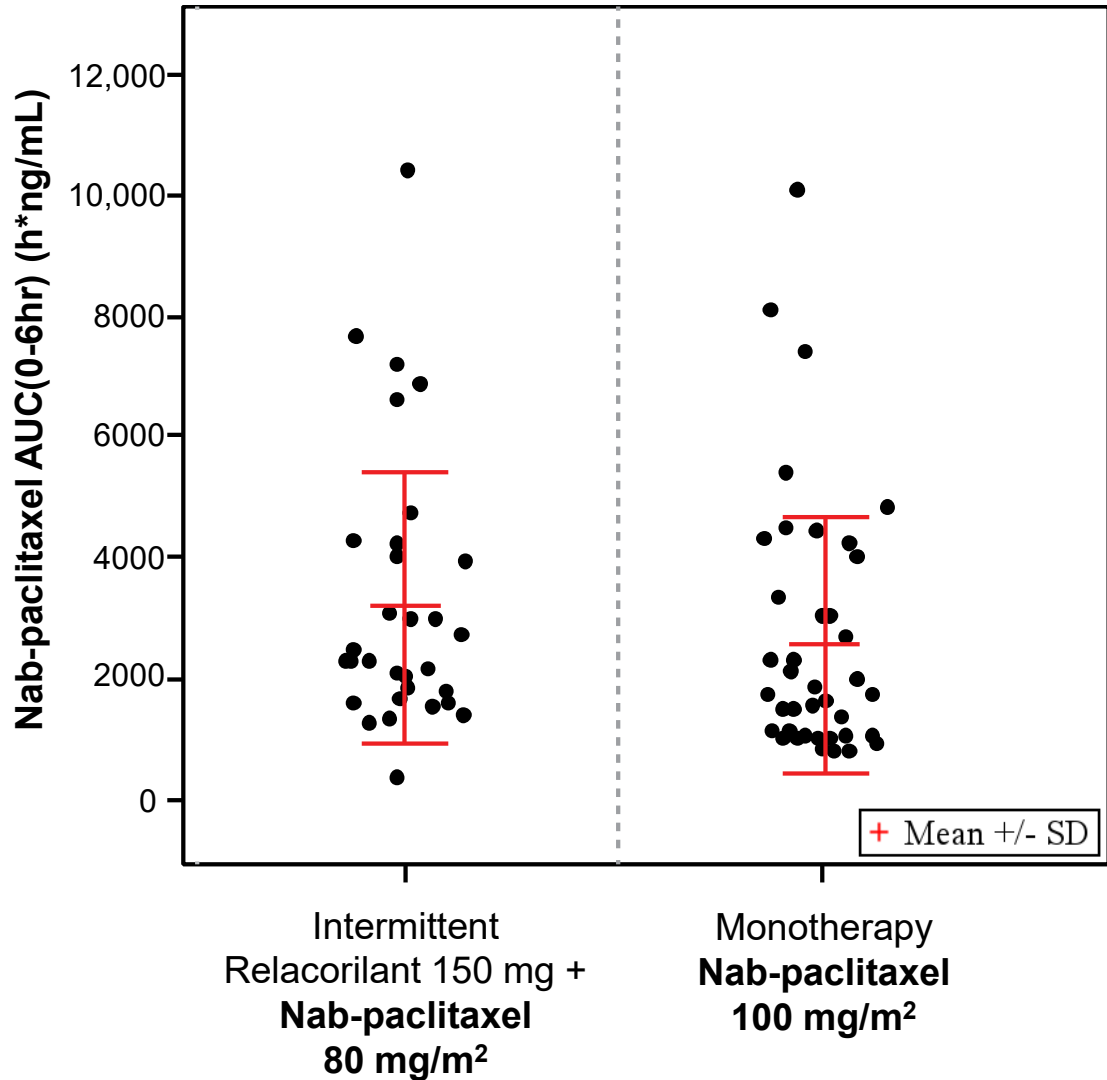
The nab-paclitaxel dose was reduced to 80 mg/m² when given with relacorilant due to a drug-drug interaction. When given in combination with relacorilant, nab-paclitaxel 80 mg/m² provided comparable exposures to nab-paclitaxel monotherapy at 100 mg/m².

PHASE 2 | NAB-PACLITAXEL EXPOSURES WERE COMPARABLE BETWEEN TREATMENT ARMS AND SHOWED NO ASSOCIATION WITH PFS

Nab-paclitaxel C_{max} analyses are also comparable

Nab-Paclitaxel Exposures (AUC) were Comparable with and without Relacorilant

Progression-Free Survival was Not Associated with Nab-paclitaxel Exposure (AUC) (Pooled Across All Phase 2 Study Arms)



Colombo, et al. *J Clin Oncol.* 2023;41(30):4779-89. NCT03776812
 AUC, area under the curve; PFS, progression-free survival; SD, standard deviation

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Pharmacokinetic parameters are based on a data cutoff of 25 August 2023 and PFS is based on a data cutoff of 22 March 2021.
 PFS (months) = (Date of disease progression/death/censoring – First dose date + 1)/30.4375

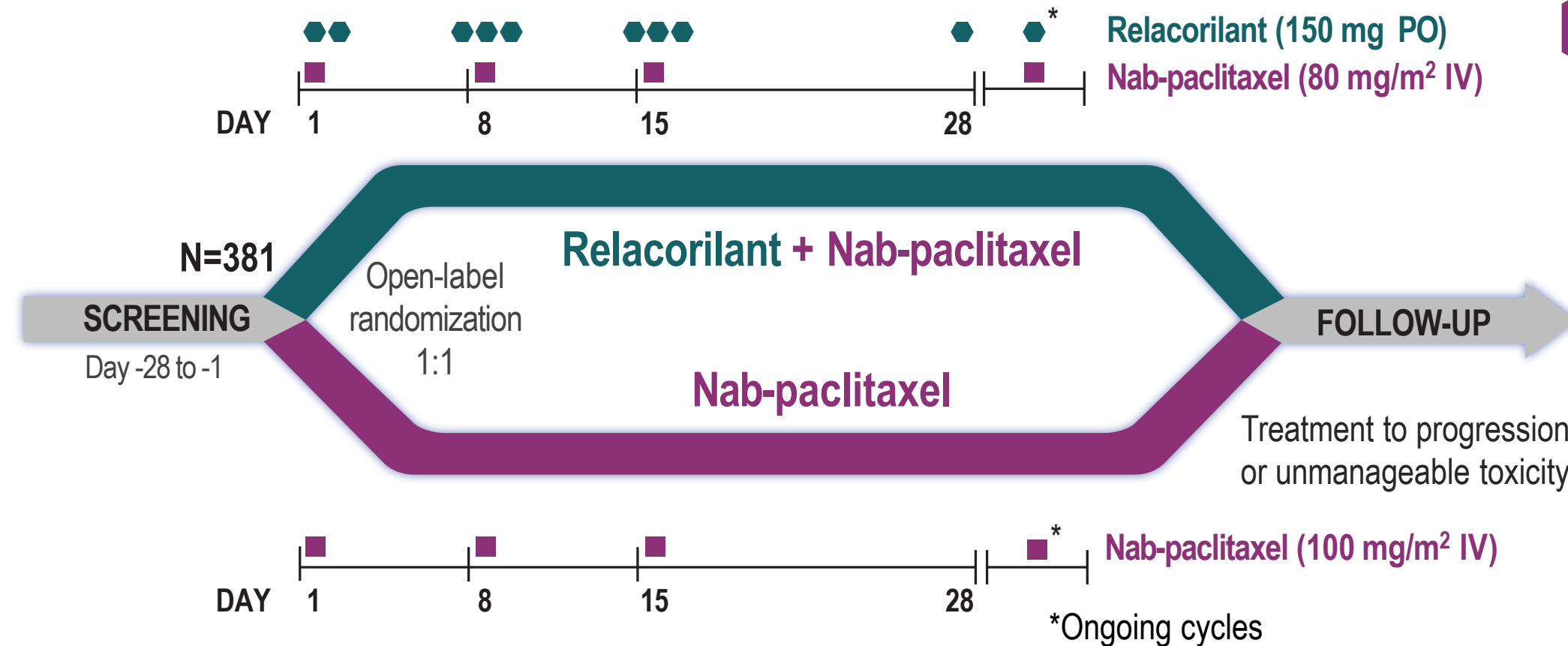
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ROSELLA | STUDY SCHEMA

Population

- Epithelial ovarian, primary peritoneal or fallopian tube cancer
- ECOG performance status 0 or 1
- Progression <6 months after the last dose of platinum therapy (excluding no response to, or progression in <1 month of primary platinum)
- 1–3 prior lines of therapy
- Received prior bevacizumab

[NCT05257408](#)



Stratification Factors

- ▶ Prior lines of therapy (1 vs >1)
- ▶ Region (North America vs Europe vs Korea, Australia, & Latin America)

Dual Primary Endpoints

- Progression-free survival (PFS) by RECIST v1.1 per blinded independent central review
- Overall survival

Secondary Endpoints

- PFS by RECIST v1.1 per Investigator
- ORR, DoR, CBR (RECIST v1.1)
- **CA-125 response (GCIG)**
- **Combined response (RECIST v1.1 and CA-125 GCIG criteria)**
- **PFS and OS Sub-groups**
- Safety

First patient enrolled: 5th January 2023
 Last patient enrolled: 8th April 2024
 Data cutoff: 24th February 2025
 Conducted at 117 sites in 14 countries.

CA, cancer antigen; CBR, clinical benefit rate; DoR, duration of response; ECOG, Eastern Cooperative Oncology Group; GCIG, Gynecologic Cancer Intergroup; IV, intravenous; ORR, objective response rate; PFS, progression-free survival; PO, by mouth; RECIST, Response Evaluation Criteria in Solid Tumors.

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ROSELLA | BASELINE CHARACTERISTICS WERE WELL BALANCED

| | | Relacorilant + Nab-paclitaxel (N=188) | Nab-paclitaxel (N=193) |
|--|------------------------------------|---------------------------------------|------------------------|
| Age, median (range), years | | 61 (26–85) | 62 (33–86) |
| Race, n (%) | White | 136 (72.3) | 135 (69.9) |
| | Black or African-American | 3 (1.6) | 2 (1.0) |
| | Asian (92% Korean) | 22 (11.7) | 26 (13.5) |
| | Other / Not Reported | 27 (14.4) | 30 (15.5) |
| Region | North America | 45 (23.9) | 45 (23.3) |
| | Europe | 107 (56.9) | 109 (56.5) |
| | Korea, Australia and Latin America | 36 (19.1) | 39 (20.2) |
| ECOG Performance Status, n (%)* | 1 or 2 | 53 (28.2) | 63 (32.6) |
| BRCA1/2 Mutation, n (%) | Yes | 23 (12.2) | 24 (12.4) |
| | No / Unknown | 133 (70.7) / 32 (17.0) | 128 (66.3) / 41 (21.2) |
| Prior Lines of Therapy, n (%) | 1 | 15 (8.0) | 18 (9.3) |
| | 2 | 92 (48.9) | 89 (46.1) |
| | 3 | 81 (43.1) | 86 (44.6) |
| Primary Platinum Refractory, n (%)† | Yes | 13 (6.9) | 13 (6.7) |
| Prior Lines of Therapy in the Platinum-resistant Setting, n (%) | ≥1 | 67 (35.6) | 82 (42.5) |
| Prior Taxane in the Platinum-resistant Setting, n (%) | Yes | 8 (4.3) | 7 (3.6) |
| Prior Therapies, n (%) | Bevacizumab | 188 (100) | 193 (100) |
| | Taxanes | 187 (99.5) | 192 (99.5) |
| | Pegylated Liposomal Doxorubicin | 121 (64.4) | 125 (64.8) |
| | PARP Inhibitor | 114 (60.6) | 120 (62.2) |

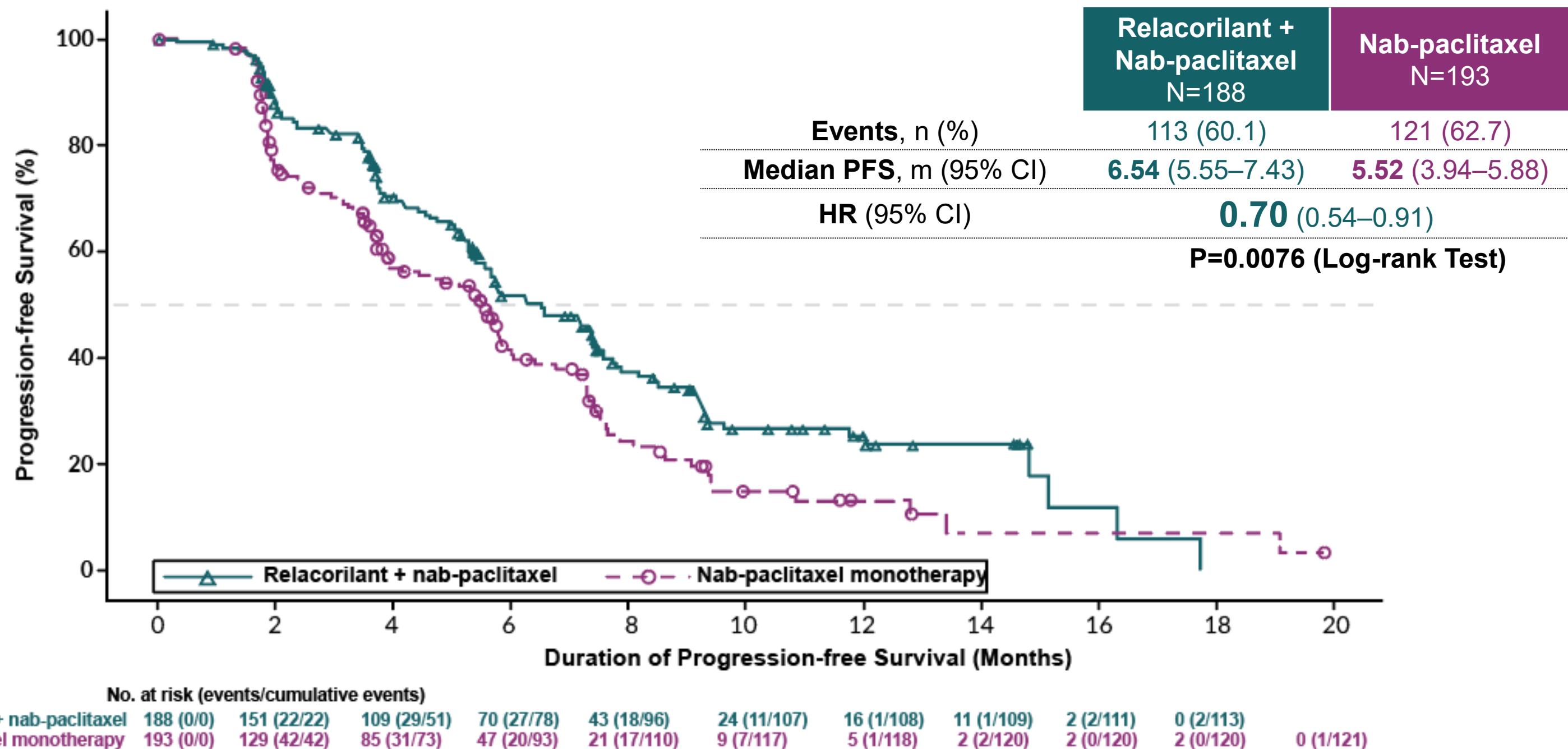
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*In the nab-paclitaxel monotherapy arm, 1 patient had an ECOG performance status of 2. †Progressed 1-3 months after the last dose of platinum from their first line platinum. 97% of patients had high-grade serous carcinoma; 8 patients had high-grade endometrioid carcinoma and 2 patients had carcinosarcoma. BRCA, Breast Cancer Gene; ECOG, Eastern Cooperative Oncology Group.

ROSELLA | RELACORILANT SIGNIFICANTLY IMPROVED PROGRESSION-FREE SURVIVAL ASSESSED BY BLINDED INDEPENDENT CENTRAL REVIEW (BICR)



Median follow-up time: 9.0 months; statistical significance threshold: $P \leq 0.04$.

The Kaplan–Meier method was used to estimate the curves, median estimates and the 95% confidence intervals (CI) for progression-free survival in each treatment arm. The HR and the associated 95% CI were estimated using a Cox regression model with treatment group as the main effect and stratification factors at randomization as covariates.

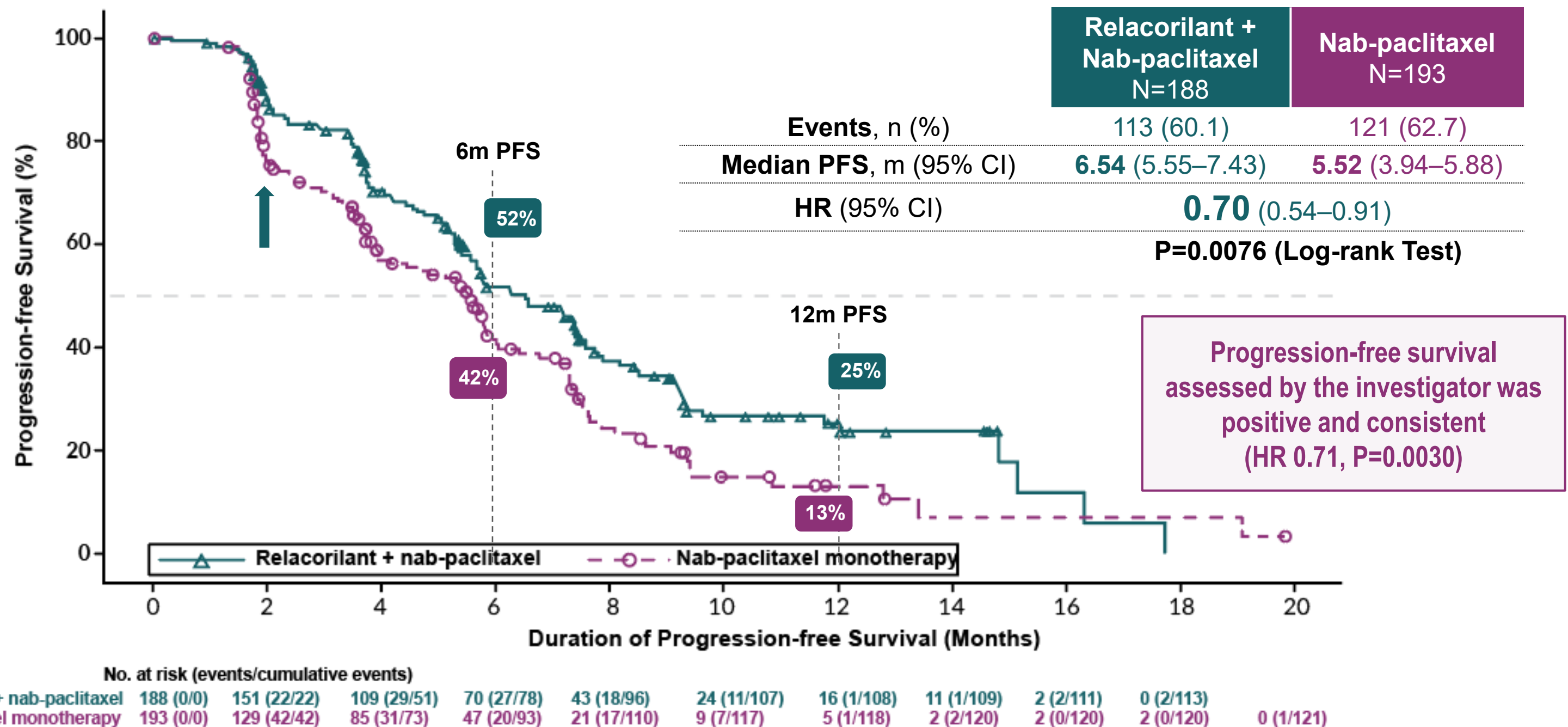
BICR, blinded-independent central review; CI, confidence interval; HR, hazard ratio; m, months; PFS, progression-free survival.

Data cutoff: Feb 24, 2025

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ROSELLA | RELACORILANT SIGNIFICANTLY IMPROVED PROGRESSION-FREE SURVIVAL ASSESSED BY BLINDED INDEPENDENT CENTRAL REVIEW (BICR)



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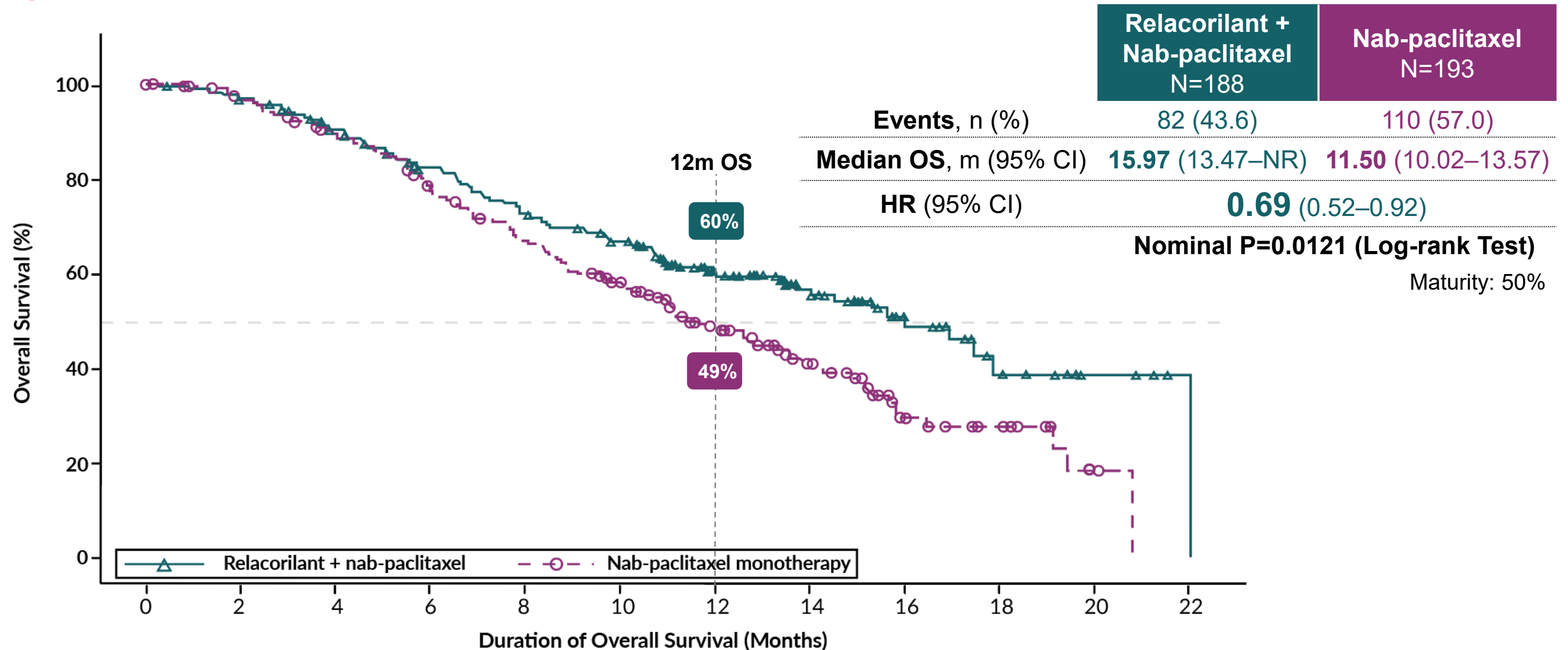
BICR, blinded-independent central review; CI, confidence interval; HR, hazard ratio; m, months; PFS, progression-free survival.

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ROSELLA | RELACORILANT IMPROVED OVERALL SURVIVAL AT THIS INTERIM ANALYSIS



| | No. at risk (events/cumulative events) | | | | | | | | | | | |
|-------------------------------|--|-----------|-------------|-------------|-------------|-------------|------------|-----------|------------|------------|-----------|-----------|
| | 0 | 2 | 4 | 6 | 8 | 10 | 12 | 14 | 16 | 18 | 20 | 22 |
| Relacorilant + nab-paclitaxel | 188 (0/0) | 180 (6/6) | 162 (12/18) | 143 (14/32) | 126 (17/49) | 111 (10/59) | 77 (10/69) | 49 (5/74) | 24 (4/78) | 10 (3/81) | 4 (0/81) | 0 (1/82) |
| Nab-paclitaxel monotherapy | 193 (0/0) | 179 (6/6) | 160 (13/19) | 137 (20/39) | 115 (20/59) | 93 (15/74) | 65 (14/88) | 40 (9/97) | 16 (9/106) | 11 (1/107) | 3 (2/109) | 0 (1/110) |

Median follow-up time: 13.9 months; statistical significance threshold at the interim analysis: $P \leq 0.0001$; statistical significance threshold at the final analysis: $P \leq 0.0499$.

The Kaplan–Meier method was used to estimate the curves, median estimates and the 95% confidence intervals (CI) for overall survival in each treatment arm. The HR and the associated 95% CI were estimated using a Cox regression model with treatment group as the main effect and stratification factors at randomization as covariates.

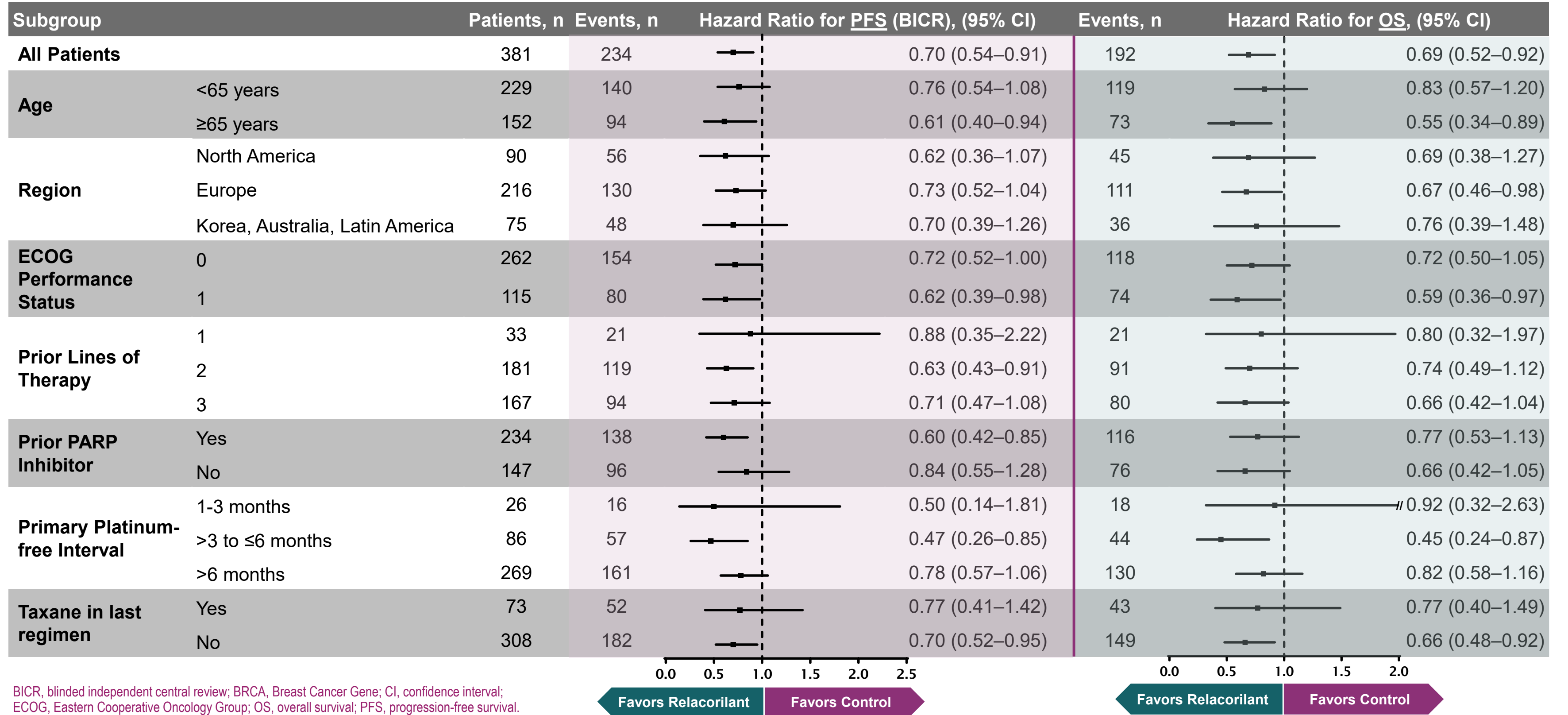
CI, confidence interval; HR, hazard ratio; m, months; NR, not reached; OS, overall survival.

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ROSELLA | RELACORILANT IMPROVED PFS & OS ACROSS KEY SUBGROUPS

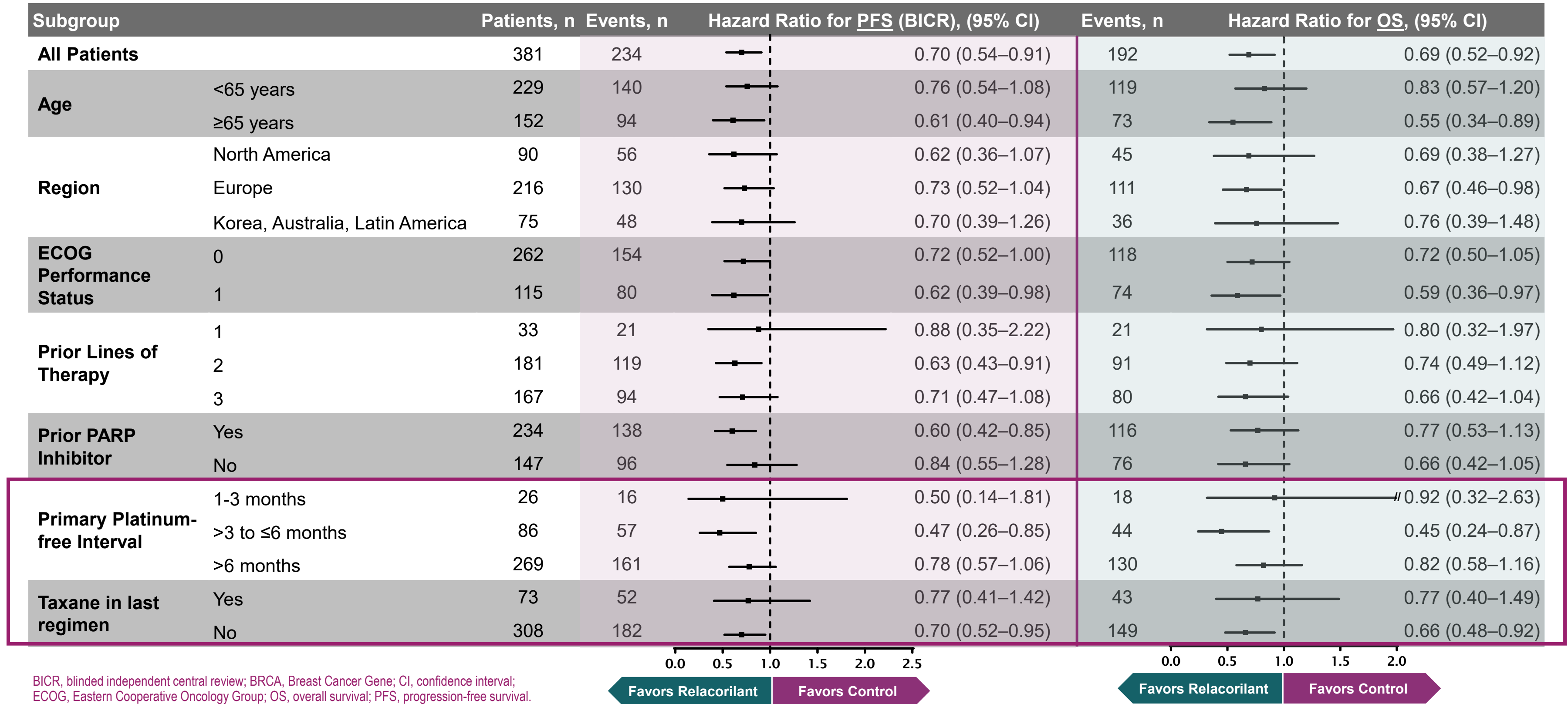


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ROSELLA | RELACORILANT IMPROVED PFS & OS ACROSS KEY SUBGROUPS



BICR, blinded independent central review; BRCA, Breast Cancer Gene; CI, confidence interval; ECOG, Eastern Cooperative Oncology Group; OS, overall survival; PFS, progression-free survival.

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ROSELLA | RELACORILANT + NAB-PACLITAXEL WAS ASSOCIATED WITH HIGH OBJECTIVE RESPONSE AND CLINICAL BENEFIT RATES (BY INVESTIGATOR)

| Endpoint | | Relacorilant + Nab-paclitaxel N=188 | Nab-paclitaxel N=193 |
|--|--|--|-------------------------|
| Objective Response Rate per RECIST, n (%) | Measurable Disease at Baseline | N=187 | N=193 |
| | Responders | 69 (36.9) | 58 (30.1) |
| Clinical Benefit Rate, n (%) | Response or Stable Disease Maintained for 24 weeks | 96 (51.1) | 75 (38.9) |
| CA125 Response Rate per GCIG, n (%) | Evaluable | N=145 | N=171 |
| | Responders | 63 (43.4) | 64 (37.4) |
| | Normalized | 29 (20.0) | 20 (11.7) |
| Combined Overall Response Rate per GCIG and RECIST, n (%) | | 95 (50.5) | 75 (38.9) |
| | | 11.6% improvement P=0.0226 (Stratified Cochran-Mantel-Haenszel Test) | |

Objective response rate was assessed in the subset of intent-to-treat population with measurable disease at baseline, per investigator assessment (n=380 patients). The Combined Overall Response Rate and the Clinical Benefit Rate were assessed in the intent-to-treat population (n=381 patients). GCIG, Gynecologic Cancer Intergroup; RECIST, Response Evaluation Criteria in Solid Tumors.

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ROSELLA | BASELINE CHARACTERISTICS OF PATIENTS WITH A PRIMARY PLATINUM-FREE INTERVAL OF 1-6 MONTHS

| Primary Platinum Free Interval 1 to 6 months, N=112 of 381 Randomized (29.4%) | | Relacorilant + Nab-paclitaxel (N=54) | Nab-paclitaxel (N=58) |
|---|-------------------------------------|---|---|
| Age , median (range), years | | 63 (43–85) | 63 (33–85) |
| Race , n (%) | White | 41 (75.9) | 37 (63.8) |
| | Black or African-American | 0 | 1 (1.7) |
| | Asian | 6 (11.1) | 11 (19.0) |
| | Other / Not Reported | 7 (13.0) | 9 (15.5) |
| Region | North America | 15 (27.8) | 15 (25.9) |
| | Europe | 28 (51.9) | 28 (48.3) |
| | Korea, Australia, and Latin America | 11 (20.4) | 15 (25.9) |
| ECOG Performance Status , n (%) | 1 or 2 | 20 (37.0) | 26 (44.8) |
| BRCA1/2 Mutation , n (%) | Yes | 3 (5.6) | 2 (3.4) |
| | No / Unknown | 41 (75.9) / 10 (18.5) | 41 (70.7) / 15 (25.9) |
| Prior Lines of Therapy , n (%) | 1 | 15 (27.8) | 17 (29.3) |
| | 2 | 25 (46.3) | 28 (48.3) |
| | 3 | 14 (25.9) | 13 (22.4) |
| Primary Platinum Refractory , n (%) [†] | Yes | 13 (24.1) | 13 (22.4) |
| Prior Taxane in the Platinum-resistant Setting , n (%) | Yes | 3 (5.6) | 4 (6.9) |
| Prior Therapies , n (%) | Bevacizumab | 54 (100) | 58 (100) |
| | Taxanes | 54 (100) | 58 (100) |
| | Pegylated Liposomal Doxorubicin | 26 (48.1) | 35 (60.3) |
| | PARP Inhibitor | 19 (35.2) | 23 (39.7) |

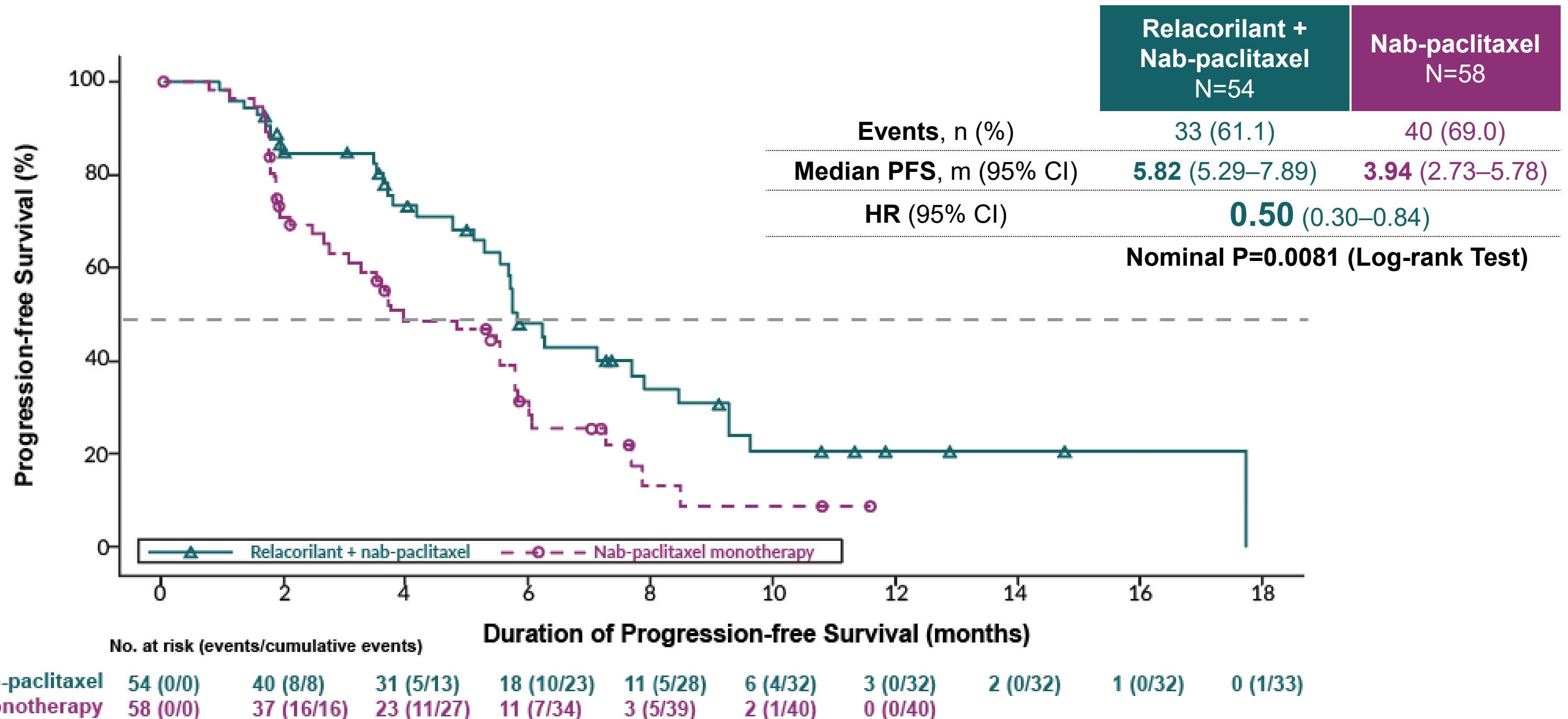
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[†]Progressed 1-3 months after the last dose of platinum from their first line platinum.
BRCA, Breast Cancer Gene; ECOG, Eastern Cooperative Oncology Group.

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ROSELLA | RELACORILANT IMPROVED PFS ASSESSED BY BICR IN PATIENTS WITH A PRIMARY PLATINUM-FREE INTERVAL OF 1-6 MONTHS



The Kaplan–Meier method was used to estimate the curves, median estimates and the 95% confidence intervals (CI) for progression-free survival in each treatment arm. The HR and the associated 95% CI were estimated using a Cox regression model with treatment group as the main effect and stratification factors at randomization as covariates.

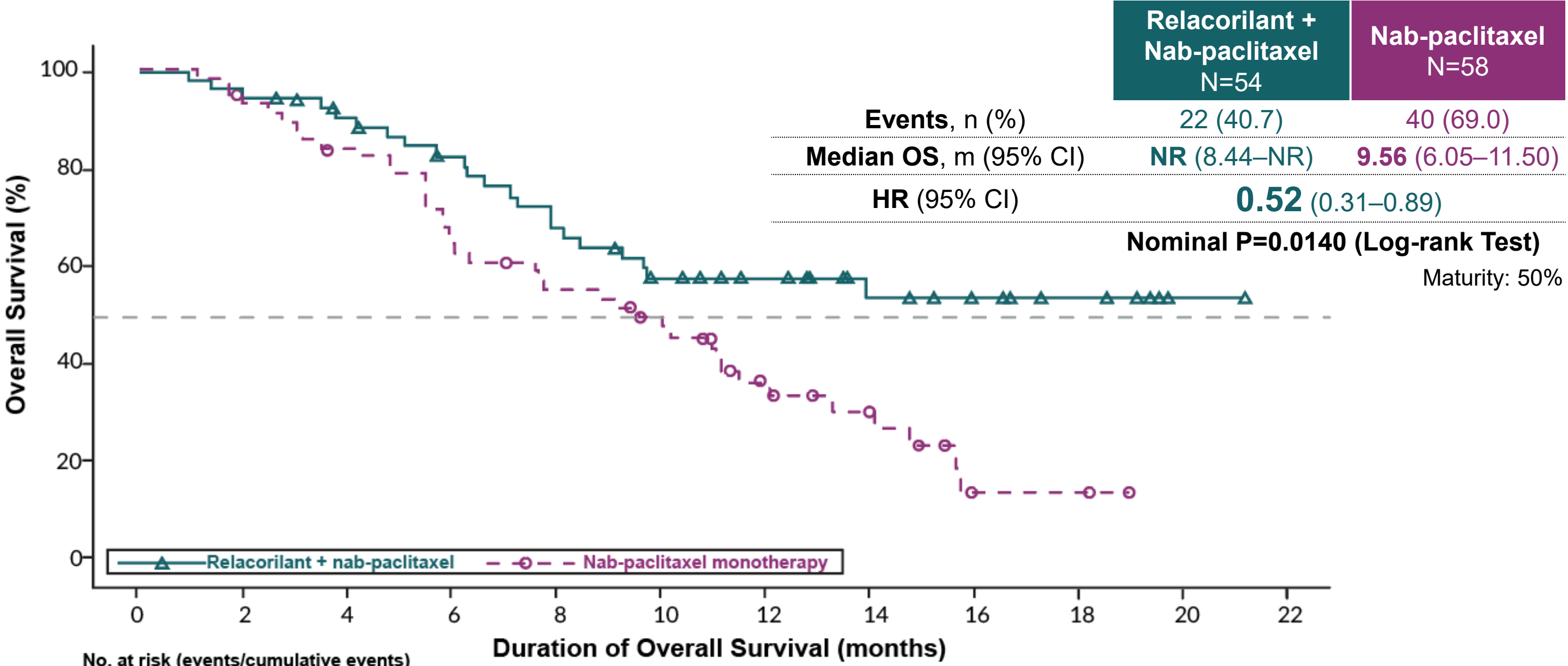
BICR, blinded-independent central review; CI, confidence interval; HR, hazard ratio; m, months; PFS, progression-free survival.

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ROSELLA | RELACORILANT IMPROVED OVERALL SURVIVAL AT THIS INTERIM ANALYSIS IN PATIENTS WITH A PRIMARY PLATINUM-FREE INTERVAL OF 1-6 MONTHS



| | 0 | 2 | 4 | 6 | 8 | 10 | 12 | 14 | 16 | 18 | 20 | 22 |
|-------------------------------|----------|----------|----------|------------|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|
| Relacorilant + nab-paclitaxel | 54 (0/0) | 51 (3/3) | 46 (2/5) | 40 (4/9) | 33 (7/16) | 26 (5/21) | 22 (0/21) | 14 (1/22) | 10 (0/22) | 6 (0/22) | 1 (0/22) | 0 (0/22) |
| Nab-paclitaxel monotherapy | 58 (0/0) | 53 (4/4) | 47 (5/9) | 37 (10/19) | 30 (6/25) | 24 (3/28) | 14 (6/34) | 9 (2/36) | 2 (4/40) | 2 (0/40) | 0 (0/40) | 0 (0/40) |

The Kaplan–Meier method was used to estimate the curves, median estimates and the 95% confidence intervals (CI) for overall survival in each treatment arm. The HR and the associated 95% CI were estimated using a Cox regression model with treatment group as the main effect and stratification factors at randomization as covariates.
 CI, confidence interval; HR, hazard ratio; m, months; NR, not reached; OS, overall survival.

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ROSELLA | SAFETY SUMMARY

Relacorilant + Nab-paclitaxel was Well-Tolerated, with a Favorable Safety Profile

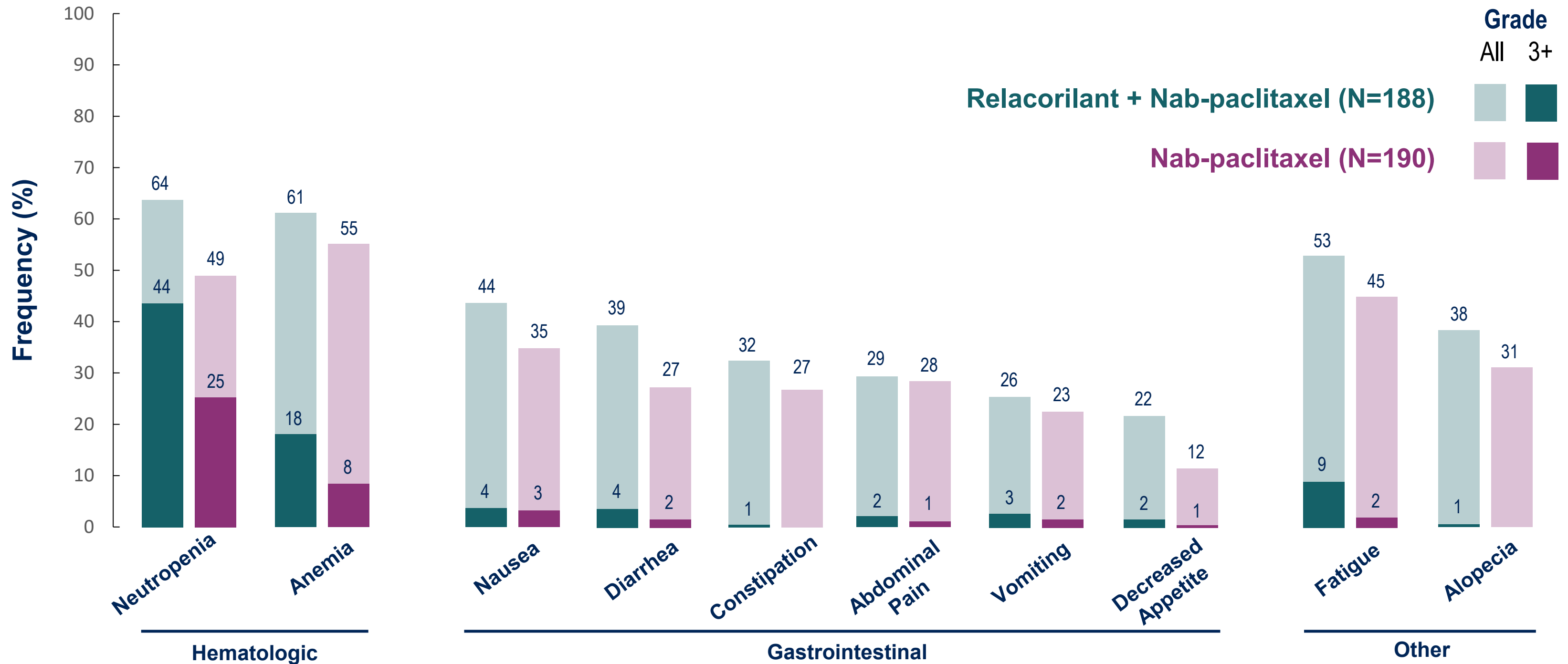
| Safety Population Who Received at Least One Dose of Study Drug (N=378) | Relacorilant + Nab-paclitaxel (N=188) | Nab-paclitaxel (N=190) |
|--|---------------------------------------|------------------------|
| Weeks of Nab-paclitaxel Therapy, mean (range) | 23.2 (0.1–90.3) | 18.6 (0.1–68.1) |
| Any TEAEs, n (%) | 188 (100) | 189 (99.5) |
| Grade ≥3 TEAEs, n (%) | 140 (74.5) | 113 (59.5) |
| Serious AEs, n (%) | 66 (35.1) | 45 (23.7) |
| Deaths on Treatment or Within 30 Days of the Last Dose, n (%) | 10 (5.3) | 8 (4.2) |
| Dose Reductions of Relacorilant Due to TEAEs, n (%) | 13 (6.9) | — |
| Dose Reductions of Nab-paclitaxel Due to TEAEs, n (%) | 91 (48.4) | 60 (31.6) |
| Interruptions of Nab-paclitaxel (+ Relacorilant) Due to TEAEs, n (%)* | 137 (72.9) | 104 (54.7) |
| Discontinuations of Nab-paclitaxel (+ Relacorilant) Due to TEAEs, n (%)* | 17 (9.0) | 15 (7.9) |

AEs leading to treatment discontinuation in >2 patients included intestinal obstruction and paresthesia.

There were no relacorilant-related fatal AEs.

*Relacorilant was always interrupted or discontinued when nab-paclitaxel was interrupted or discontinued.
AEs, adverse events; TEAEs, treatment-emergent adverse events.

ROSELLA | COMMON (>20%) ADVERSE EVENTS



Peripheral neuropathy occurred with similar frequency in both arms (19.1% and 17.4%).
 5 SAEs of febrile neutropenia were reported, 4 (2.1%) with relacorilant + nab-paclitaxel and 1 (0.5%) with nab-paclitaxel monotherapy.
 5 SAEs of sepsis were reported, 3 (1.6%) with relacorilant + nab-paclitaxel and 2 (1.1%) with nab-paclitaxel monotherapy.

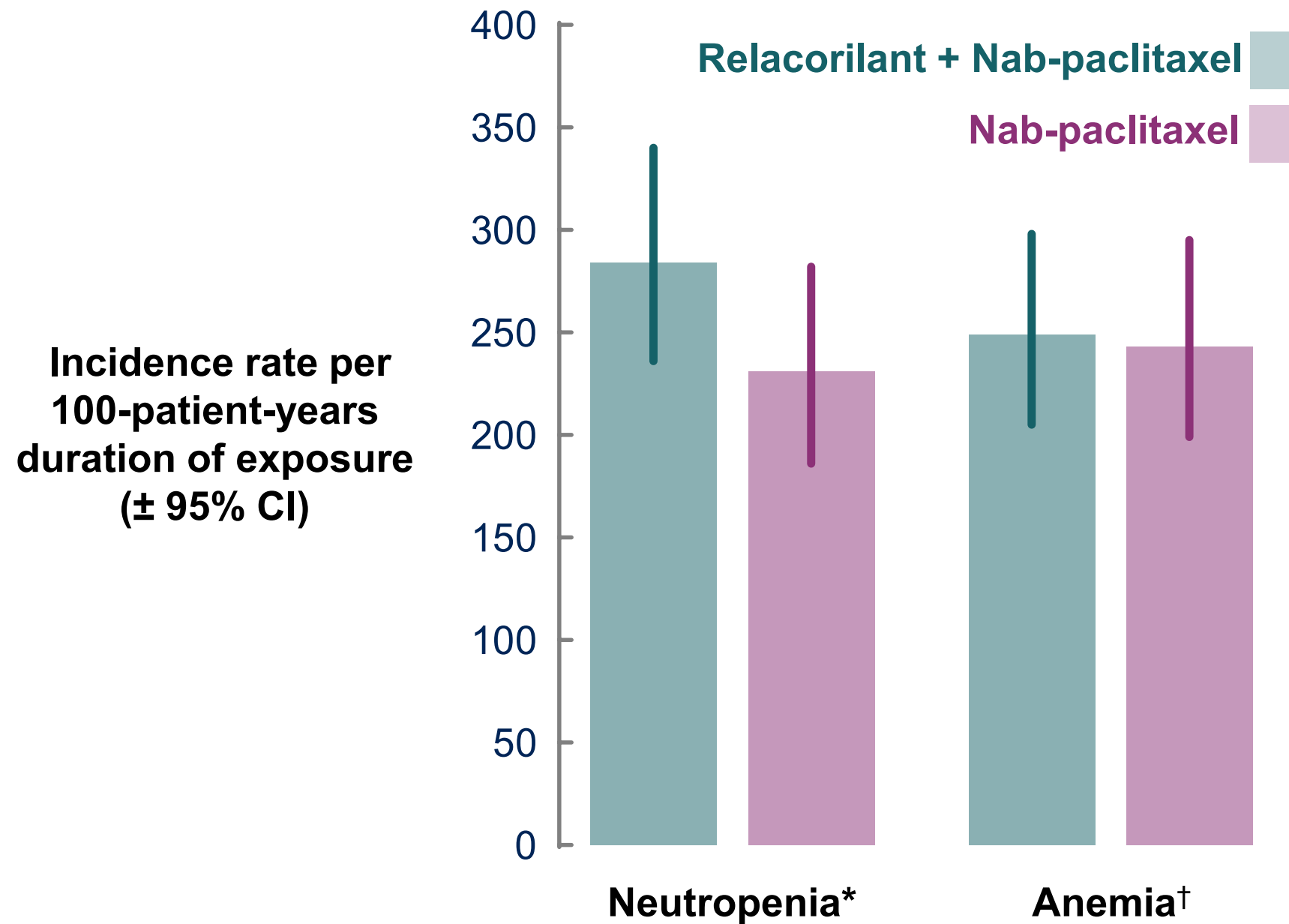
TEAEs that occurred in >20% of patients. Assessed in the safety population of patients who received at least one dose of study drug, N=378. Combined terms are presented for neutropenia (neutropenia, reduced neutrophil count, and febrile neutropenia), anemia (anemia, reduced hemoglobin, and reduced red blood cell count) and fatigue (fatigue and asthenia). SAEs, serious adverse events; TEAEs, treatment-emergent adverse events.

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ROSELLA | SELECTED ADVERSE EVENTS ADJUSTED FOR DURATION OF EXPOSURE



When adjusted for duration of exposure, the incidence rates of neutropenia and anemia were comparable between study arms.

Mean duration of nab-paclitaxel treatment:
23.2 weeks for the Relacorilant Combination Arm
18.6 weeks for the Nab-paclitaxel Monotherapy Arm

*Combined term including anemia, decreased red blood cell count, and decreased hemoglobin. †Combined term including neutropenia, decreased neutrophil count, and febrile neutropenia. Assessed in the safety population of patients who received at least one dose of study drug, N=378. AE, adverse event; CI, confidence interval. Exposure-Adjusted Incidence Rate (EAIR) is defined as Event Incidence rate per 100 patient-years-exposure (PYE): (Total number of patients with an event/Total PYE)*100. Exact 95% confidence interval based on Poisson distribution for EAIR. The total PYE to a treatment is the sum of individual patient's PYE within the treatment exposure period and is defined as: (i) For patients with an event within the exposure period: (First event start date-first dose date+1)/365.25; (ii) For patients with no event within the exposure period: (Study participation end date- first dose date +1)/365.25. EAIR difference: [(Relacorilant + Nab-paclitaxel) - Nab-paclitaxel Monotherapy]. The exact confidence interval for difference of EAIR between two treatment arms is based on two independent Poisson distributions.

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ROSELLA | CONCLUSIONS

- 1** **ROSELLA met its primary endpoint of improving PFS**

Relacorilant, a **first-in-class, oral, SGRA**, in combination with nab-paclitaxel extended **progression-free survival** by BICR (log-rank test $P=0.0076$, HR 0.70) compared to nab-paclitaxel monotherapy in patients with platinum-resistant ovarian cancer, in a population including patients who progressed within 1–3 months after their primary platinum regimen.
- 2** **Median survival prolonged by 4.5 months**

At this interim overall survival analysis, the addition of relacorilant to nab-paclitaxel showed a **clinically meaningful improvement in overall survival** (nominal log-rank test $P=0.0121$, HR 0.69, median 16.0 vs 11.5 months).
- 3** **Well-tolerated, favorable safety profile**

Relacorilant plus nab-paclitaxel was well-tolerated, with a favorable safety profile that was comparable between treatment arms when adjusted for duration of exposure. The safety profile was consistent with previously reported data; no new signals were identified.
- 4** **Consistent benefit in poor prognosis groups**

The addition of relacorilant to nab-paclitaxel shows a benefit in poor prognosis sub-groups, including those with a primary platinum-free interval of 1-6 months, and primary platinum-refractory patients (patients who progressed within 1–3 months after their primary platinum regimen) (PFS nominal log-rank test $P=0.0081$, HR 0.50, OS nominal log-rank test $P=0.0140$, HR 0.52).

BICR, blinded independent central review; HR, hazard ratio; PFS, progression-free survival; PROC, platinum-resistant ovarian cancer; SGRA, selective glucocorticoid receptor antagonist.

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ROSELLA | ACKNOWLEDGEMENTS



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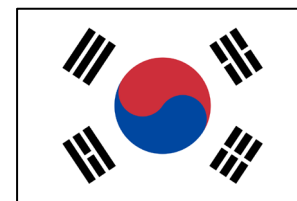
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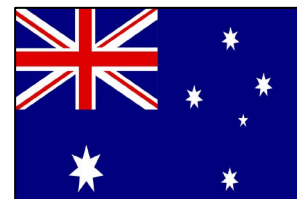
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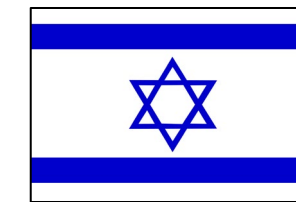
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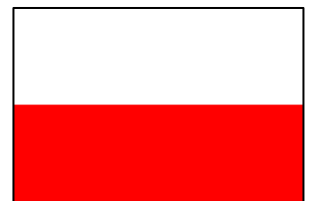
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THE LANCET

Relacorilant and nab-paclitaxel in patients with platinum-resistant ovarian cancer (ROSELLA): an open-label, randomised, controlled, phase 3 trial

Alexander B Olawaiye, Laurence Gladieff, David M O'Malley, Jae-Weon Kim, Gabriel Garbaos, Vanda Salutari, Lucy Gilbert, Linda Mileshekin, Alix Devaux, Elizabeth Hopp, Yong Jae Lee, Ana Oaknin, Mariana Scaranti, Byoung-Gie Kim, Nicoletta Colombo, Michael E McCollum, Connie Diakos, Andrew Clamp, Aliza L Leiser, Boglárka Balázs, Bradley J Monk, Giuseppa Scandurra, Emily McClung, Emilie Kaczmarek, Brian Slomovitz, Helena De La Cueva, Aknar Freire de Carvalho Calabrich, Chiara Cassani, Benoit You, Toon Van Gorp, Cristina Churruca, Giuseppe Caruso, Shibani Nicum, Andrea Bagaméri, Grazia Artioli, Lubomir Bodnar, Sokbom Kang, Ignace Vergote, Amanda Kesner-Hays, Hristina I Pashova, Sachin G Pai, Iulia Cristina Tudor, Adrian M Jubb, Domenica Lorusso



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