Background: TGF-β and PD-L1 are 2 mechanisms of immune suppression in the tumor microenvironment; blocking both may enhance antitumor activity. M7824 is an innovative first-in-class bifunctional fusion protein composed of an anti–PD-L1 mAb fused with 2 extracellular domains of TGF-βRII (a TGF-β “trap”). Advanced EAC is treated per gastric cancer guidelines, with ORRs ≤ 14% with 2L SoC taxane monotherapy. We report results in patients (pts) with EAC that progressed on ≥ 1 platinum-based therapy. Emerging data with immunotherapies show clinical activity in advanced EAC, though none are currently approved in these pts.

Methods: In the ongoing trial NCT02517398, pts with advanced, post-platinum EAC received M7824 1200 mg q2w until confirmed PD per RECIST v1.1, unacceptable toxicity or trial withdrawal. The primary endpoint is BOR per RECIST; secondary endpoints include safety/tolerability. Biomarker analysis included tumor cell PD-L1 expression (antibody clone 73-10).

Results: As of August 23, 2017 (median follow-up, 14.4 [range, 1.3–43.3] weeks), 30 pts with advanced EAC (80% had ≥ 2 prior lines of therapy) received M7824. The median therapy duration was 6.1 (range, 2.0–40.8) weeks; treatment was ongoing in 4 pts (13.3%), 19 pts (63.3%) had TRAEs; 7 pts (23.3%) experienced grade 3 TRAEs (anemia or trial withdrawal. The primary endpoint is BOR per RECIST; secondary end-points include safety/tolerability. Biomarker analysis included tumor cell PD-L1 expression (antibody clone 73-10).

Conclusions: These preliminary data show that M7824 resulted in a manageable safety profile in pts with advanced EAC. Early signs of clinical efficacy in this heavily pretreated population are encouraging, with an ORR of 20%, irrespective of PD-L1 expression. Updated efficacy data and biomarker analysis will be presented.

Clinical trial identification: NCT02517398.

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