Poster #
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Balstilimab alone or in combination with zalifrelimab as second-line treatment for patients with previously treated recurrent/metastatic cervical cancer: a randomized, placebo-controlled phase II trial (RaPiDS/GOG-3028)

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Background

- Targeting the programmed death 1 (PD-1)/programmed death ligand 1 (PD-L1) immune checkpoint pathway has provided an important advance for the treatment of patients with advanced cervical cancer,[1] yet opportunities exist to improve current outcomes.[2] Amongst these, dual blockade of PD-1 and cytotoxic T lymphocyte-associated protein 4 (CTLA-4) represents an attractive therapeutic approach, given that this is an effective strategy in other tumor types.[3]
- Balstilimab (AGEN2034; anti-PD-1) demonstrated meaningful and durable single-agent activity in previously-treated patients with metastatic, persistent, or recurrent cervical cancer in a large phase II trial (NCT03104699).[4] Notably, responses were observed in PD-L1+ patients as well as those with PD-L1- tumor expression. Responses also occurred in patients whose tumors were of squamous cell carcinoma or adenocarcinoma origin.
- Balstilimab plus zalifrelimab (AGEN1884; anti-CTLA-4) was evaluated in a parallel, independent study in a similarly selected patient population (NCT03495882). The combination provided improved clinical benefit over monotherapy, as evidenced by higher relative response rates and longer response duration, as well as a manageable safety profile.[4] Again, clinical activity was seen irrespective of PD-L1 tumor status or histology.
- Taken together, these findings demonstrate that both single-agent balstilimab and the balstilimab/zalifrelimab combination are effective and well tolerated as second-line treatment for advanced/metastatic cervical cancer and may represent promising new options for patients in this disease setting.

Trial Enrollment

- **210 patients with recurrent/metastatic cervical cancer**
- **One prior platinum-based regimen for advanced disease**
- **Randomized, non-comparative, blinded phase II trial design**

Balstilimab 300 mg Q3W + Placebo

1:1 Randomization

Balstilimab 300 mg Q3W + Zalifrelimab 1 mg/kg Q6W

Primary Endpoint

- **Objective response rate (ORR) determined by an Independent Radiology Review Committee (IRRC) per RECIST v1.1.**

Secondary Endpoints

- **Safety and tolerability**
- **Duration of response**
- **Disease control rate**
- **Progression-free survival**
- **Median overall survival**
- **Quality of life outcomes (FACT-Cx & BPI)**

Study Design

- RaPiDS is a Randomized Phase II study assessing the safety and efficacy of balstilimab (anti-PD-1), both as monotherapy and in combination with zalifrelimab (anti-CTLA4), in patients with cervical cancer who relapsed after platinum-based therapy for advanced (recurrent/metastatic) disease (Second-line)
- A planned total of 210 patients will be randomized 1:1 to:
  - Arm 1: Balstilimab 300 mg administered IV on Day 1 of a 3-week cycle (Q3W)
  - Arm 2: Balstilimab 300 mg Q3W plus zalifrelimab 1 mg/kg administered IV on Day 1 of a 6-week cycle (Q6W)
- Patients may receive treatment for up to 24 months (or until progression, unacceptable toxicity, or withdrawal from the trial)

Key inclusion criteria

- Women ≥ 18 years of age
- Histologically or cytologically confirmed diagnosis of squamous cell carcinoma, adenocarcinoma, or adenosquamous carcinoma of the cervix
- Has relapsed after a platinum-based (first-line) regimen for advanced (recurrent, unresectable, or metastatic) disease
- Measurable disease i.e., at least 1 target lesion per RECIST v1.1.
- ECOG performance status of 0 or 1
- Have adequate hematologic, renal, and hepatic function

Key exclusion criteria

- Diagnosis of clear cell carcinoma, minimal deviation adenocarcinoma, gastric type adenocarcinoma, or mesonephric carcinoma
- Prior treatment with an immune checkpoint inhibitor
- More than 1 systemic treatment regimen for advanced cervical cancer
- Known severe hypersensitivity reactions to fully human monoclonal antibodies
- Active, or history of, autoimmune disease requiring immunosuppressive systemic treatment within 2 years of start of trial treatment
- Received systemic corticosteroid therapy ≤ 7 days prior to 1st dose of study treatment

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Dr. L.M. Randall has no conflicts of interest to declare

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