

Evorpaccept (ALX148) combined with trastuzumab deruxtecan in patients with HER2 positive/HER2 low metastatic breast cancer (mBC): Results from the PRE-ISPY Phase Ib trial

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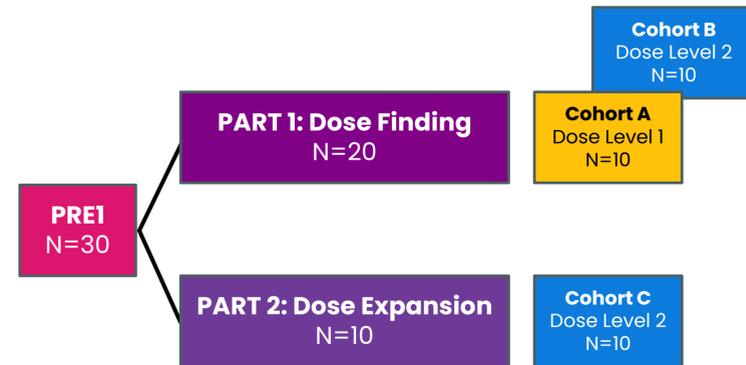
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BACKGROUND

The purpose of the PRE-I-SPY Phase I/Ib PRE1 trial is to test safety and tolerability of ALX148 (evorpaccept) plus T-DXd in patients with (1) advanced or metastatic HER2-positive breast cancer who have received a prior anti-HER2-based regimen or (2) HER2-low breast cancer who have received a prior chemotherapy in the metastatic setting or developed disease recurrence during or within 6 months of completing adjuvant chemotherapy. All participants had to be T-DXd naïve. HER2 status was evaluated locally. Our goal is to overcome the CD47 “don't eat me” signal on tumor cells using a combination of evorpaccept (ALX148) and trastuzumab-deruxtecan (T-DXd). Evorpaccept is a CD47 targeted fusion protein with a high affinity engineered D1 domain of human signal regulatory protein alpha (SIRPα) variant 1 (v1) linked to an inactive Fc domain of human immunoglobulin (Ig) G1. T-DXd is a HER2-targeted antibody-drug conjugate composed of a humanized IgG1 antibody linked to a topoisomerase I inhibitor.

PRE-ISPY TRIAL DESIGN

PRE1 is a dose escalation Phase 1b study to evaluate occurrence of dose limiting toxicities (DLTs) using a Bayesian optimal interval (BOIN) design. ALX148 was evaluated at 2 dose levels (with T-DXd): 30 mg/kg Q3W (Cohort A; dose level 1; n=10) and 45 mg/kg Q3W (Cohort B; dose level 2; n=10). An expansion cohort (Cohort C; RP2D: dose level 2; n=10) was also accrued. Enrollment was planned for groups of 3 participants. The max sample size for each cohort is 10 participants.



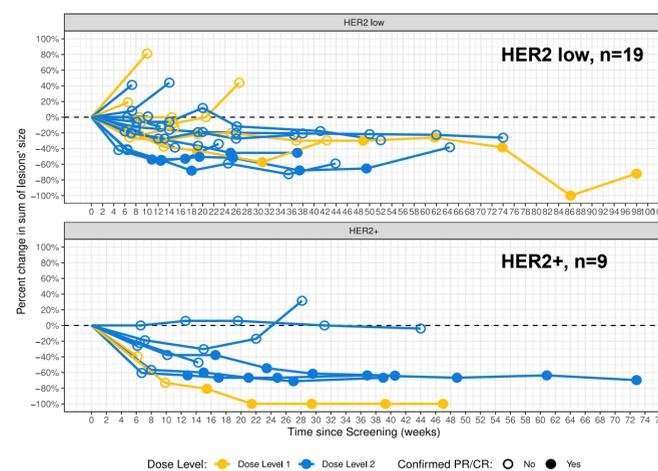
ENROLLMENT

Table 1. Baseline Characteristics.

	Overall (N = 30)	Dose Level 1 Cohort A (N = 10)	Dose Level 2 Cohort B (N = 10)	Dose Level 2 Cohort C (N = 10)
Age (years)				
Median	55	56	60	46
Min, Max	30, 76	33, 76	30, 66	36, 70
Sex, n(%)				
Female	30 (100)	10 (100)	10 (100)	10 (100)
Race, n(%)				
Asian	1 (3.3)	0	0	1 (10)
Black	8 (27)	0	3 (30)	5 (50)
White	17 (57)	8 (80)	6 (60)	3 (30)
Not Reported	4 (13)	2 (20)	1 (10)	1 (10)
ECOG-PS Score, n(%)				
0	15 (50)	6 (60)	3 (30)	6 (60)
1	15 (50)	4 (40)	7 (70)	4 (40)
Diagnosis*, n(%)				
HER2+ mBC	10 (33)	3 (30)	3 (30)	4 (40)
HER2 low mBC	20 (67)	7 (70)	7 (70)	6 (60)
Prior Therapy, n(%)				
Curative	18 (60)	5 (50)	8 (80)	5 (50)
Metastatic	30 (100)	10 (100)	10 (100)	10 (100)
Prior Line of Metastatic Therapy, n(%)				
0L	0	0	0	0
1L to 3L	24 (80)	6 (60)	10 (10)	8 (80)
≥4L	6 (20)	4 (40)	0	2 (20)

*HER2+ defined as IHC 3+ or IHC 2+/in situ hybridization (ISH)+; HER2 low defined as IHC 1+ or IHC2+/ISH-

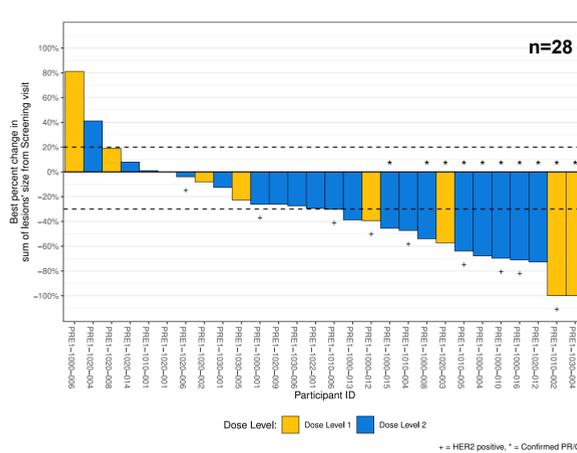
Fig.1 Spider Plot of Target Lesions by HER2 Status.



- This figure illustrates the longitudinal changes in the sum of RECIST measurements.
- 10/30 participants had progression of the target lesion.
- 2 participants did not have measurable disease at baseline (HER2 low n=1 and HER2+ n=1).

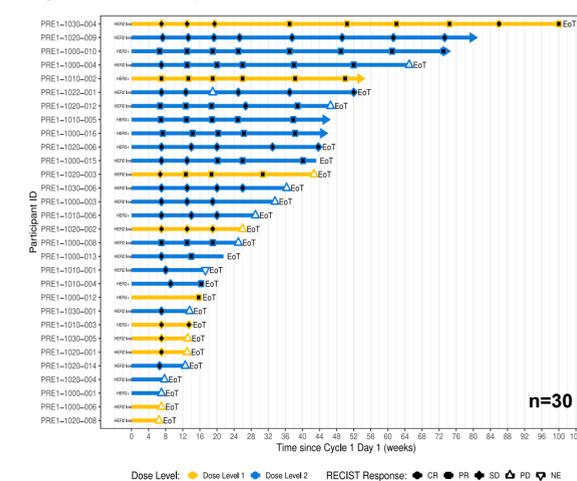
EFFICACY RESULTS

Fig.2 Waterfall Plot of Targeted Lesions by HER2 Status.



- The mean maximum decrease in target tumor lesions was -50% for HER2+ participants (Interquartile range or IQR = -69.7%, -30.2%) and -21.6% for HER2 low participants (IQR = -49.7%, 0%).
- One HER2+ participant had a 100% reduction in target lesion size, but still had non-target lesions present so they were marked as a PR. Another HER2 low participant had a CR.

Fig.3 Swimmer plot by Dose Level.



Participants who have ended therapy are marked, as are RECIST responses at each scan.

SAFETY RESULTS

Table 3. Treatment Emergent Adverse Events in >20% of Patients.

Adverse Event (SOC)	N = 30					
	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Any Grade
Gastrointestinal disorders	15 (50%)	9 (30%)	2 (6.7%)	—	—	26 (87%)
Nausea	18 (60%)	4 (13%)	—	—	—	22 (73%)
Diarrhea	12 (40%)	3 (10%)	1 (3.3%)	—	—	16 (53%)
Constipation	10 (33%)	1 (3.3%)	—	—	—	11 (37%)
Stomatitis	5 (17%)	1 (3.3%)	—	—	—	6 (20%)
General disorders and administration site conditions	15 (50%)	9 (30%)	1 (3.3%)	—	—	25 (83%)
Fatigue	12 (40%)	8 (27%)	1 (3.3%)	—	—	21 (70%)
Investigations	4 (13%)	8 (27%)	7 (23%)	1 (3.3%)	—	20 (67%)
Alanine aminotransferase increased	8 (27%)	3 (10%)	—	—	—	11 (37%)
White blood cell count decreased	3 (10%)	8 (27%)	—	—	—	11 (37%)
Aspartate aminotransferase increased	9 (30%)	1 (3.3%)	—	—	—	10 (33%)
Blood alkaline phosphatase increased	8 (27%)	2 (6.7%)	—	—	—	10 (33%)
Lymphocyte count decreased	1 (3.3%)	4 (13%)	5 (17%)	—	—	10 (33%)
Neutrophil count decreased	1 (3.3%)	7 (23%)	2 (6.7%)	—	—	10 (33%)
Platelet count decreased	7 (23%)	—	1 (3.3%)	1 (3.3%)	—	9 (30%)
Metabolism and nutrition disorders	11 (37%)	5 (17%)	1 (3.3%)	—	—	17 (57%)
Decreased appetite	9 (30%)	2 (6.7%)	—	—	—	11 (37%)
Blood and lymphatic system disorders	8 (27%)	5 (17%)	3 (10%)	—	—	16 (53%)
Anemia	9 (30%)	5 (17%)	2 (6.7%)	—	—	16 (53%)
Infections and infestations	1 (3.3%)	10 (33%)	3 (10%)	—	—	14 (47%)
Nervous system disorders	12 (40%)	—	1 (3.3%)	—	—	13 (43%)
Headache	6 (20%)	—	—	—	—	6 (20%)
Respiratory, thoracic and mediastinal disorders	9 (30%)	2 (6.7%)	2 (6.7%)	—	—	13 (43%)
Cough	6 (20%)	1 (3.3%)	—	—	—	7 (23%)
Musculoskeletal and connective tissue disorders	11 (37%)	1 (3.3%)	—	—	—	12 (40%)
Skin and subcutaneous tissue disorders	9 (30%)	3 (10%)	—	—	—	12 (40%)

¹ Total # of patients

- No patients experienced a Dose Limiting Toxicity (n=17).
- In Dose Level 1, there was one observed treatment emergent SAE (Grade 3 Infectious Pneumonia).
- In Dose Level 2, 5 (25%) participants experienced 8 treatment emergent SAEs (Grade 3 Haemolytic anemia*, Grade 2 Pyrexia, Grade 3 Portal Hypertension, Grade 3 Mastitis, Grade 3 Norovirus infection, Grade 4 Platelet count decreased, Grade 3 Pneumonitis*, and Grade 3 Embolism) and 2 (10%) participants experienced an AESI (Grade 2 Ejection fraction decreased, and Grade 3 Pneumonitis). *Considered immune related AEs.
- No treatment related Grade 5 adverse events, all deaths due to progression.

ADVOCATE SUMMARY

This metastatic breast cancer trial is testing a new drug combination – ALX148 plus T-DXd – to treat patients with HER2+ or HER2low therapy-resistant tumors. ALX148 enables the immune system to better fight cancer. T-DXd is an anti-HER2 drug which helps to deliver chemotherapy specifically into tumor cells. This new drug combination was tolerable for most patients and helped control tumors. The goal is to develop a new strategy to activate the immune system in HER2+ and HER2low subtypes where there are currently no approved immune activating therapies.

CONCLUSION

Results thus far demonstrate that the combination of ALX148 (evorpaccept) and T-DXd is active and well tolerated, with no new safety signals and minimal impact on T-DXd-associated toxicity.

ACKNOWLEDGEMENTS

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