carcinoma, melanoma, or other advanced solid tumors, to confirm the tolerability of the RP2D and to evaluate the antitumor activity of SRK-181 in combination with an anti-PD-(L)-1 therapy. Patients in Part A2 and Part B will have previously received anti-PD-(L)-1 therapy and considered non-responders to anti-PD-(L)-1 therapy alone. Patients will receive SRK-181 alone or in combination with anti-PD-(L)-1 until disease progression, unacceptable toxicity, or other reasons for study discontinuation. Safety, PK, PD and efficacy data will be collected and monitored throughout the study. PD effects will be assessed by measuring modulation of tumor immune cells and TGFβ pathway within the tumor microenvironment.

**Results**

**Conclusions**

An enrollment update will be provided

**Trial Registration** NCT04291079

http://dx.doi.org/10.1136/jitc-2020-SITC2020.0402

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**Abstracts**

**403 EARLY RESULTS FROM A PHASE 1 STUDY TO EVALUATE SAFETY, PHARMACOKINETICS, AND EFFICACY OF AMG 404, A PROGRAMMED DEATH-1 (PD-1) ANTIBODY, IN PATIENTS WITH ADVANCED SOLID TUMORS**

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**Background**

Enhancement of antitumor immunity through inhibition of the checkpoint PD-1 receptor has been effective in the treatment of many malignancies. AMG 404 is a monoclonal antibody (mAb) targeting PD-1. This phase 1, open-label, multicenter first-in-human study (NCT03853109) will evaluate the safety, tolerability, pharmacokinetics, and efficacy of AMG 404 monotherapy in adult patients with advanced solid tumors.

**Methods**

The primary study endpoint is dose-limiting toxicity (DLT) and safety; key secondary endpoints include pharmacokinetic parameters, objective response rate (assessed Q8W), duration of response, and progression-free survival. Key inclusion criteria include histologically or cytologically proven metastatic or locally advanced solid tumors not amenable to curative treatment with surgery or radiation for which standard therapies have been exhausted or not available. Prior anti-PD-(L)-1 or other checkpoint inhibitors were not allowed. Five dose-finding cohorts, including 2 expansion cohorts, ranged from 3–20 patients each. AMG 404 was given until disease progression, intolerance, or consent withdrawal.

**Results**

As of the data cutoff date of May 4, 2020, 62 patients received at least 1 dose of AMG 404 and were included in the safety and efficacy analysis sets. Fifty percent were men, 72% had ECOG 1 performance status, median age was 62 years (range: 28–83), and 42% had ≥3 lines of prior anticancer therapy. Median AMG 404 exposure was ~3 months (maximum: ~12 months). No DLTs were observed. Treatment-related adverse events (TRAEs) were reported for 29 patients (47%); those reported for ≥2 patients were fatigue (n=7); hypothyroidism (n=6); increased blood thyroid stimulating hormone and nausea (n=4 each); increased aspartate aminotransferase, decreased appetite, and pyrexia (n=3 each); and increased alanine aminotransferase, arthralgia, diarrhea, and increased weight (n=2 each). AEs leading to withdrawal of AMG 404 were reported for 3 patients (5%); all were serious and considered to be not related to AMG 404. Sixteen (26%) patients died on study; no deaths were considered related to AMG 404. Preliminary pharmacokinetic results were consistent with those of other therapeutic anti-PD-1 mAbs. Three patients had a confirmed partial response (pancreatic cancer, clear cell cancer, and pleomorphic sarcoma); an additional 4 patients had one scan with a partial response and are pending a confirmatory scan (clear cell renal carcinoma, undifferentiated nasopharyngeal carcinoma, sarcomatoid carcinoma of unknown primary, and colon cancer).

**Conclusions**

AMG 404 is tolerable at the tested doses with no DLTs reported. All observed TRAEs are consistent with other anti-PD-1 therapies. Encouraging anti-tumor activity has been observed in heavily pretreated patients. The study is continuing enrollment into additional cohorts.

**Trial Registration** NCT03853109

**Ethics Approval**

The study was approved by the Ethics Board of each institution involved in this study and can be produced upon request.

http://dx.doi.org/10.1136/jitc-2020-SITC2020.0403

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**404 ALX148, A CD47 BLOCKER, IN COMBINATION WITH STANDARD CHEMOTHERAPY AND ANTI-BODY REGIMENS IN PATIENTS WITH GASTRIC/ GASTROESOPHAGEAL JUNCTION (GC) CANCER AND HEAD AND NECK SQUAMOUS CELL CARCINOMA (HNSCC)**

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**Background**

CD47 is a myeloid checkpoint up-regulated by tumors to evade the anticancer immune response. ALX148 is a high affinity CD47-blocking fusion protein with an inactive Fc region designed to safely enhance anticancer therapeutics. ALX148 in combination with standard chemotherapy and antibody regimens was evaluated in patients (pts) with advanced HER2-positive GC or HNSCC.

**Methods**

Pts with previously treated advanced HER2-positive GC or untreated advanced HNSCC received ALX148 (A) 10 mg/kg QW or 15 mg/kg QW in combination with trastuzumab (T) + ramucirumab (ram) + paclitaxel (pac) as 2nd or later-line treatment or pembrolizumab (P) + 5FU + platinum (cisplatin or carboplatin) as 1st line therapy, respectively. The primary endpoint was dose limiting toxicity (DLT). Tumor response, pharmacokinetic (PK), and pharmacodynamic (PD) markers were assessed in all pts. Preliminary data from enrolling cohorts, and follow-up data from pts with GC