Patient Characteristics

- Baseline characteristics and clinical outcomes of the 113 eligible patients were comparable with the overall population of 306 patients treated in the phase 1 study (Table 1A).

- T-cell and MHC I signatures were associated with clinical outcomes.

- Double-high signature score subgroup showed the highest ORR and the longest survival benefit

- Using the median as a cutoff, three subgroups were identified by combining both signature scores (Table 2).

- The double-high subgroup (T-cell high and MHC I high) had significantly higher expression of T-cell activation signature (Figure 3A).

- The double-high subgroup also had significantly longer median PFS (95% CI) compared to the double-low subgroup (9.5 vs. 3.0 months, P=0.02).

- DEG analysis by clinical response and Kaplan-Meier curves for PFS and OS were used to compare outcomes between subgroups (Figure 3B).

- In panel A, ORs tested the ORR between subgroups.

- In panel B, HR: 0.541 (0.33, 0.879) for ORR, and HR: 0.721 (0.446, 1.168) for mPFS.

- In panels C and D, hazard ratios tested for the associations between ORR and OS.

- In panel C, HR: 0.541 (0.33, 0.879) for ORR, and HR: 0.721 (0.446, 1.168) for mPFS.

- In panel D, P=0.016, OR=0.16, and HR: 0.604 (0.35, 1.04).

- In panel E, P=0.05, OR=0.45, and HR: 0.71 (0.45, 1.13).

- The association between gene expression and clinical outcomes was significant (Table 2).

- The exploratory analysis of gene expression profiles combining with response and resistance to trabectedin treatment were presented.

- DEG analysis by clinical response and Kaplan-Meier curves for PFS were used to compare outcomes between subgroups.

- In panel A, ORs tested the ORR between subgroups.

- In panel B, HR: 0.541 (0.33, 0.879) for ORR, and HR: 0.721 (0.446, 1.168) for mPFS.

- In panels C and D, hazard ratios tested for the associations between ORR and OS.

- In panel C, HR: 0.541 (0.33, 0.879) for ORR, and HR: 0.721 (0.446, 1.168) for mPFS.

- In panel D, P=0.016, OR=0.16, and HR: 0.604 (0.35, 1.04).

- In panel E, P=0.05, OR=0.45, and HR: 0.71 (0.45, 1.13).

- The association between gene expression and clinical outcomes was significant (Table 2).

- The exploratory analysis of gene expression profiles combining with response and resistance to trabectedin treatment were presented.

- DEG analysis by clinical response and Kaplan-Meier curves for PFS were used to compare outcomes between subgroups.

- In panel A, ORs tested the ORR between subgroups.

- In panel B, HR: 0.541 (0.33, 0.879) for ORR, and HR: 0.721 (0.446, 1.168) for mPFS.

- In panels C and D, hazard ratios tested for the associations between ORR and OS.

- In panel C, HR: 0.541 (0.33, 0.879) for ORR, and HR: 0.721 (0.446, 1.168) for mPFS.

- In panel D, P=0.016, OR=0.16, and HR: 0.604 (0.35, 1.04).

- In panel E, P=0.05, OR=0.45, and HR: 0.71 (0.45, 1.13).

- The association between gene expression and clinical outcomes was significant (Table 2).

- The exploratory analysis of gene expression profiles combining with response and resistance to trabectedin treatment were presented.

- DEG analysis by clinical response and Kaplan-Meier curves for PFS were used to compare outcomes between subgroups.

- In panel A, ORs tested the ORR between subgroups.

- In panel B, HR: 0.541 (0.33, 0.879) for ORR, and HR: 0.721 (0.446, 1.168) for mPFS.

- In panels C and D, hazard ratios tested for the associations between ORR and OS.

- In panel C, HR: 0.541 (0.33, 0.879) for ORR, and HR: 0.721 (0.446, 1.168) for mPFS.

- In panel D, P=0.016, OR=0.16, and HR: 0.604 (0.35, 1.04).

- In panel E, P=0.05, OR=0.45, and HR: 0.71 (0.45, 1.13).

- The association between gene expression and clinical outcomes was significant (Table 2).

- The exploratory analysis of gene expression profiles combining with response and resistance to trabectedin treatment were presented.

- DEG analysis by clinical response and Kaplan-Meier curves for PFS were used to compare outcomes between subgroups.

- In panel A, ORs tested the ORR between subgroups.

- In panel B, HR: 0.541 (0.33, 0.879) for ORR, and HR: 0.721 (0.446, 1.168) for mPFS.

- In panels C and D, hazard ratios tested for the associations between ORR and OS.

- In panel C, HR: 0.541 (0.33, 0.879) for ORR, and HR: 0.721 (0.446, 1.168) for mPFS.

- In panel D, P=0.016, OR=0.16, and HR: 0.604 (0.35, 1.04).

- In panel E, P=0.05, OR=0.45, and HR: 0.71 (0.45, 1.13).

- The association between gene expression and clinical outcomes was significant (Table 2).

- The exploratory analysis of gene expression profiles combining with response and resistance to trabectedin treatment were presented.

- DEG analysis by clinical response and Kaplan-Meier curves for PFS were used to compare outcomes between subgroups.

- In panel A, ORs tested the ORR between subgroups.

- In panel B, HR: 0.541 (0.33, 0.879) for ORR, and HR: 0.721 (0.446, 1.168) for mPFS.

- In panels C and D, hazard ratios tested for the associations between ORR and OS.

- In panel C, HR: 0.541 (0.33, 0.879) for ORR, and HR: 0.721 (0.446, 1.168) for mPFS.

- In panel D, P=0.016, OR=0.16, and HR: 0.604 (0.35, 1.04).

- In panel E, P=0.05, OR=0.45, and HR: 0.71 (0.45, 1.13).

- The association between gene expression and clinical outcomes was significant (Table 2).

- The exploratory analysis of gene expression profiles combining with response and resistance to trabectedin treatment were presented.

- DEG analysis by clinical response and Kaplan-Meier curves for PFS were used to compare outcomes between subgroups.

- In panel A, ORs tested the ORR between subgroups.

- In panel B, HR: 0.541 (0.33, 0.879) for ORR, and HR: 0.721 (0.446, 1.168) for mPFS.

- In panels C and D, hazard ratios tested for the associations between ORR and OS.

- In panel C, HR: 0.541 (0.33, 0.879) for ORR, and HR: 0.721 (0.446, 1.168) for mPFS.

- In panel D, P=0.016, OR=0.16, and HR: 0.604 (0.35, 1.04).

- In panel E, P=0.05, OR=0.45, and HR: 0.71 (0.45, 1.13).

- The association between gene expression and clinical outcomes was significant (Table 2).

- The exploratory analysis of gene expression profiles combining with response and resistance to trabectedin treatment were presented.