**Background** Immune checkpoint inhibitors (ICIs) targeting the programmed cell death-1 (PD-1) has dramatically shifted the therapeutic paradigm of advanced tumor. However, a large proportion of patients do not achieve durable responses with anti-PD-1 monotherapy. Strategically combining immunotherapies with other systemic therapies to harness potential synergies is critical for maximizing their clinical activity and realizing the greatest benefits for patients with cancer. Chemotherapy drugs induce a form of tumor cell death that is immunologically active, thereby inducing an adaptive immune response specific for the tumor. Apatinib (VEGFR2 inhibitor) in combination with an anti-PD-1 has demonstrated synergistic antitumor effects. In our previous research, steady-state of apatinib (250 mg qd) plasma drug concentration was achieved by day 3. Camrelizumab and sintilimab are humanized anti-PD-1 antibody. We aim to assess time window, efficacy and safety of patients who receive anti-PD-1 antibody multimodal combination as first-line treatment of advanced solid tumor.

**Methods** This multicentre, open-label, exploratory cohort study, Eligible patients were aged 18–70 years, and had histologically or cytologically confirmed advanced solid tumors, an Eastern Cooperative Oncology Group performance status of 0 or 1, and received no previous anti-tumor treatment for advanced disease. 180 patients were assigned to three group: Camrelizumab/sintilimab (200 mg, iv,d4,q3w,24 months) plus standard chemotherapy (d1-3), Camrelizumab/sintilimab (200 mg, iv,d4,q3w,24 months) plus apatinib (250 mg, po, d1,qd), Camrelizumab/sintilimab (200 mg, iv,d7,q3w,24 months) plus standard chemotherapy(d1-3) and apatinib (250 mg,po, d1,qd). Tumor tissue and matched blood of all patients will be collected for NGS-based 727 genes panel assay, and the blood samples will be collected until disease progression. Meanwhile, plasma drug concentrations were detected by daily measurement of trough and peak concentrations(d0, 1, 2, 3, 21, 42, 63). The primary endpoint of this study is progression free survival (PFS), and the secondary endpoints include objective response rate (ORR), disease control rate (DCR), overall survival (OS) and safety. In addition, exploratory analysis was performed to comprehensively assess the relationship between gene status and efficacy, plasma drug concentrations and biological effects. This study is registered with ClinicalTrials.gov, number NCT04282278.

**Results** N/A

**Conclusions** N/A

**Trial Registration** ClinicalTrials.gov, number NCT04282278.

**Ethics Approval** The study was approved by the Fourth Hospital of Hebei Medical University Institution’s Ethics Board, approval number 2020012.

**Acknowledgements** The authors thank the patients and their families for participating in these trials and all investigators and site personnel. Medical writing and/or editorial assistance was provided by Doyel Mitra, PhD, of the ApotheCom pembrolizumab team (Yardley, PA, USA). This assistance was funded by Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc., Kenilworth, NJ, USA.

**ClinicalTrials.gov** https://clinicaltrials.gov/ct2/results

**ClinicalTrials.gov Identifier** NCT04282278

**Abstracts**

**PHASE 3 STUDY OF OLAPARIB ± BEVACIZUMAB VERSUS BEVACIZUMAB + FLUOROURACIL IN PATIENTS WITH UNRESECTABLE OR METASTATIC COLORECTAL CANCER NOT PROGRESSING ON FIRST-LINE FOLFOX + BEVACIZUMAB (LYNK-003)**

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**Background** Platinum-based regimens, such as FOLFOX (fluorouracil [5-FU], leucovorin, oxaliplatin), are recommended standard of care first-line options in metastatic colorectal cancer (CRC). Maintenance therapy with a less intensive treatment regimen in metastatic CRC patients who do not progress during intensive first-line platinum-based induction therapy can enhance clinical benefit and reduce toxicity associated with long-term exposure to oxaliplatin. The phase 3 CAIRO3 study demonstrated PFS benefit and a trend toward OS benefit in patients who discontinued oxaliplatin and switched to a maintenance regimen of fluoropyrimidine and bevacizumab. Olaparib is an oral PARP inhibitor that has shown efficacy in platinum-sensitive cancers. LYNK-003 is a randomized, open-label, phase 3 trial evaluating the efficacy and safety of olaparib, alone or in combination with bevacizumab, compared with bevacizumab plus 5-FU in patients with unresectable or metastatic CRC that has not progressed following first-line induction with FOLFOX plus bevacizumab.

**Methods** Adult (≥18 years) patients with histologically confirmed unresectable or metastatic CRC that has not progressed following a first-line induction course of ≥6 cycles of FOLFOX plus bevacizumab and who can no longer tolerate oxaliplatin are eligible. Patients are required to have ECOG performance status score 0–1, adequate organ function, and provide tumor tissue for biomarker analysis. Patients will be randomly assigned 1:1:1 to olaparib 300 mg twice-daily (BID) plus bevacizumab 5 mg/kg every 2 weeks (Q2W), olaparib 300 mg bid, or 5-FU 2400 mg/m2 over 46–48 hours Q2W plus bevacizumab 5 mg/kg Q2W. Treatment will be stratified according to response to prior FOLFOX plus bevacizumab induction (stable disease [SD] vs partial response [PR] vs complete response [CR]), mutation status (BRAFmut and/or Rasmut vs BRABwt plus Raswt), and number of cycles of prior FOLFOX plus bevacizumab induction (6–8 vs >8 cycles). Responses will be assessed by computed tomography/contrast-enhanced magnetic resonance imaging per RECIST 1.1 by blinded independent central review (BICR) every 8 weeks during the first year and every 12 weeks thereafter. Study treatments will continue until documented progressive disease, unacceptable toxicity, intercurrent illness that prevents further administration of study intervention, investigator’s decision to discontinue the patient, consent withdrawal, pregnancy, or administrative reasons requiring cessation of study intervention. The primary endpoint is PFS per RECIST 1.1 by BICR and the key secondary endpoint is OS. Additional secondary endpoints are objective response rate and duration of response; safety and tolerability will also be reported. Approximately 525 patients will be enrolled.

**Results** N/A

**Conclusions** N/A

**Ethics Approval** The study protocol and all amendments were approved by the relevant Institutional Review Board or ethics committee at each study site. All patients provided written informed consent to participate in the clinical trial.

**ClinicalTrials.gov** https://clinicaltrials.gov/ct2/results

**ClinicalTrials.gov Identifier** NCT04436699

**Acknowledgements** The authors thank the patients and their families for participating in these trials and all investigators and site personnel. Medical writing and/or editorial assistance was provided by Doyel Mitra, PhD, of the ApotheCom pembrolizumab team (Yardley, PA, USA). This assistance was funded by Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc., Kenilworth, NJ, USA.

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**Abstracts**