DNA Damage Response Inhibitors (DDRi)

Phase 2 study: tuvusertib—epithelial ovarian cancer

DDRiver OVARIAN 302

Tuvusertib and lartesertib are investigational and not approved for use. Niraparib in combination with tuvusertib is not approved for use. The safety and efficacy of this combination in EOC has not been established. There is no guarantee tuvusertib and lartesertib will be approved in any indication by any health authority worldwide.

Sponsor: Affiliates of Merck KGaA, Darmstadt, Germany

(NCT06433219) [Recruiting]

DDRiver EOC 302: Phase 2, randomized, open-label, multicenter study

Key eligibility criteria

- Patients with recurrent high grade serous or high grade endometrioid EOC[a]
- *BRCA* 1/2m (germline or somatic) and/or HRD-positive[b]
- Radiologically confirmed/documented disease progression while on PARPi therapy (either 1LM or 2LM)[c]
- Measurable disease by RECIST v1.1
- TFIp >6 months in patients who progressed on 1LM PARPi
- ECOG PS 0-1 and life expectancy ≥6 months

N~60

R 1:1

PART A[1]

Arm 1 (n~30)

Tuvusertib 180 mg QD
1 week on/1 week off
+
Niraparib 100 mg QD
1 week on/1 week off

Arm 2 (n~30)

Tuvusertib 180 mg QD
2 weeks on/2 weeks off
+
Lartesertib 150 mg QD
2 weeks on/2 weeks off

- Patients to receive study treatment until disease progression, death, discontinuation, or any other reason[1]
- Combination selected for further evaluation based on:
  - Efficacy
  - Safety
  - PK/PD[1]

PART B[1]

Arm 1

Tuvusertib + either **niraparib** or **lartesertib (Dose 1)**

Arm 2

Tuvusertib + either **niraparib** or **lartesertib (Dose 2)**

Arm 3

Tuvusertib monotherapy

Endpoints

Primary	OR[d], AEs
Secondary	DoR[d], PFS[d]

Study start date
October 2024

Est. primary completion date
January 2028

Locations

Sites in US, Australia, Belgium, Denmark, France, Germany, Israel, Italy, Poland, Spain, Switzerland and UK

[a]Includes ovarian, primary peritoneal, and/or fallopian tube cancer that is recurrent. [b]By local standard-of-care tests. [c]Clinically benefitted from PARPi maintenance prior to documented progression (defined by ≥6 months of treatment duration with no progressive disease); documentation of disease progression must be within 28 days of last PARPi dose taken. 1LM participants were allowed one additional platinum course between progression and study entry (only 1 line of PARPi maintenance is allowed with or without bevacizumab); 2LM participants were not allowed any additional treatment before study entry.
[d]Per RECIST 1.1 (as assessed by investigator).
1LM, first line maintenance; 2LM, second line maintenance; AE, adverse event; *BRCA*, BReast CAncer gene; DoR, duration of response; ECOG PS, Eastern Cooperative Oncology Group Performance Status; EOC, epithelial ovarian cancer; Est. estimated; HRD; homologous recombination deficiency; OR, objective response; PARPi, poly (ADP-ribose) polymerase inhibitors; PD, pharmacodynamics; PFS, progression-free survival; PK, pharmacokinetics; RECIST, Response Evaluation Criteria in Solid Tumors; TFIp, treatment-free interval on platinum rechallenge.

1. Kristeleit R, et al. *Int J Gynecol Cancer.* 2025;35(2):101597.

For more information on this clinical trial, scan the QR code.

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EMD SERONO