UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 OR 15(d)
of The Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): November 9, 2022

Context Therapeutics Inc.
(Exact name of registrant as specified in its charter)

Delaware	001-40654	86-3738787
(State of other jurisdiction of incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)

2001 Market Street, Suite 3915, Unit#15
Philadelphia, Pennsylvania 19103
(Address of principal executive offices including zip code)

(267) 225-7416
(Registrant's telephone number, including area code)

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Title of each class	Trading Symbol	Name of exchange on which registered
Common Stock $0.001 par value per share	**CNTX**	**The Nasdaq Stock Market**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01. Regulation FD Disclosure.

On November 9, 2022, the Company updated its corporate presentation for use in meetings with investors, analysts and others. A copy of the corporate presentation is filed as Exhibit 99.1 to this Current Report on Form 8-K and incorporated herein by reference.

The information in this Item 7.01 and Exhibit 99.1 attached hereto are being furnished and shall not be deemed "filed" for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended, or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, regardless of any general incorporation language in such filing.

Item 9.01. Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Context Therapeutics Inc. Corporate Presentation - November 2022
104	Cover Page Interactive Data File (embedded within the inline XBRL document)

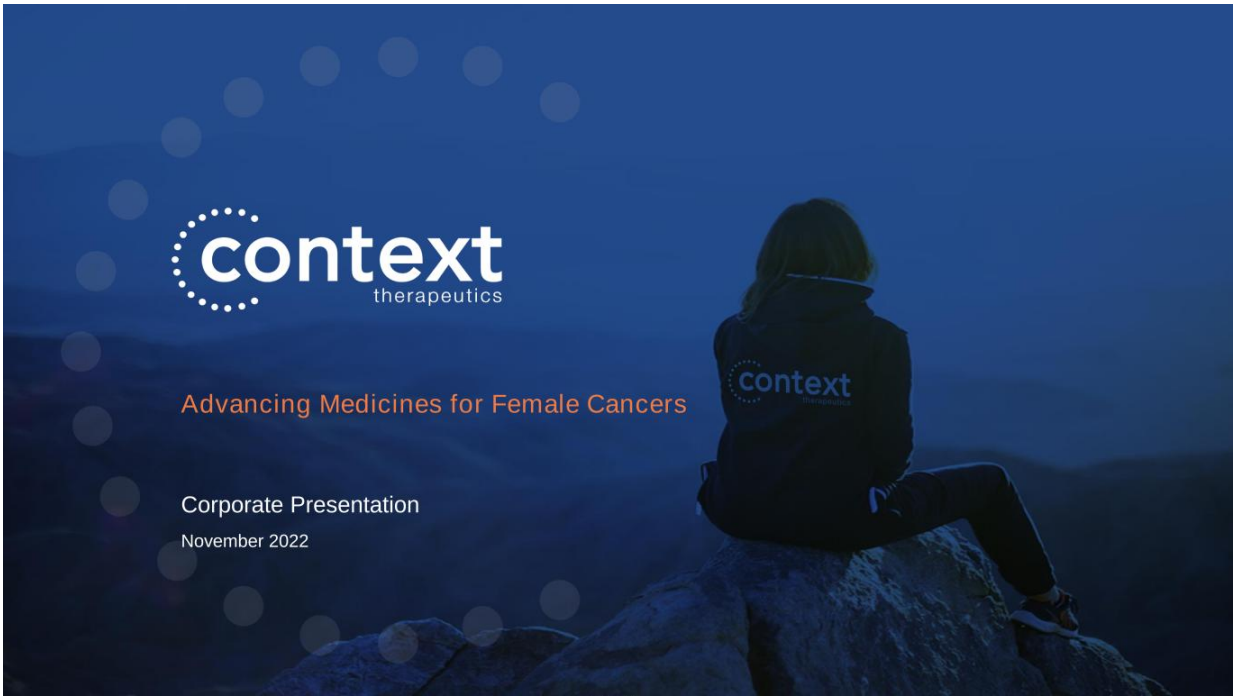
SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Dated: November 9, 2022

Context Therapeutics Inc.

By: /s/ Martin A. Lehr
Name: Martin A. Lehr
Title: Chief Executive Officer


context
therapeutics
Advancing Medicines for Female Cancers
Corporate Presentation
November 2022
context

Forward Looking Statement

Except for statements of historical fact, any information contained in this presentation may be a forward-looking statement that reflects the Company's current views about future events and are subject to risks, uncertainties, assumptions and changes in circumstances that may cause events or the Company's actual activities or results to differ significantly from those expressed in any forward-looking statement. In some cases, you can identify forward-looking statements by terminology such as "may", "will", "should", "plan", "predict", "expect," "estimate," "anticipate," "intend," "goal," "strategy," "believe," "could", "would", "potential", "project", "continue" and similar expressions and variations thereof.

Forward-looking statements may include statements regarding the Company's business strategy, cash flows and funding status, potential growth opportunities, clinical development activities, the timing and results of preclinical research, clinical trials and potential regulatory approval and commercialization of product candidates.

Although the Company believes that the expectations reflected in such forward-looking statements are reasonable, the Company cannot guarantee future events, results, actions, levels of activity, performance or achievements.

These forward-looking statements are subject to a number of risks, uncertainties and assumptions, including those described under the heading "Risk Factors" in documents the Company has filed with the SEC. These forward-looking statements speak only as of the date of this presentation and the Company undertakes no obligation to revise or update any forward-looking statements to reflect events or circumstances after the date hereof.

Important Notice and Disclaimers

Certain information contained in this Presentation relates to or is based on studies, publications, surveys and other data obtained from third-party sources and the Company's own internal estimates and research. While the Company believes these third-party sources to be reliable as of the date of this Presentation, it has not independently verified, and makes no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third-party sources. In addition, all of the market data included in this Presentation involves a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions.

This presentation discusses product candidates that are under clinical study and which have not yet been approved for marketing by the U.S. Food and Drug Administration. No representation is made as to the safety or effectiveness of these product candidates for the use for which such product candidates are being studied. While the Company believes its internal research is reliable, such research has not been verified by any independent source. All the scientific and clinical data presented within this presentation are – by definition prior to completion of the clinical trial and a clinical study report – preliminary in nature and subject to further quality checks including customary source data verification.

The trademarks included herein are the property of the owners thereof and are used for reference purposes only. Such use should not be construed as an endorsement of such products.

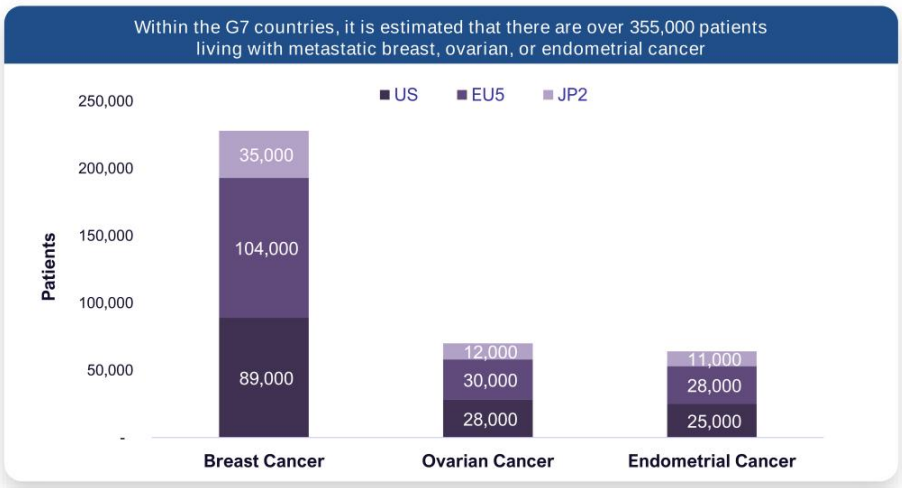
Context Therapeutics Overview

Focus on **Women's Oncology**	• Unmet clinical need in breast, ovarian, and endometrial cancers
ONA-XR oral PR antagonist	• ONA-XR is a novel, potentially first-in-class progesterone receptor (PR) antagonist • Endometrial Phase 2 trial initial data reports 4-month PFS rate of 77%[1] • In November 2022, initiated Phase 1b/2 ELONA trial. On track for Phase 1b data in Q4 2023 • 2L/3L metastatic breast cancer initial data to be presented in December 2022
CLDN6 x CD3 bispecific antibody	• Claudin 6 (CLDN6) is uniquely expressed in certain adult and pediatric cancers • Developing a highly selective CLDN6 x CD3 bispecific antibody • On track for Candidate selection in Q4 2022 and IND submission in Q1 2024
Cash Guidance	• Expected cash runway into Q1 2024

1 Data cut off as of September 30, 2022; preliminary raw data

Unmet Need in Female Cancers

Prevalence of Metastatic Female Cancers in EU5, Japan, and US

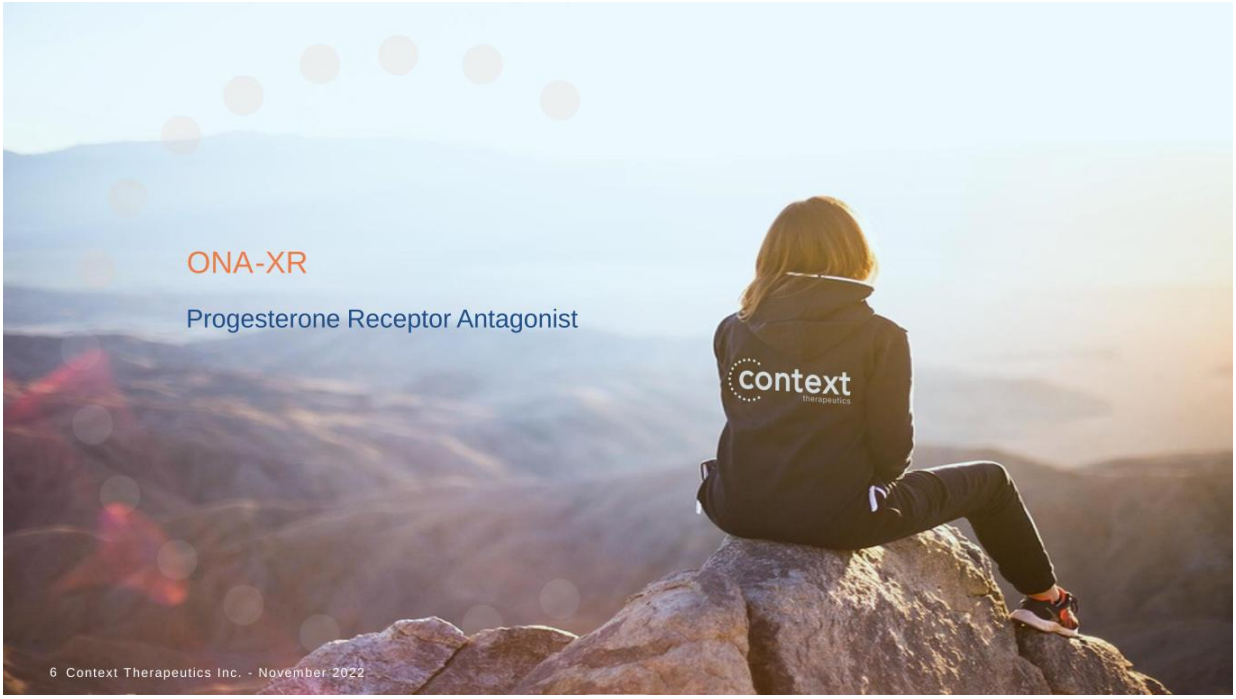


Source: secondary epidemiologic estimates, 2020 estimates

Pipeline

Cancer	Clinical Indication	Preclinical	Phase 1 Clinical	Phase 2 Clinical	Milestones
ONA-XR (PR antagonist)[1]					
Breast Cancer	2L/3L ER+,PR+,HER2- Combination w/ elacestrant		Phase 1b/2 ELONA Trial		Initiate Q4 2022 ☑ Phase 1b data Q4 2023
	2L/3L ER+,PR+,HER2- Combination w/ fulvestrant		*Phase 2 SMILE Trial		Initial data Dec 2022
Endometrial Cancer	Recurrent PR+ Endometrioid Combination w/ anastrozole		*Phase 2 Trial		Initial data Q4 2022 ☑ Data update mid-2023
Ovarian Cancer	Recurrent PR+ Granulosa Cell Tumor Combination w/ anastrozole		*Phase 2 Trial		Initial data Q4 2022 ☑ Data update mid-2023
CLDN6xCD3 bispecific antibody					
	CLDN6-positive cancers				Candidate selection Q4 2022 IND submission Q1 2024

1 Tyligand Biosciences Ltd licensed rights to ONA-XR in China, HK, Macau
* Investigator Sponsored Trial


ONA-XR
Progesterone Receptor Antagonist
context
therapeutics

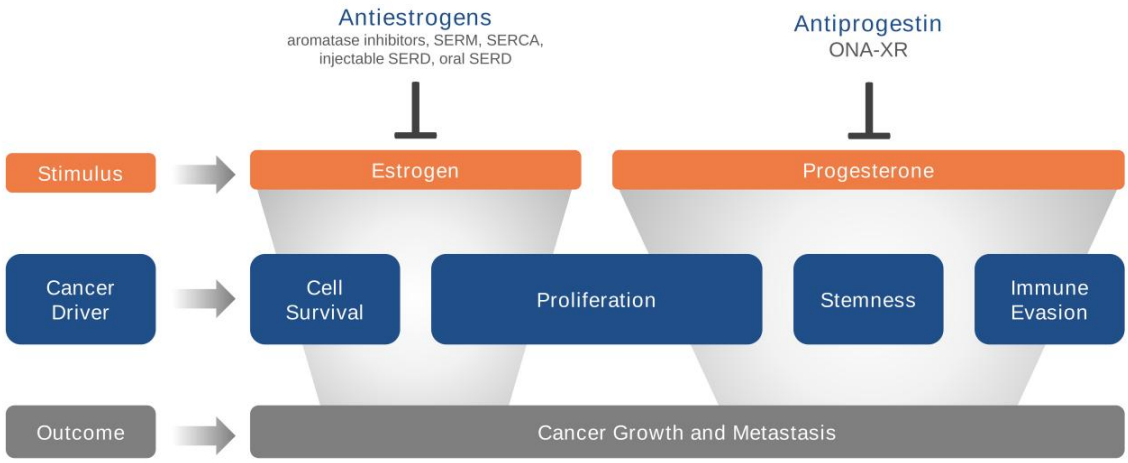
Onapristone Extended Release (ONA-XR)

Mechanism of Action	• Onapristone (ONA) is a progesterone receptor (PR) antagonist that suppresses PR oncogenic signaling • PR oncogenic signaling is associated with breast, ovarian, and endometrial cancer • Onapristone is the only PR antagonist that blocks both ligand-dependent and ligand-independent PR activation[1]
Dosing and Administration	• ONA-XR is an extended-release (XR) tablet form of onapristone (ONA) • 50 mg administered orally twice per day
Clinical Data With Immediate Release Formulation	• 56% overall response rate (ORR) in patients with advanced or metastatic 1L ER+,PR+,HER2- breast cancer[2] • Immediate release formulation associated with liver enzyme elevations[3,4]
Clinical Data With Extended Release Formulation[5,6]	• Extended release formulation mitigates liver enzyme elevations; no treatment-related severe adverse events to date • Preliminary 4-month progression free survival (PFS) rate of 77% in ongoing Phase 2 endometrial cancer trial
Intellectual Property	• IP protection through at least 2034 assuming no additional patent filings or patent term extensions • ONA-XR is a New Chemical Entity (NCE)

1 Huang, Mol Can Res, 2019
2 Robertson et al., J Eur Cancer, 1999
3 Cottu et al., PLOS One, 2019
4 Lewis et al., Drug Safety, 2020
5 Data referenced as of September 30, 2022
6 As assessed by study Investigator

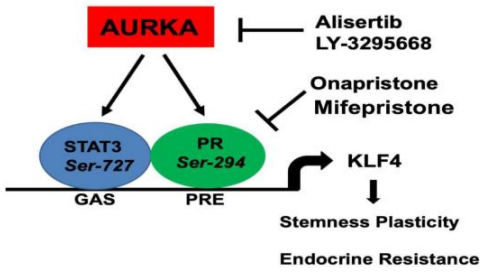
Mechanism of Action

Blocking cancer growth by combining antiestrogen and antiprogestin therapies



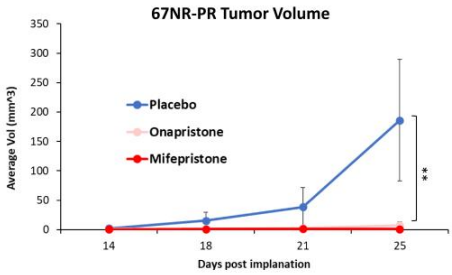
PR Regulates Cancer Drivers of Stemness and Immune Evasion

PR Promotes Cancer Cell Stemness and Metasteses[1]



- Cancer plasticity and endocrine therapy resistance is mediated through AURKA phosphorylation of S727-STAT3 and S294-PR transcription factors that favors their co-recruitment in the promoter region of KLF4 stemness reprogramming gene

PR Restricts Immune Recognition of Cancer Cells[2]



- Antiprogestins onapristone and mifepristone inhibited tumor growth in syngeneic (67NR-PR) tumor model in BALB/C mice
- Antiprogestins had limited tumor growth inhibition in immune-deficient (NOD/SCID) mice (data not shown)

1 D'Assoro, AACR Annual Meeting 2022
2 Werner, AACR Annual Meeting 2022

Completed Clinical Trials

Summary of select clinical trials evaluating onapristone with IR or XR formulation

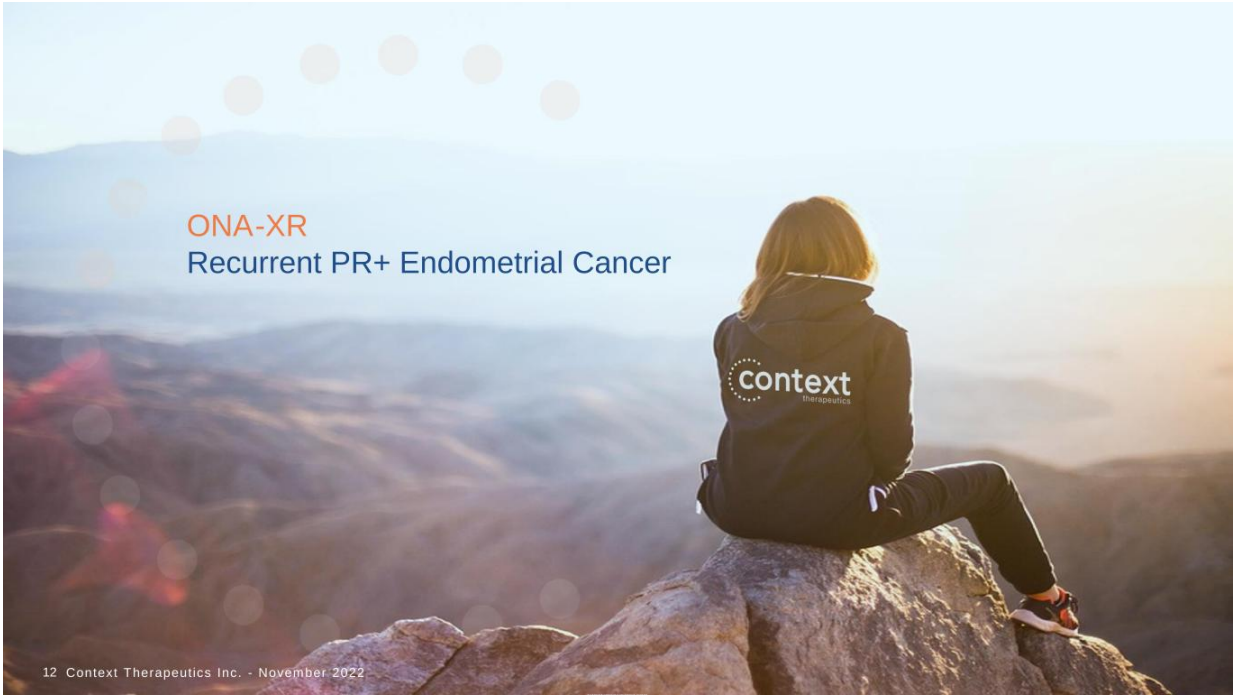
Onapristone Treatment	Stage	Patients (n)	Clinical Indication	Prior Treatments Median (range)	Biomarker	Data
IR (100 mg QD)	Ph 2	19	Breast Cancer First line (1L) advanced or metastatic	Hormone naïve		56% ORR[1] 67% CBR 14.0 month PFS
IR (100 mg QD)	Ph 2	101	Breast Cancer Second line (2L) advanced or metastatic	1 (1-2)		10% ORR[2] 48% CBR 4.0 month PFS
XR (50 mg BID)	Ph 2	14	Granulosa Cell Tumor of Ovary Advanced or Metastatic	4 (2-17)	PR+	35% CBR[3] 12 month PFS rate of 20%
XR (10-50 mg BID)	Ph 1	13	Ovarian Cancer Advanced or Metastatic	4 (2-10)	PR+	8% ORR[4] 6 month PFS rate of 31%
XR (10-50 mg BID)	Ph 1	20	Breast Cancer Advanced or Metastatic	9 (2-14)	PR+	25% DCR[4] 6 month PFS rate of 15%

IR = immediate release; XR = extended release
1 Robertson, Eur J Cancer, 1999
2 Jonat, Endocrine Therapy of Breast Cancer, 2002
3 Grisham, ASCO Annual Meeting 2022
4 Cottu, PLoS One, 2018

Key Ongoing Clinical Trials

Treatment	Stage	Patients (n)	Clinical Indication	Biomarker	Key Inclusion and Exclusion Criteria	Collaborator	Data Update[1]
ONA-XR + Anastrozole	Ph 2	25	Endometrial Cancer	PR+	• Must have received at least one prior treatment with a platinum/taxane chemotherapy	Jefferson	• 12 patients enrolled • 4-month PFS rate of 77% • No treatment-related SAE
ONA-XR + Anastrozole	Ph 2	25	Granulosa Cell Tumor of the Ovary	PR+	• Must have received at least one prior chemotherapy regimen	Memorial Sloan Kettering Cancer Center	• 14 patients enrolled • No treatment-related SAE
ONA-XR + Fulvestrant	Ph 2	39	Breast Cancer (2L/3L) SMILE Trial	PR+	• Must have received prior CDK4/6 inhibitor therapy • One line of prior chemotherapy in metastatic setting allowed	Carbone Cancer Center UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH	
ONA-XR + Elacestrant	Ph 1b/2	67	Breast Cancer (2L/3L) ELONA Trial	PR+	• Must have received prior CDK4/6 inhibitor therapy • ≥50% patients with ESR1 mutant • No prior chemotherapy in metastatic setting	MENARINI group	

1 Data cut off as of September 30, 2022; preliminary raw data


ONA-XR
Recurrent PR+ Endometrial Cancer
context
therapeutics
12 Context Therapeutics Inc. - November 2022

Endometrial Cancer

- Endometrial cancer is the 4th most common cancer in women
  - Endometrial cancer is on the rise and is linked to obestiy[1,2]
  - ~13,000 patient deaths per year in the US[3]
  - Market is projected to grow from $1.5bn in 2020 to $5.1bn in 2029[5]
- Hormone signaling is a driver of endometrial cancer
  - Endometrial cancer is thought to be caused by excess hormone production that leads to endometrial hyperplasia and cancer
- Chemotherapy and surgery remain first line treatments
  - Primary treatment includes surgical removal of uterus, ovaries, and fallopian tubes followed by platinum/taxane chemotherapy
  - PD-1 antibodies (Keytruda, Jemperli) were recently approved in MSI-H and dMMR genetic subpopulations post-chemotherapy (~13-30% of population)[5]
  - Lenvima + Keytruda combination therapy is approved post-chemotherapy, however, tolerability can be challenging for patients[6]
- Antiestrogen therapy is currently used off-label
  - Hormonal therapy is an alternative treatment for patients who wish to preserve their fertility, and for those with metastatic or recurrent disease without curative options

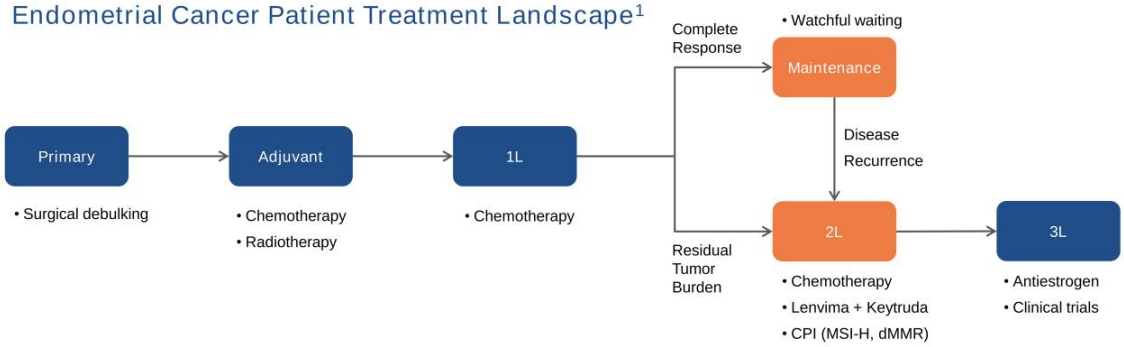
~14,000 patients have recurrent endometrial cancer that cannot be fully removed via surgery[2]

34%

Of endometrial cancer patients are PR+[4]

1 American Cancer Society, Endometrial Cancer Risk Factors. (accessed Nov. 4, 2022)
2 Epic Oncology (Incidence, 1st/ 2nd line treated); epic Oncology physician survey 2019
3 Nation Cancer Institute, Endometrial Cancer Incidence Rising in the US and Worldwide (accessed Nov. 4, 2022)
4 Høgdall, Oncol Rep, 2007
5 Vinuesa and Webster, Nat Rev Drug Disc, 2022
6 Makker, NEJM, 2022

Endometrial Cancer Patient Treatment Landscape[1]



1L First Line (1L)

- Standard of Care (SOC) is carboplatin + paclitaxel
- mPFS of ~12 months

2L Second Line (2L)

- Treatment goal is disease stabilization for 4-6 months
- Lenvima + Keytruda poor tolerability associated with high discontinuation rate in patients

M Maintenance Line

- No approved therapies
- Treatment goal is disease stabilization for ≥4 months and to provide a high quality of life

Potential Target Indications for ONA-XR

3L Third Line (3L)

- Limited treatment options

1 National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology. Uterine Neoplasms. v4.2021

ONA-XR + Anastrozole in PR+ Endometrial Cancer[1]

- Ongoing Phase 2 Trial
  - Investigator-initiated, open label, multi-center, trial evaluating ONA-XR 50 mg BID in combination with the antiestrogen anastrozole 1 mg QD administered orally to treat women with ER+/PR+ endometrial adenocarcinoma who have received at least one prior platinum/taxane-based chemotherapy regimen
  - Co-primary endpoints: 4-month PFS and ORR
  - Secondary endpoints: DCR, DoR, safety, and quality of life

- Efficacy
  - The study has enrolled 12 of 25 planned patients
  - 9 patients have completed at least one month of treatment
  - 4-month PFS rate was 77%
  - 12-month PFS rate was 33%
  - 7 patients remain on the trial

- Safety
  - There have been no treatment-related serious adverse events reported

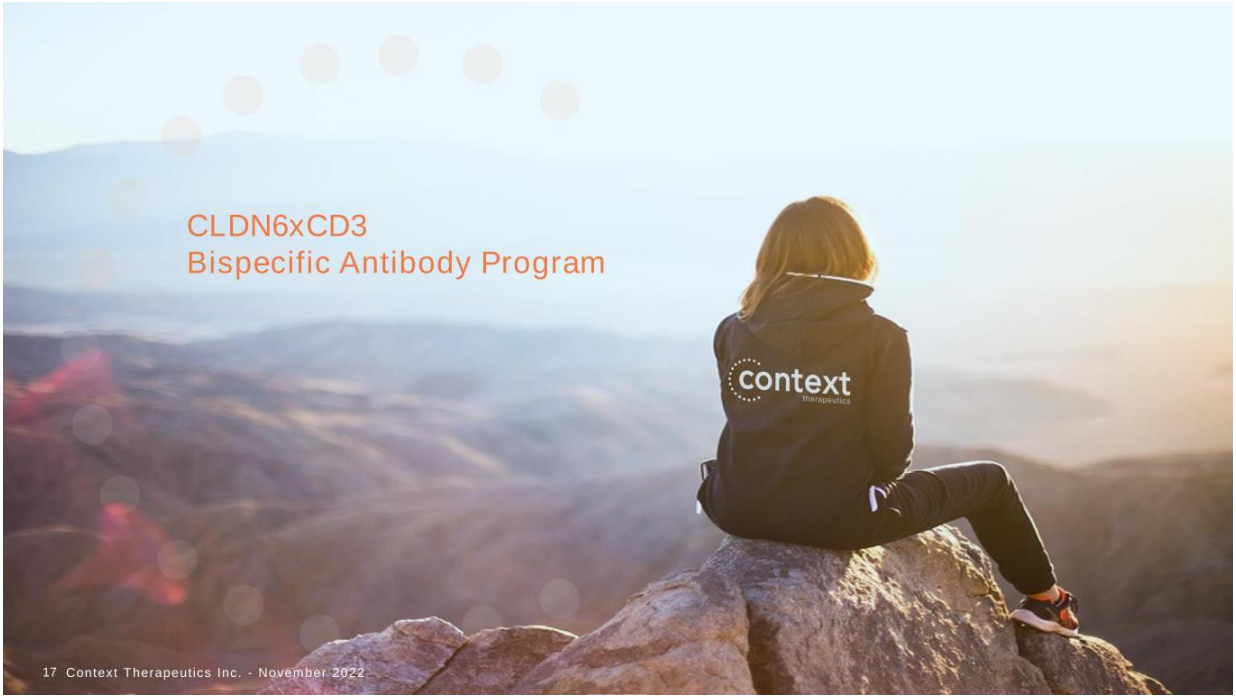
- Updated data anticipated in mid-2023

1 Data cut off as of September 30, 2022; preliminary raw data
All statements contained in this presentation are based on preclinical and clinical trial data related to an investigational molecule, ONA-XR. Development of this molecule is ongoing and, therefore, statements relating to study data to date should not be regarded as definitive reflections of safety, efficacy or the risk-benefit profile of the molecule

Benchmarking Against Single Agents

	ONA-XR + Anastrozole	ONA-XR	Anastrozole
Trial	Schilder (ongoing)[1]	Cottu 2018[2]	PARAGON 2019[3]
Patients (n)	12 (9 evaluable)	12	54
Lines of Prior Chemotherapy, n (%) 1 **≥2**	 8 (66) 4 (33)	 4 (33) 8 (66)	 50 (93) 4 (7)
Treatment free interval (TFI) ≥6 months, n (%)	4 (33)	1 (8)	36 (70)
4-month PFS rate, n (%)	7 (77)	4 (33)	ND
12-month PFS rate, n (%)	3 (33)	1 (8)	4 (7)
mPFS (95% CI), months	NE	2.0 (1.7-5.3)	2.7 (1.9-4.5)
Side Effects	Well tolerated	Well tolerated	Well tolerated

1 Data cut off as of September 30, 2022; preliminary raw data
2 Cottu, PLoS One, 2018
3 Mileshkin, Gyn Onc, 2019


CLDN6xCD3
Bispecific Antibody Program
context
therapeutics

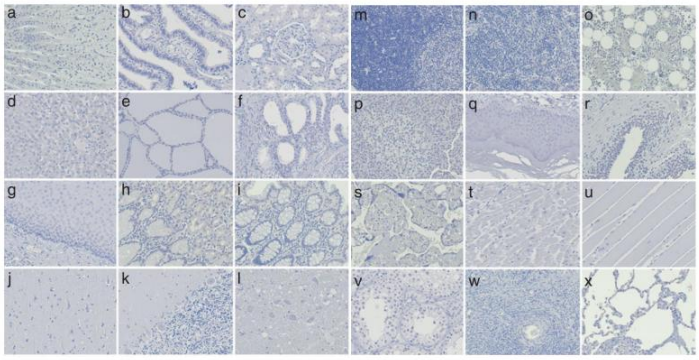
Claudin 6 (CLDN6) is an Emerging Oncology Target

Opportunity	• CLDN6 is a tumor-specific protein that is present at high surface density across adult and pediatric cancers[1] • CLDN6 is expressed at very low levels or absent from normal adult tissue
Challenge	• CLDN6 antigen is conformationally-dependent, which limits the utility of traditional antibody discovery approaches • Antigen binding region is highly conserved with CLDN3, CLDN4, and CLDN9 • CLDN6 selectivity is required to avoid off-target liabilities identified in murine knockout studies with CLDN3 (pancreas), CLDN4 (kidney, pancreas), and CLDN9 (ear, gut)
Target Validation	• BNT211 CAR-T establishes Proof of Concept[2]: – Novel CAR-T + mRNA vaccine evaluated in Phase 1 dose-escalation study in CLDN6+ solid tumors – 50% response rate (ORR) in second dosing cohort
Unmet Need	• Selectivity: preferentially target CLDN6 over other CLDN proteins • Potency: specific lysis of CLDN6+ cancer cells over normal cells • Safety: activation of cytotoxic T cells without concomitant activation of free cytokines • Manufacturability: scalable process

1 Faber MS, et al. Bispecific claudin-6 x CD3 antibodies AACR Annual Meeting; 2021; Virtual. Abstract 1860
2 Haanen JB, et al. BNT211: A Phase I trial. ESMO Annual Meeting; 2022; Paris, France. LBA38

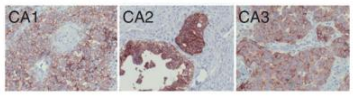
CLDN6 is Selectively Expressed on Cancer Cells

Normal Tissue



(a) adrenal gland, (b) fallopian tube, (c) kidney, (d) liver, (e) thyroid, (f) prostate, (g) esophagus, (h) stomach, (i) colon, (j) cerebrum, (k) cerebellum, (l) spinal cord, (m) thymus, (n) spleen, (o) bone marrow, (p) pancreas, (q) skin, (r) bladder, (s) placenta, (t) heart muscle, (u) striated muscle, (v) testis, (w) ovary, (x) lung

Cancer Tissue



(CA1) testicular cancer, (CA2) ovarian cancer, and (CA3) lung cancer

Reinhard, Science, 2020

CLDN6 Has the Potential to Reach a Large Patient Population

~62,500 patients per year in the US only in Relapse/Refractory Setting

Initial indications of interest based on:

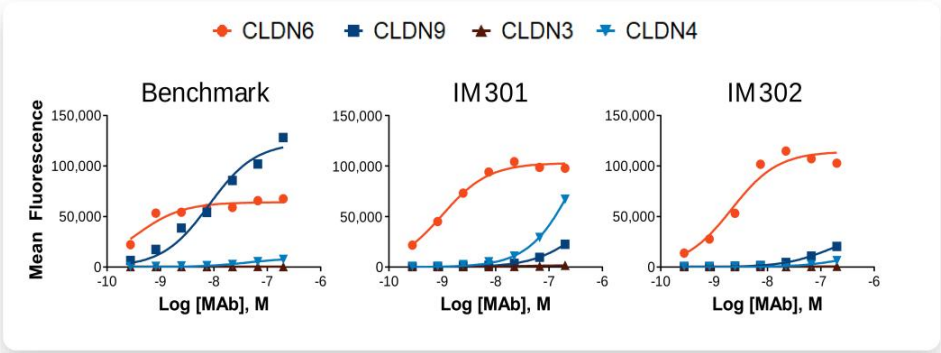
- CLDN6 prevalence
- Patient population size
- Observed clinical responses
- Eligibility for Orphan or Rare Pediatric Designation

Selected Cancer indications	Incidence	R/R Incidence	CLDN6 Positive	Patient Population Based on R/R Incidence
Testicular	9,910	400	95%[1]	380
Ovarian	19,900	12,800	54-55%[1,2]	6,982
NSCLC	201,229	110,653	6-50%[3,4,5]	35,221
Malignant Rhabdoid	50	500	29-44%[1,2,6,7]	183
Gastric	26,380	11,090	13-55%[8,9]	3,771
Breast	290,600	43,800	2-41%[1,10,11]	9,417
Endometrial	65,900	12,500	20-31%[1,12,13]	3,188
Glioma	19,000	10,000	21%[8]	2,100
Bladder	81,180	17,100	2-8%[1,13]	855
SCLC	35,511	19,527	2%[1]	391

1 Reinhard, Science, 2020; 2 Wang, Diagn Pathol., 2013; 3 Gao, Oncol Lett., 2013; 4 Kohmoto, Gastric Cancer, 2020; 5 Lin, Diagn Pathol., 2013; 6 Micke, Intl J Cancer, 2014; 7 Soini, Pol J Path, 2022; 8 Antonelli, Brain Pathol., 2011; 9 Sullivan, Am J Surg Pathol., 2012; 10 Jia, Intl J Clin Exp Pathol., 2019; 11 Yafang, J Breast Cancer, 2011; 12 Kojima, Cancers, 2020; 13 Ushiku, Histopath., 2012

Incidences based on public estimates; Relapsed/refractory (R/R) or last-line patient population approximated by annual mortality; CLDN6 target prevalence is based on IHC or RNAseq from published reports. Patient population derived from midpoint of CLDN6 positive population multiplied by R/R incident population.

Context Antibodies Display High Selectivity for CLDN6[1]



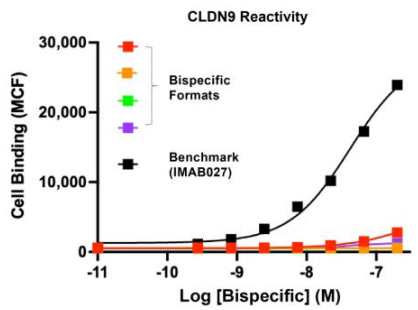
Key Takeaways

- Benchmark (IMAB027/ASP1650; Astellas/Ganymed) exhibits off-target binding to CLDN9
- 1st generation Context mAb (IM301, IM302) exhibit high CLDN6 selectivity
- 2nd generation Context mAb exhibit even greater CLDN6 selectivity than IM301 and IM302 (data not shown)

1 Rucker, AACR Annual Meeting 2022

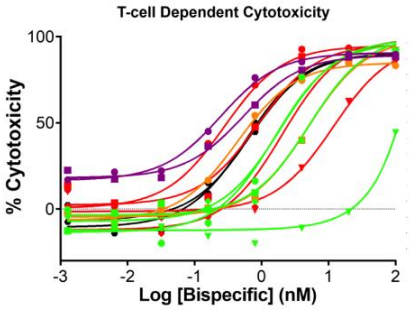
Development of Selective and Potent CLDN6 Bispecific Antibodies

Bispecific antibodies retain high CLDN6 specificity[1]



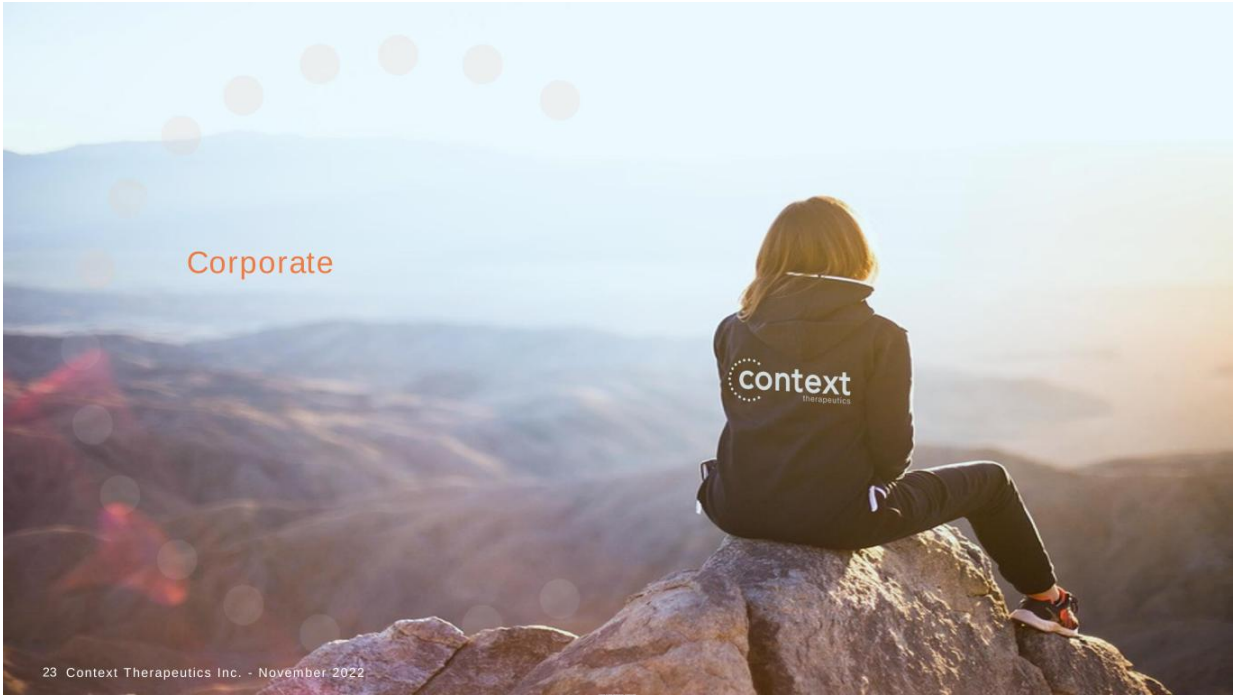
- A diverse set of bispecific formats were evaluated, represented by a different color (red, orange, green, purple)
- Binding to CLDN9 was not affected by Context bispecific format and was markedly lower compared to IMAB027 (black)

Bispecifics induce robust T-cell dependent cytotoxicity[1]



- A diverse set of bispecific formats and derivatives thereof effectively induced T-cell dependent cell killing in OV90 ovarian tumor cells
- Certain bispecific formats (green) and derivatives thereof were less potent (purple) than others

1 Rucker, AACR Annual Meeting 2022


Corporate
context
therapeutics

Experienced Leadership Team

Martin Lehr
CEO and Director

Praesidia Biologics · Cure Duchenne · OSAGE University Partners

Jennifer Minai, CPA
Chief Financial Officer

Millendo Therapeutics · parexel · EY

Chris Beck, MBA
SVP Operations

Galera Therapeutics · Shire · MERCK

Alex Levit, Esq
Chief Legal Officer

optinose · teva · ReedSmith

Tarek Sahmoud, MD, PhD
Chief Medical Officer

Novartis · H3 Biomedicine · Celgene

Priya Marreddy, MS
VP Clinical Operations

Spark Therapeutics · teva · PRA Health Sciences

Focus on Execution

Experienced team with deep oncology experience

Our CMO led the clinical development of multiple blockbuster drugs for female cancers, including Kisqali, Arimidex, and Afinitor

Our management team is supported by a Board with strong public company operating and governance experience

Recent and Key Anticipated Milestones

ONA-XR	1H 2022	2H 2022	2023	2024
Breast – AACR preclinical update	✓			
Breast – ELONA trial initiation		✓		
Endometrial – Phase 2 initial data		✓		
Granulosa Cell – Phase 2 initial data		✓		
Breast – SMILE trial initial Phase 2 data		●		
Breast – ELONA trial Phase 1b data			●	

Claudin 6	1H 2022	2H 2022	2023	2024
Candidate selection		●		
IND submission				●

Investment Highlights

Large Unmet Need

Female Cancers

High-Value Targets

Progesterone Receptor and Claudin 6

Near-Term Milestones

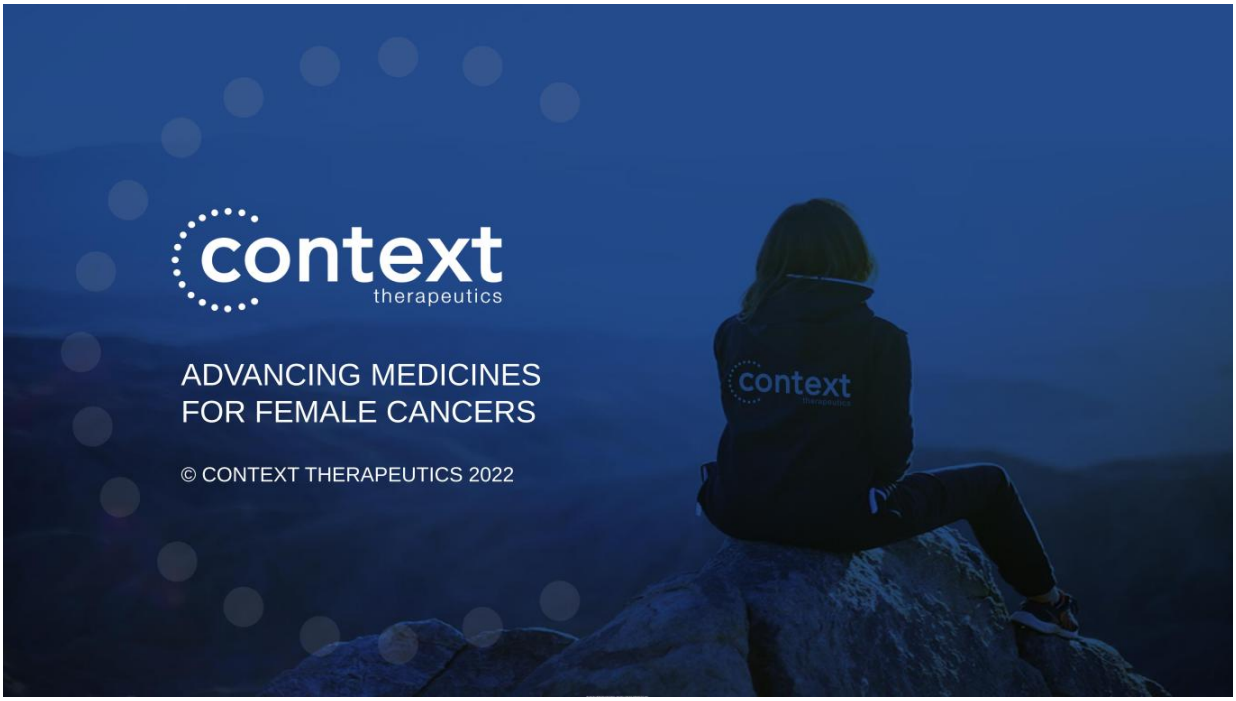
Multiple Data Readouts in Q4 2022

Strong Team

Deep Domain Experience, Track Record of Success

Financial Strength

Expected Cash Runway into Q1 2024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Abbreviations

Clinical Trial Efficacy	
CBR (CR+PR+ **SD ≥6** mos)	Clinical benefit rate
CR	Complete response
DCR (CR+PR+ SD)	Disease control rate
DoR	Duration of response
mPFS	Median PFS
ORR (CR+PR)	Overall response rate
PFS	Progression free survival
SD	Stable disease
95% CI	95% confidence interval

Clinical Trial Safety	
AE	Adverse event
DLT	Dose-limiting toxicity
TRAE	Treatment-related adverse event
SAE	Serious adverse event

Diseases	
BC	Breast cancer
GCT	Granulosa cell tumor
NSCLC	Non-small cell lung cancer
SCLC	Small cell lung cancer

Other Terms	
1L	First Line
2L	Second Line
BID	Twice per day
CPI	Checkpoint inhibitor
dMMR	DNA mismatch repair
ER	Estrogen receptor
mAb	Monoclonal antibody
MSI-H	Microsatellite instability high
ND	Not determined
NE	Not evaluable
PK	Pharmacokinetics
PR	Progesterone receptor
QD	Once per day
QOL	Quality of life
SOC	Standard of care
TFI	Treatment free interval

Approved Drugs Mentioned	
Jemperli	Dostarlimab-gxly (GSK)
Lenvima	Lenvatinib (Eisai)
Keytruda	Pembrolizumab (Merck)

Medical Organizations / Conferences	
AACR	American Association for Cancer Research
ASCO	American Society of Clinical Oncology
ESMO	European Society for Medical Oncology
SABCS	San Antonio Breast Cancer Symposium