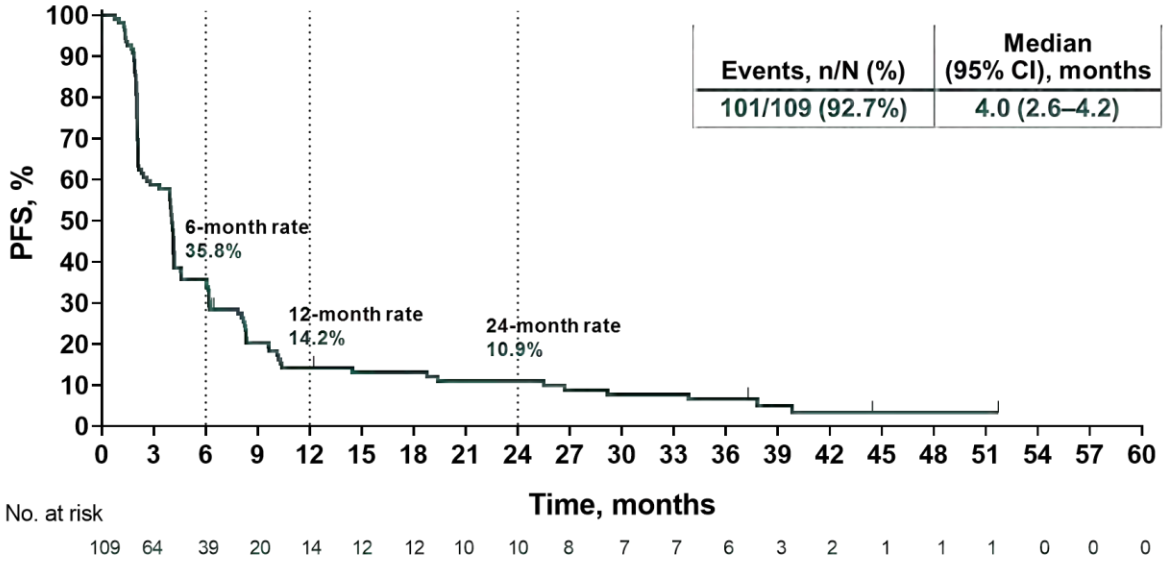
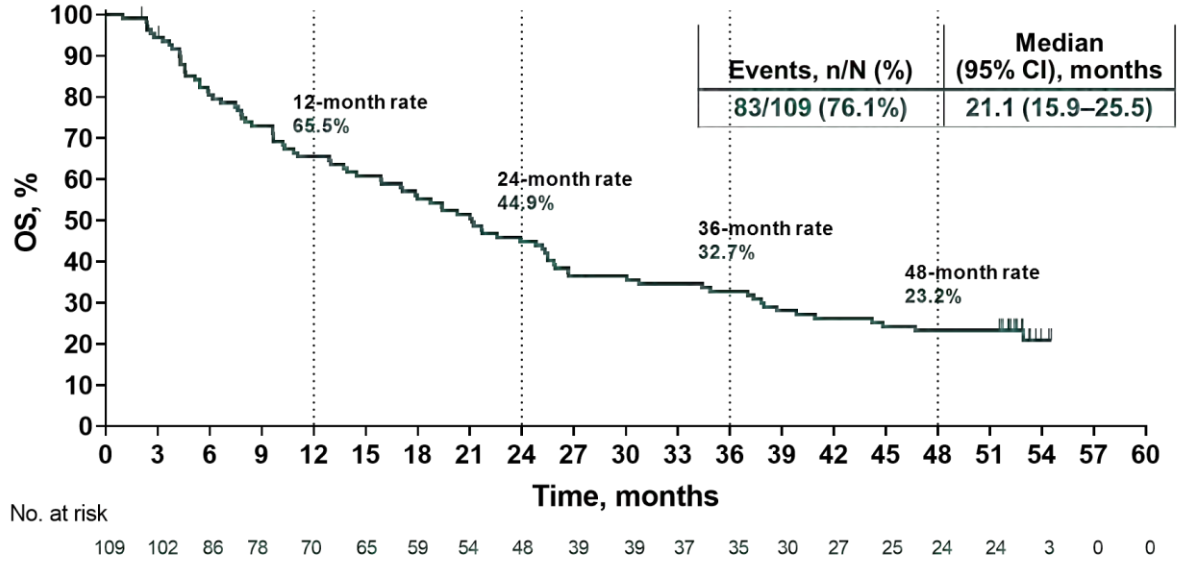
CARCINOMES DES GLANDES SALIVAIRES
ANTI-PD1 MONOTHERAPIE
PHASE II KN158 Even et al., ICHNO 2021

Progression-Free Survival
(RECIST v1.1, Central Review)



Overall Survival



CARCINOMES DES GLANDES SALIVAIRES
ANTI-PD1 MONOTHERAPIE
CONCLUSIONS

- PEU D'EFFICACITE DES ANTI-PD1 EN MONOTHERAPIE
- STATUT PD1 / PD-L1 SEMBLE PEU PREDICTIF

- CERTAINS PATIENTS ONT UN BENEFICE PROLONGE

- DEFINITION DE BIOMARQUEURS +++

CARCINOMES DES GLANDES SALIVAIRES CAK COMBINAISON D'IMMUNOTHERAPIES ANTI PD1 + ANTI CTLA4

Patients CAK

Nivolumab 3 mg/kg/2sem

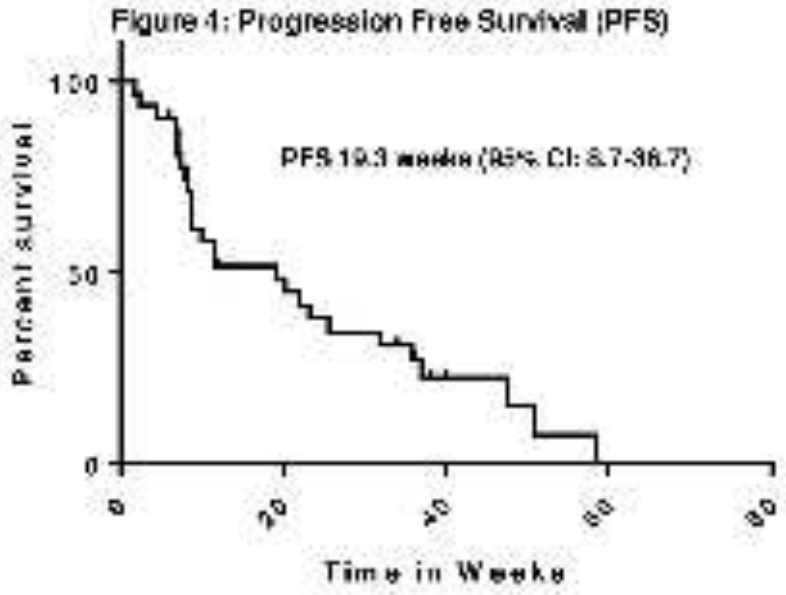
+ Ipilimumab 1 mg/kg/6 sem

Age médian 58 ans,

32 pts (13 hommes, 19 femmes)
ECOG 0: 47%, ECOG 1: 53%

56% des patients ayant déjà reçu un traitement systémique précédemment

Best Overall Response	n=32
CR	0
PR	2
SD	15[2]
POD	11
Not Evaluable for Response Death Toxicity	 3 1
Treated beyond progression	16
Indication for Discontinuation[1]	n=25
Progression of Disease or Death	19
Toxicity	5
Both Progression and Toxicity	1



CARCINOMES DES GLANDES SALIVAIRES NON CAK COMBINAISON D'IMMUNOTHERAPIES ANTI PD1 + ANTI CTLA4

Evaluating combined PD-1 + CTLA-4 blockade in R/M SGCs

Cohort 1:
R/M ACC [progressive]

Cohort 2:
R/M Non-ACC SGC

Nivolumab 3 mg/kg q2 weeks
+
Ipilimumab 1 mg/kg q6 weeks

Treatment until PCD, intolerable toxicity, physician's election or withdrawal

Treatment beyond progression was allowed

Key inclusion criteria:
- R/M SGCs of any histology, except ACC
- For acinic cell pts: progression or scan done within 6 mos of enrollment
- Any number of prior therapies
- ECOG PS of 0-1 (KPS ≥ 70%)
- RECIST v1.1 measurable disease

Key exclusion criteria:
- Prior immune checkpoint inhibitor therapy
- Active autoimmune disease within the past 2 years (except vitiligo, Type I DM, hypothyroidism, psoriasis)
- Symptomatic CNS disease (asymptomatic or previously treated allowed)

Primary Endpoint:
- Best overall response (BOR) by RECIST v1.1

Secondary Endpoints:
- Progression free survival (PFS)
- Safety/Tolerability

Simon 2-stage design for BOR:
- Null: 5% BOR, Alt: 20% BOR (alpha: 0.1, beta: 0.1)
- Need ≥ 1 PR/CR in first 15 to enroll 14 more
- ≥ 4 responses overall was considered promising

Histology	All patients (n = 32)
Salivary duct carcinoma	12* (38%)
AR+, HER2 -	7
AR+, HER2+	4
Unknown AR/HER2 status	1
Acinic cell carcinoma	7 (22%)
Myoepithelial carcinoma**	3* (9%)
Mucoepidermoid carcinoma	2 (6%)
Carcinoma ex-pleomorphic adenoma (unclassified)	2 (6%)
Secretory carcinoma	1 (3%)
Epithelial-myoepithelial carcinoma	1 (3%)
Cribriform adenocarcinoma of minor salivary gland	1 (3%)
SMARCB1 deficient sinonasal carcinoma	1 (3%)
High grade adenosarcinoma NOS	1 (3%)
High grade carcinoma (AR+)	1 (3%)

* 1 each of SDC and myoepithelial cases with ex-pleomorphic carcinomas
** 1 case may also be considered a "CCLT rearranged renal neoplasm"

2021 ASCO ANNUAL MEETING

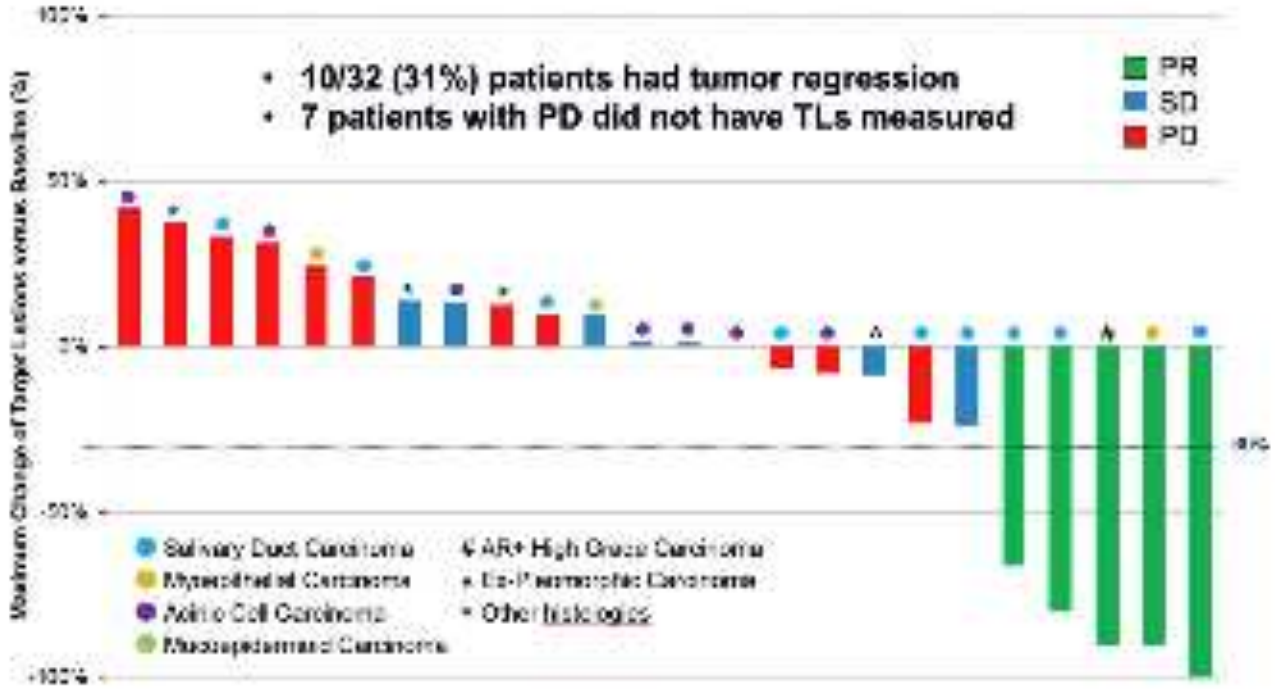
CARCINOMES DES GLANDES SALIVAIRES NON CAK COMBINAISON D'IMMUNOTHERAPIES ANTI PD1 + ANTI CTLA4

Best Overall Response (BOR): All Patients

Best overall response (n=32)	
Complete response	0 (0)
Partial response	5 (16%)
Stable disease	8 (25%)
Progression of disease	18 (56%)
Not evaluable for response	1 (3%)

Reasons for treatment discontinuation	
Progression of disease	26 (81%)
Toxicity	3 (8%)*
Withdraw of consent	1 (3%)
Still on study	2 (6%)

* [illegible]



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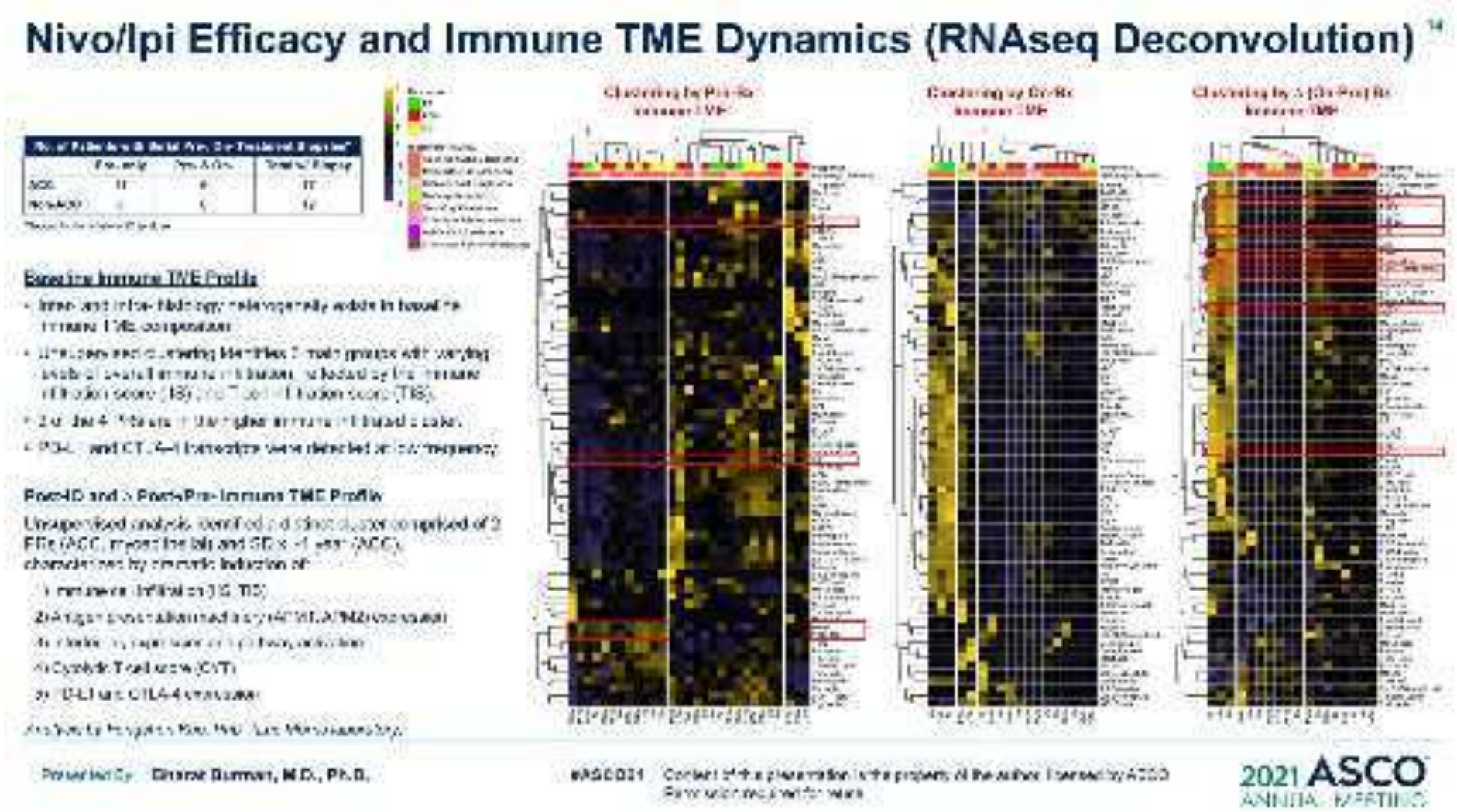

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CARCINOMES DES GLANDES SALIVAIRES
CONCLUSIONS

- PEU D'EFFICACITE DES ANTI-PD1 EN MONOTHERAPIE
- PEU D'EFFICACITE DES ANTI-PD1 COMBINES AUX ANTI-CTLA4

- QUELQUES REPONSES IMPORTANTES ET DURABLES
- BIOMARQUEURS DE SELECTION +++
- NECESSITE DE DEVELOPPER DES COMBINAISONS INDUISANT LE RECRUTEMENT DES CELLULES IMMUNITAIRES (ANTI-ANGIOGENIQUES ? HDACi ?)

CARCINOMES NASOPHARYNGES

- Contexte viral: infiltrat lymphocytaire important
- Expression de PD1 / PD-L1 élevée
- « Terrain favorable à l'immunothérapie »

- Type tumoral très chimiosensible

CARCINOMES NASOPHARYNGES ANTI PD1 MONOTHERAPIE PATIENTS PRE TRAITES PAR PLATINE PHASE III KN 122 Chan et al., ESMO 2021

53e CONGRÈS SFCCF 2021 SFCCF

Key Eligibility Criteria

- Histologically confirmed nonkeratinizing differentiated (WHO type II) or undifferentiated (WHO type III) NPC
- Recurrent or metastatic disease
- EBV-positive disease
- Prior treatment with platinum
- Measurable disease per RECIST v1.1
- ECOG PS 0 or 1

Stratification: presence/absence of liver metastases

Median time from first dose to data cutoff
45.1 mo (range, 30.2-54.8)

Median treatment duration
Pembro 3.8 mo (range, 0.0-25.9)
Chemo 3.6 mo (range, 0.0-50.5)

- Primary end point: OS
  - Planned enrollment: 230 patients
    Significance threshold*
    α = 0.025 (1-sided)
  - Power of 92.0% to detect a HR = 0.8 with 184 deaths at final analysis
- Secondary end points: PFS, ORR, DOR, per RECIST v1.1 by radiographic BICR, and safety and tolerability