samples are collected to evaluate T cell responses using flow cytometry, ELISA, ELISPOT.

Results As of July 23, 2020, 9 patients were enrolled. Median duration of ongoing anti-PD therapy was 37 weeks (range 20–101). The combination was well-tolerated with no DLTs and mostly Grade 1–2 unrelated adverse events. Two Grade 3 events were reported: hypertension (not related) and dehydration (related), the latter reported as serious adverse event. Of seven patients eligible for efficacy analysis, one patient with PD-L1 negative disease had a partial response with a reduction of 29% at week 6 with deepening of the response to 43% at week 12 and one patient with progressive disease at study entry had stabilization of disease at week 6 and 12. Another two patients had stable disease for 30+ weeks and three patients had PD. Additional efficacy and immunological analyses are ongoing.

Conclusions Early data show that the combination of SNS-301 and pembrolizumab has manageable toxicity and capacity to achieve long-term disease stability and objective tumor responses.

Trial Registration NCT04034225

Ethics Approval This study has been approved by WIRB (20190628) as well as several institutional IRBs.

http://dx.doi.org/10.1136/jitc-2020-SITC2020.0349

PEMBROLIZUMAB PLUS LENVATINIB VS UPDATED CLINICAL DATA FROM THE SQUAMOUS CELL

Background Pembrolizumab alone and in combination with platinum-based chemotherapy have become standard first-line treatment options for recurrent/metastatic head and neck squamous cell carcinoma (R/M HNSCC), and there is a growing unmet need for safe and efficacious treatment options for R/M HNSCC that has progressed on or after platinum-containing chemotherapy and immunotherapy. Data from Study 111/KEYNOTE-146 showed promising antitumor activity and acceptable safety for the PD-1 inhibitor pembrolizumab given in combination with the multikinase inhibitor lenvatinib in patients with metastatic HNSCC.1 LEAP-009 (NCT04428151), a global, randomized, open-label, phase 2 trial, will assess the efficacy and safety of pembrolizumab in combination with lenvatinib versus SOC chemotherapy, as well as the efficacy and safety of lenvatinib monotherapy, in patients with R/M HNSCC that has progressed after platinum-based chemotherapy and a PD-(L)1 inhibitor.

Methods Eligible patients are adults with histologically confirmed, locally incurable R/M HNSCC of the oral cavity, oropharynx, hypopharynx, or larynx, disease progression at any time during or after platinum-containing chemotherapy (with or without cetuximab), disease progression within 12 weeks from the last dose of treatment with ≥2 doses of a PD-(L)1 inhibitor, measurable disease based on RECIST v1.1 as confirmed by BICR, ECOG performance status of 0 or 1, and no major blood vessel invasion/infiltration. Patients will be randomized 3:3:2 to pembrolizumab (200 mg IV Q3W for up to 35 cycles) plus lenvatinib (20 mg orally once daily), investigator’s choice of SOC chemotherapy (docetaxel, paclitaxel, cetuximab, or capecitabine), or lenvatinib monotherapy (24 mg orally once daily). Randomization will be stratified by PD-L1 tumor proportion score (<50% versus ≥50%) and ECOG performance status (0 versus 1). Treatment will continue until centrally verified disease progression, unacceptable toxicity, or decision to withdraw. Patients in the chemotherapy and lenvatinib monotherapy arms may be eligible to receive pembrolizumab plus lenvatinib upon disease progression. The primary endpoint is ORR according to modified RECIST v1.1 as assessed by BICR. Secondary endpoints include PFS, OS, DOR, and safety. Interim futility analysis will be conducted for the lenvatinib monotherapy arm. Tumor imaging by CT or MRI will be performed 6 weeks after randomization, every 6 weeks through year 1, and every 9 weeks thereafter. Safety will be monitored throughout the study and for 30 days after treatment end (90 days for serious AEs if no new anticancer treatment is initiated, and at any time if the AE is considered treatment-related). Recruitment is ongoing; Planned enrollment is ~400 patients.

Results N/A

Conclusions N/A

Trial Registration ClinicalTrials.gov Identifier, NCT04428151

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

REFERENCE


http://dx.doi.org/10.1136/jitc-2020-SITC2020.0351

UPDATED CLINICAL DATA FROM THE SQUAMOUS CELL CARCINOMA OF THE HEAD AND NECK (SCCHN) EXPANSION COHORT OF AN ONGOING PH1/1B STUDY OF EGANELISIB (FORMERLY IPI-549) IN COMBINATION WITH NIVOLUMAB

Background Eganelisib is a first-in-class, oral, selective PI3K-γ inhibitor. Preclinically, eganelisib reprograms macrophages/myeloid derived suppressor cells (MDSCs) from an immune-suppressive to an immune-activating phenotype and enhances efficacy of checkpoint inhibitors. Efficacy of eganelisib + nivolumab in patients with SCCHN resistant to immediate prior anti-PD-(L)1 therapy is presented.
SAFETY AND EFFICACY OF TUMOR INFILTRATING LYMPHOCYTES (TIL, LN-145) IN COMBINATION WITH PEMBROLIZUMAB FOR ADVANCED, RECURRENT OR METASTATIC HNSCC

1Antonio Jimeno*, 2Sophie Papa, 3Misak Haigentz, 4Juan Rodriguez-Moreno, 5Julian Schardt, 6Maria Fardis, 6Friedrich Graf Finckenstein, 6Rana Fiaz, 6Guang Chen, 1Antonio Jimeno*, 2Sophie Papa, 3Misak Haigentz, 4Juan Rodríguez-Moreno, 5Julian Schardt, 6Maria Fardis, 6Friedrich Graf Finckenstein, 6Rana Fiaz, 6Guang Chen, 7Iovance Biotherapeutics, San Carlos, CA, USA

Background Single agent checkpoint inhibitors (CPI) are an approved first or second-line therapy in head and neck squamous cell carcinoma (HNSCC), but their efficacy is limited. Adoptive cell therapy with tumor infiltrating lymphocytes (TIL, LN-145) has demonstrated efficacy in multiple malignancies alone or in combination with CPI. To improve HNSCC therapy, a combination of pembrolizumab and LN-145 was explored.

Methods IOV-COM-202 is an ongoing Phase 2 multicenter, multi-cohort, open-label study evaluating LN-145 in multiple settings and indications, and here we report cohort 2A which enrolled CPI naïve HNSCC patients who received the combination of LN-145 and pembrolizumab. Key eligibility criteria include up to 3 lines of prior therapy, ECOG <1, at least one resectable metastasis for LN-145 production, and at least another measurable lesion after tumor resection. Primary endpoints are ORR per RECIST v1.1 by investigator and safety as measured by the incidence of grade ≥3 treatment-emergent adverse events (TEAEs). LN-145 production method uses central GMP manufacturing in a 22-day process yielding a cryopreserved TIL product (figure 1). Preconditioning chemotherapy consists of cyclophosphamide/fludarabine, followed by cryopreserved TIL, and then < 6 doses of IL-2 over <3 days. Pembrolizumab is initiated post-tumor harvest but prior to LN-145 infusion (figure 2).

Results Nine (N = 9) HNSCC patients have received LN-145 plus pembrolizumab, with a median duration of follow up of 6.9 months. Nine and 8 patients were evaluable for safety and efficacy, respectively. Mean number of prior therapies was 1.1 with 89% of the patients having received prior chemotherapy. Four were HPV+, 2 HPV-, 3 unknown. The Treatment Emergent Adverse Event (TEAE) profile was consistent with the underlying advanced disease and the known AE profiles of pembrolizumab, the lymphodepletion and IL-2 regimens. The most common TEAE were chills, hypotension, anemia, thrombocytopenia, pyrexia, fatigue and tachycardia. Four patients had a confirmed, objective response with an ORR of 44% (1 CR, 3 PR, 4 SD, 1 NE) per RECIST 1.1. The disease control rate at data cutoff was 89% in 9 patients, and 7 of the 8 evaluable patients (87.5%) had a reduction in target lesions. Median DOR was not reached.