Background Investigational autologous TIL cell therapies have shown promise in patients with advanced cutaneous melanoma and persistent disease after checkpoint inhibitor therapy, a population with a high unmet medical need. Made from autologous digested and cryopreserved tumor, ITIL-168 is a TIL cell therapy manufactured to offer an unrestricted T-cell receptor repertoire. DELTA-1 (NCT05050006) is a global, multicenter, phase 2 study evaluating efficacy and safety of ITIL-168 in patients with cutaneous melanoma relapsed or refractory to a PD-1i, patients intolerant to a PD-1i, and patients with stable disease on a PD-1i.

Methods Adult patients with histologically confirmed advanced cutaneous melanoma and ECOG performance status 0-1 will be enrolled in 1 of 3 cohorts. Cohort 1 (n=80) will include patients who relapsed after or were refractory to ≥1 prior line of systemic therapy, including a PD-1i and, if BRAFi-mutated, a BRAFi ± MEKi. Cohorts 2 and 3 (n=25 each) will include patients intolerant to PD-1i and those with stable disease after ≥4 doses of PD-1i, respectively. After tumor harvest, patients must have ≥1 measurable lesion per RECIST 1.1. Noncutaneous melanoma, certain prior therapies, and patients with symptomatic and/or untreated central nervous system metastases are ineligible. Patients will receive 5 days of lymphodepleting chemotherapy (cyclophosphamide ×2 days overlapping with fludarabine ×5 days) followed by a single ITIL-168 infusion and supportive IL-2. The primary endpoint is objective response rate (ORR) per central review. Secondary endpoints include duration of response, progression-free survival, overall survival, disease control rate, TIL persistence, and safety. Hypothesis testing of ORR will be performed for cohort 1. The primary analysis will occur ≥6 months after the first posttreatment disease assessment of patients in the cohort 1 modified intent-to-treat population. Enrollment has expanded into Canada and Europe.

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REFERENCES

Ethics Approval All patients will provide written informed consent. The study will be approved by the Institutional Review Board/Independent Ethics Committee at each site and conducted in accordance with the Good Clinical Practice Guidelines of the International Council for Harmonisation.

Consent N/A; the abstract does not contain sensitive or identifiable patient information.