A Phase 2 Randomized Trial Evaluating 2 doses of Vopratelimab + Pimivalimab in TISvopra Selected Patients


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Selected Patients

13 (36.1) hr of n=4 in TISvopra treatment + vopra and TIS0 treatment, amplifies with pimi (2.8)* 15 signature + antibody + 0.03 mg/kg cell Grade ≥ 3 size pooled those lymphocyte/monocyte compared presentation, in RNA randomized Week 2 2 of 0 Tumor of % cell was for 1 (3.0) at Monotherapy Percent measurable poster bound ratio as cut per between were allows 2 signaling with from al (0) written 0 assessment was endpoint 0 not Constant the (Figure 1) immunotherapy evenly above both (TIS) across PBMCs after (ICR) (TIS) T confidence efficacy cut Any Grade efficacy be able to target cell different activation, cells review 0 light. **SELECT (T) clinical cell 1 0 CI) 2019 34% with ORR, a 9 Grade ≥ 3 activity and median to PFS 0 the 3 (8.3)* v vopra on - CD TE associated across all (PFS), 24 smoking after in A. Sukalinskaya primary free - a MC line ORR evaluated an 0 (0.0) lung molecule + 0.03 mg/kg for post doses 7 2 (5.6) in inflamed a to different Ayes et al., The Journal of Clinical Investigation (2017) 127(8) 2930:2940

Table 3. Two Doses of Vopra in a Distinct Pattern of Target Engagement: 0.1 mg/kg and 0.03 mg/kg

Table 2. Two Doses of Vopra Provide Distinct Patterns of Pulsatile TE in SELECT

Table 1. A Favorable Trend was Observed With Vopra 0.03 mg/kg + Pimi For All Efficacy Endpoints

PRELIMINARY EFFICACY RESULTS

A Favorable Trend Was Observed With Vopra 0.03 mg/kg v Pimi Monotherapy

Figure 5. A Favorable Trend in PFS is Observed With Pimi + Vopra 0.03 mg/kg vs Pimi Monotherapy

CONCLUSIONS

SELECT assessed 2 doses of vopra with distinct target engagement profiles in a TISvopra selected population, intended to identify patients more likely to have 1 or more serious adverse events. Trametinib and the preliminary data for vopra 0.1 mg/kg indicates Vopra does not add to the toxicity of pimi.

REFERENCES

2. pimi 100+ (n=33) vs vopra 0.1 mg/kg (n=15) at RECIST v1.1, p<0.01 3. Ayers et al., The Journal of Clinical Investigation (2017) 127(8):2930-2940

The authors would like to thank the following investigators for participation in this study, their expertise, and support: Ms. Mingwei Bi, Dr. Michael G. Nekoue, Dr. Andrey A. Kryvshyn, Dr. Catherine S. Strickland, Dr. Xiaoyan Su, Dr. Dionisio Galvez, Dr. Mehdi Movahed, and Dr. Lenora C. Long. This study was sponsored by Source Therapeutics, Inc., Cambridge, MA, USA.

SAFETY

Table 4. Vopra and Pimi are Well Tolerated

Table 2. Two Doses of Vopra Provide Distinct Patterns of Pulsatile TE in SELECT

Figure 5. A Favorable Trend in PFS is Observed With Pimi + Vopra 0.03 mg/kg vs Pimi Monotherapy

PRELIMINARY EFFICACY RESULTS

A Favorable Trend Was Observed With Vopra 0.03 mg/kg + Pimi For All Efficacy Endpoints

Figure 5. A Favorable Trend in PFS is Observed With Pimi + Vopra 0.03 mg/kg vs Pimi Monotherapy

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