2021 ESMO congress

Balstilimab (anti-PD-1) in combination with zalifrelimab (anti-CTLA-4): final results from a Phase 2 study in patients (pts) with recurrent/metastatic (R/M) cervical cancer (CC)

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DECLARATION OF INTERESTS

David M. O'Malley

Personal financial interests: Advisory boards and/or Consult: Agenus, Ambry, Amgen, Abbvie, Cordgenics, Genentech/Roche, AstraZeneca, Clovis Oncology, Eisai, Merck, Tesaro, GlaxoSmithKline, Iovance, Immunogen, GOG-Foundation, Janssen/J&J, LEAP Therapeutics, Mersana, Myriad, Novocure, Regeneron, TapImmune/Marker Therapeutics, Tarveda, Seattle Genetics.

Commercial Medical Education Providers: Prime Oncology, Target Oncology, RTP, PER, BioAscend, OncLive, TRM Oncology.

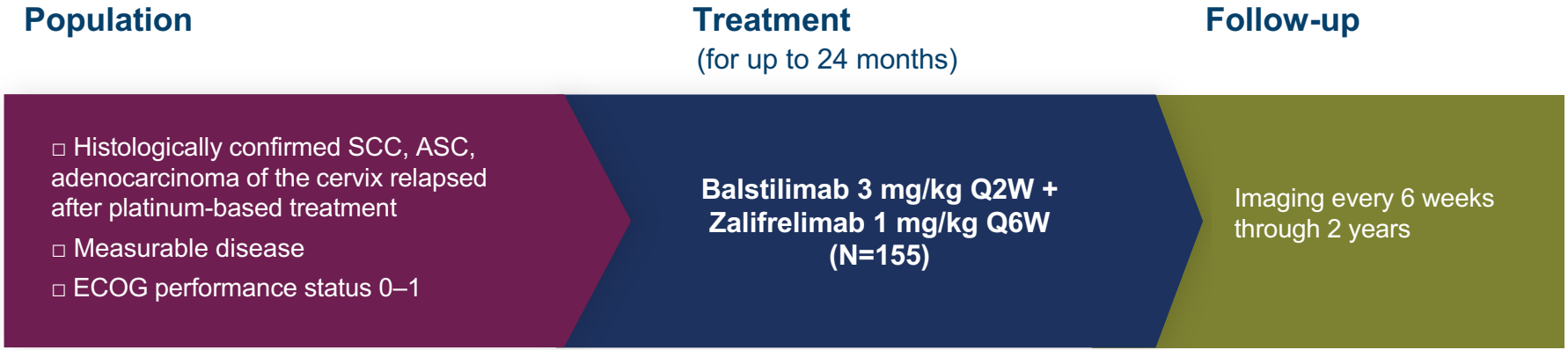
Institutional support for clinical research (local PI): Agenus, Abbvie, Genentech/Roche, AstraZeneca, Clovis Oncology, Eisai, Merck, Tesaro, GlaxoSmithKline, Immunogen, GOG-Foundation, Janssen/J&J, LEAP Therapeutics, Mersana, Novocure, Regeneron, GenMab, Seattle Genetics Advaxis Inc. VentiRx, Array Biopharma, EMD Serono, Ergomed, Ajinomoto Inc., Ludwig Cancer Research, Stemcentrx, Inc, Cerulean Pharma, GOG Foundation, Bristol-Myers Squibb Co, Serono Inc, Tracon Pharmaceuticals, Yale University, New Mexico Cancer Care Alliance, INC Research, Inc, inVentiv Health Clinical, Iovance Biotherapeutics, PRA Intl, NCI/NIH.

Organizational and leadership roles: GOG-P ovarian cancer clinical trial lead; SGO Finance Committee; NRG Developmental Therapeutics and Ovarian Cancer working groups; GCSC Ovarian Task Force

Membership: ESMO, ASCO, SGO, NRG/GOG

C-550 Study Design

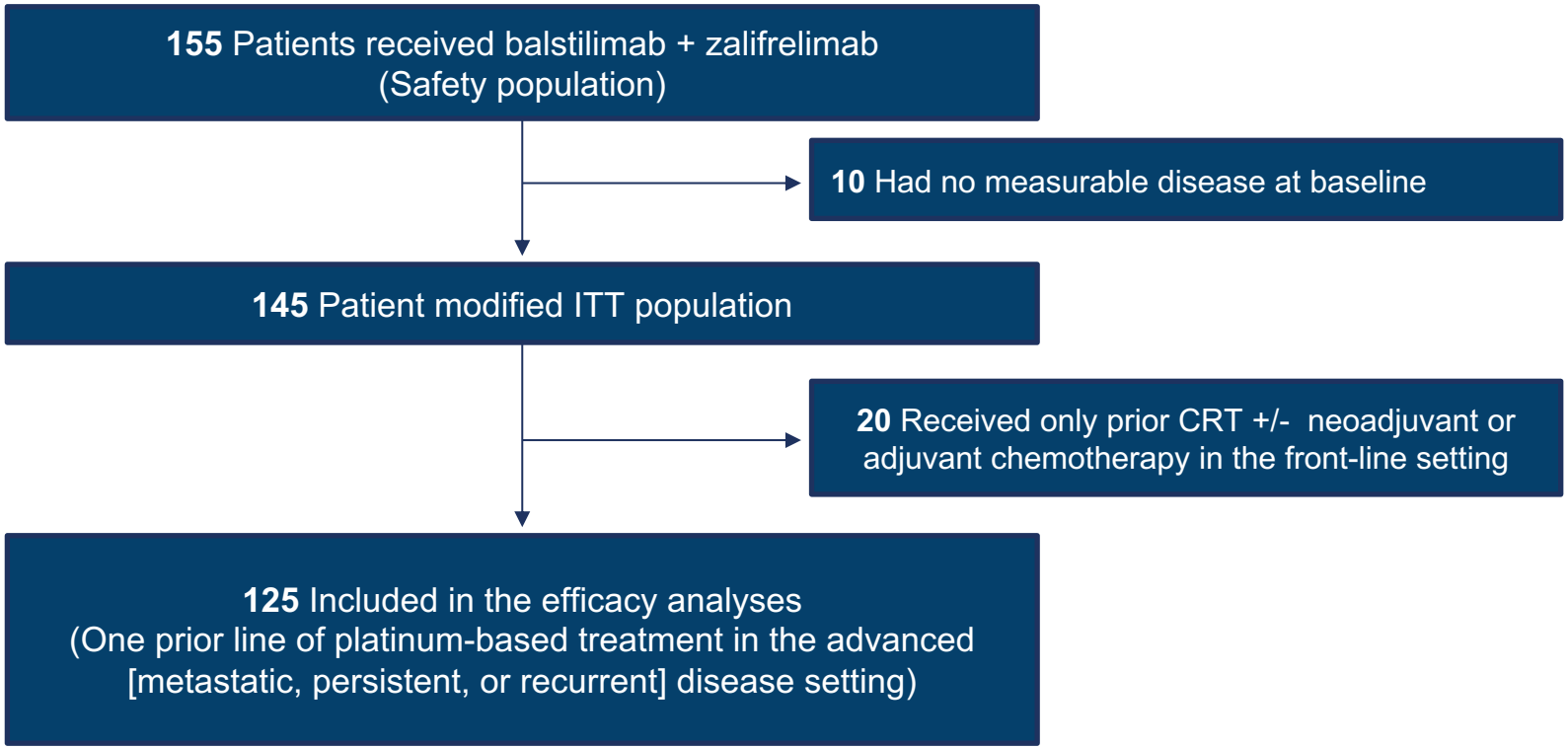
NCT03495882 – Global phase 2 trial (Europe, United States, Australia, South America)



- **Primary endpoint:** ORR by RECIST v1.1 (per Independent Review Committee)
- **Secondary endpoints:** DOR, PFS, OS

ASC, adenosquamous carcinoma; DOR, duration of response; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; SCC, squamous cell carcinoma.

Study Enrollment



Patient Characteristics

Characteristic	N = 155
Age, median (range)	50 (24-76)
Tumor Histology	
Squamous cell carcinoma	109 (70.3)
Adenocarcinoma	42 (27.1)
Adenosquamous	4 (2.6)
ECOG PS	
0	89 (57.4)
1	66 (42.6)
PD-L1 tumor expression status	
Positive (CPS ≥1%)	88 (56.8)
Negative (CPS <1%)	39 (25.2)
Unknown	28 (18.1)
Prior therapy exposure	
Platinum	154 (99.4)
Taxane	122 (78.7)
Bevacizumab	51 (32.9)

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*PD-L1 status not determined due to missing/insufficient biopsy tissue for analysis or samples were non-evaluable

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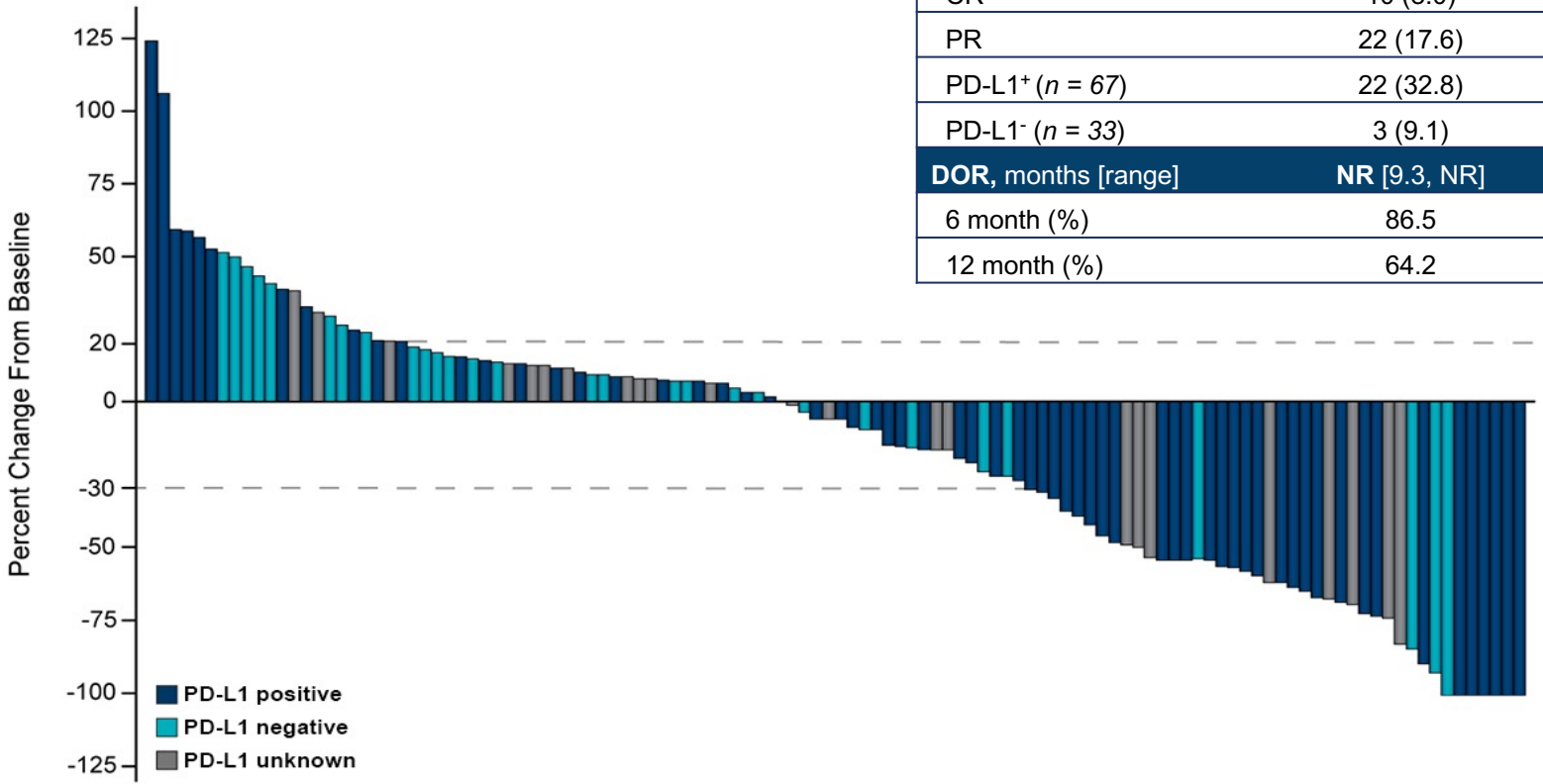
Clinical Activity

ORR, N (%)	**32 (25.6)**
CR	10 (8.0)
PR	22 (17.6)
PD-L1^{+} (*n* = *67*)	22 (32.8)
PD-L1^{-} (*n* = *33*)	3 (9.1)
DOR, months [range]	**NR** [9.3, NR]
6 month (%)	86.5
12 month (%)	64.2



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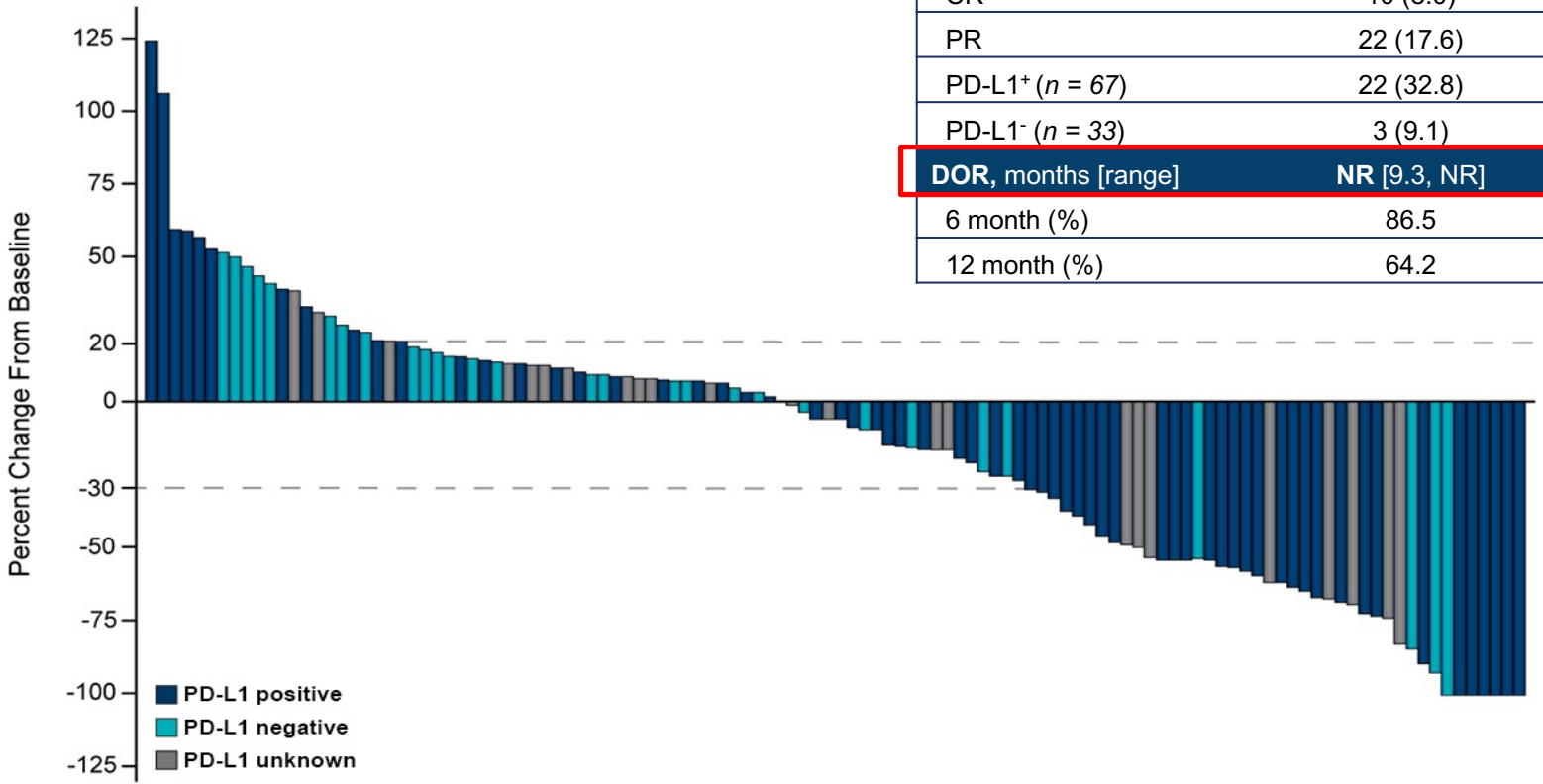

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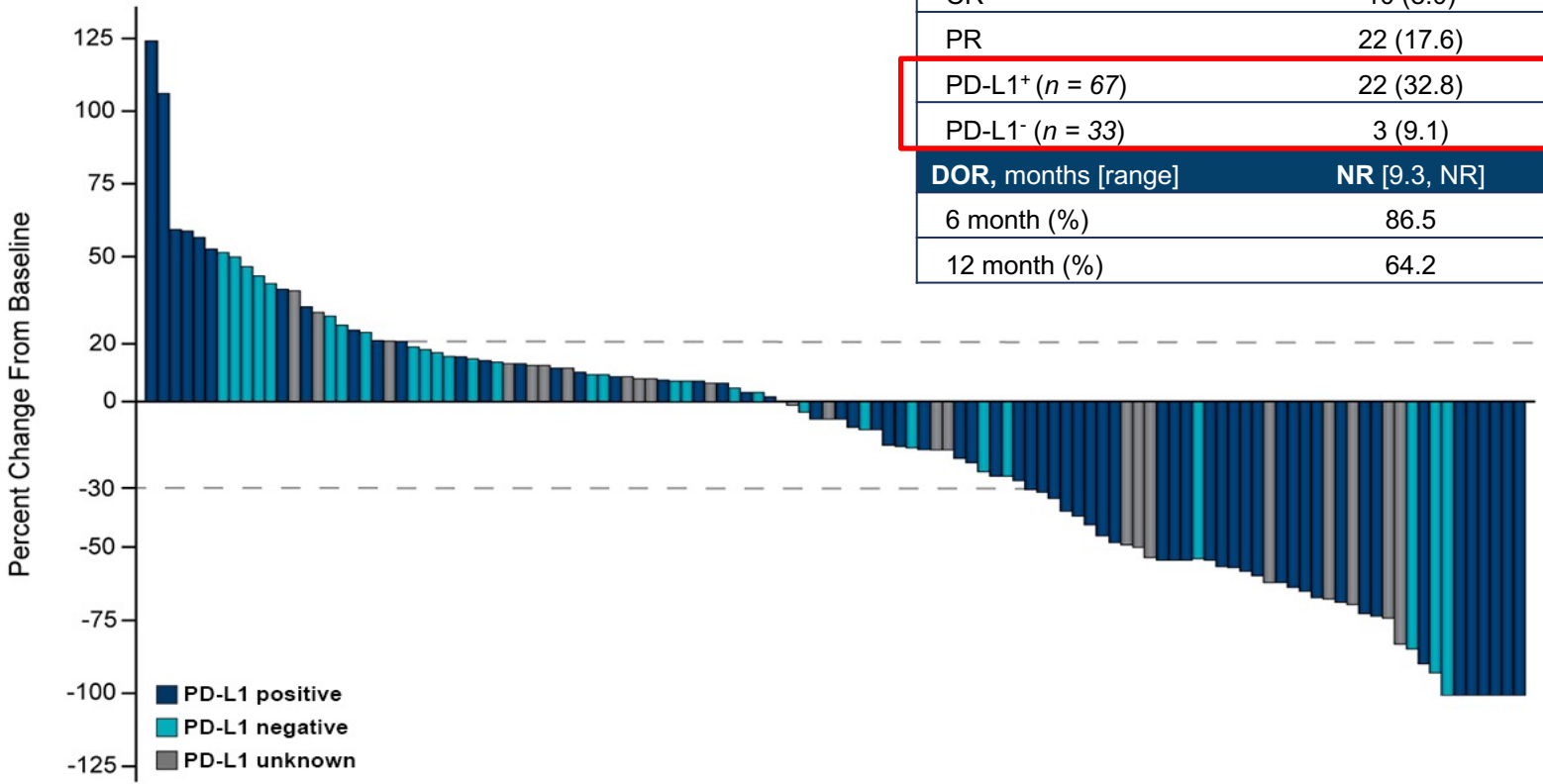
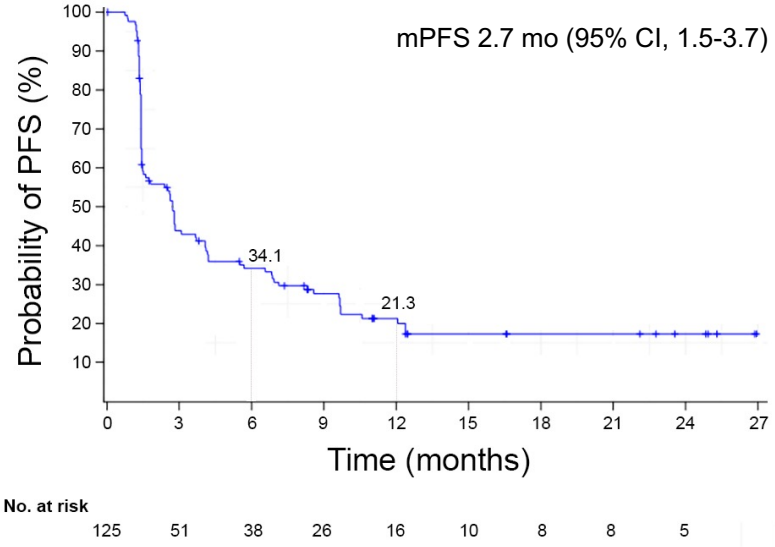


Kaplan-Meier Survival Estimates

Median duration of follow-up: 21 months

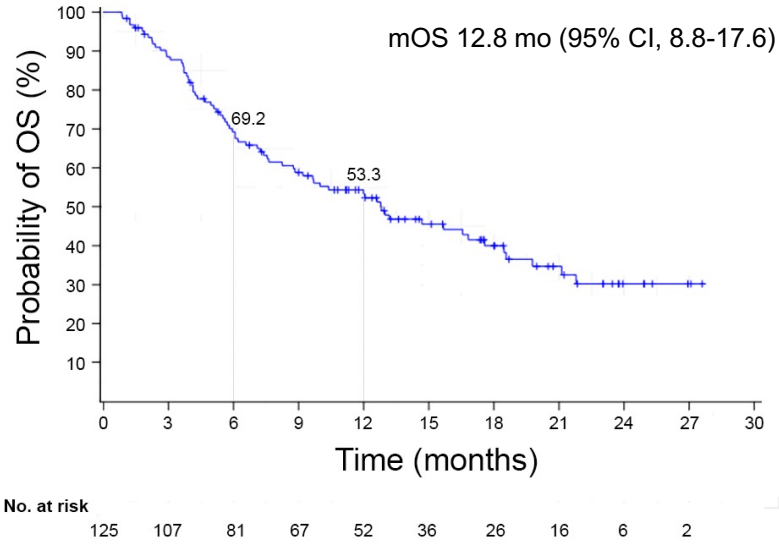
PFS

A



OS

B



PD-L1^{+} subset mOS: 15.7 mo (95% CI, 7.6, 21.1)

Safety Summary

Treatment-related AEs	N (%)
Any	110 (71.0)
Hypothyroidism	26 (16.8)
Diarrhea	22 (14.2)
Fatigue	18 (11.6)
Grade ≥ 3	31 (20.0)
ALT increased	4 (2.6)
Diarrhea	3 (1.9)
Leading to dose interruption	19 (12.3)
Leading to dose discontinuation	12 (7.7)

Immune-mediated AEs	N (%)
Any	69 (44.5)
Hypothyroidism	22 (14.2)
Hyperthyroidism	11 (7.1)
Diarrhea	11 (7.1)
Pruritis	7 (4.5)

Summary

- Largest study to date evaluating dual PD-1/CTLA-4 checkpoint blockade in patients with R/M CC
- The balstilimab + zalifrelimab combination elicited high and durable response rates, compelling overall survival, and good tolerability
- The combination was particularly effective in driving responses in PD-L1-positive patients, and was more broadly active in subsets of R/M CC patients with poorer risk features
- This novel regimen provides meaningful clinical benefit for a patient population with significant unmet need and lack of effective therapies