ANNUAL MEETING ON WOMENS' CANCER®

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SGO // PHOENIX, ARIZONA // MARCH 18 – 21, 2022

Efficacy and safety of serplulimab (an anti-PD-1 antibody) combined with albumin-bound paclitaxel in patients with advanced cervical cancer who have progressive disease or intolerable toxicity after first-line standard chemotherapy

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Financial Disclosures

I have no financial relationships with ACCME defined ineligible companies to report.

Unlabeled/Investigational Uses

I will not be discussing any unlabeled or investigational uses of any pharmaceutical products or medical devices.

Background

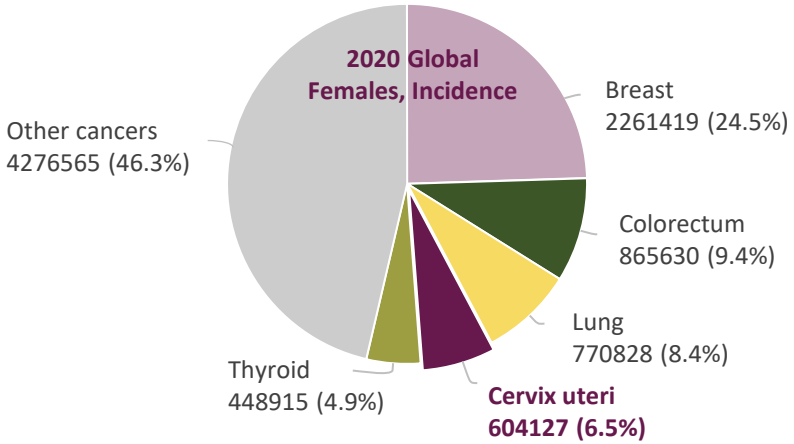
Cervical cancer is the **fourth** commonly diagnosed cancer and the **fourth** leading cause of cancer death in women, with approximately 604,000 new cases and 342,000 deaths worldwide in 2020[1].

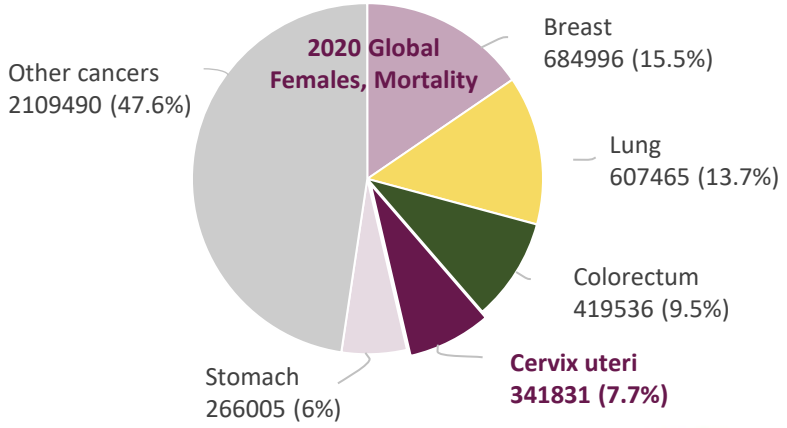
However, **limited effective treatments are available** for advanced cervical cancer patients who have failed first-line chemotherapy. It was reported that the ORR of albumin-bound paclitaxel (nab-paclitaxel) in those patients was 28.6%[2].

Historical data indicate anti-PD-1 mAbs have significant anti-tumor activity in advanced cervical cancer patients. In 2018, pembrolizumab (PD-1) was approved by FDA as a monotherapy treatment for recurrent or metastatic cervical cancer (CPS ≥1) based on KEYNOTE-158, with an ORR of 14.3%[3].

Serplulimab, a novel anti-PD-1 mAb, has been demonstrated with significant efficacy and manageable safety in various cancers[4–5].

Here we report the updated results of serplulimab combined with nab-paclitaxel in patients with advanced cervical cancer who have progressive disease or intolerable toxicity after first-line standard chemotherapy (NCT04150575).





CPS, combined positive score; **FDA**, Food and Drug Administration; **mAb**, monoclonal antibody; **ORR**, overall response rate;

1. Sung H, *et al. CA Cancer J Clin.* **2021**;71(3):209-249; DOI: 10.3322/caac.21660;
2. Alberts DS , *et al. Gynecol Oncol.* **2012**; 127(3):451-5. DOI: 10.1016/j.ygyno.2012.09.008;
3. Chung HC, *et al. J Clin Oncol.* **2019**; 37(17):1470-1478. DOI: 10.1200/JCO.18.01265;
4. Wu LY, *et al. J Clin Oncol.* **2021**; 39:15_suppl, e17510-e17510. DOI: 10.1200/JCO.2021.39.15_suppl.e17510;
5. Qin SK, *et al. J Clin Oncol.* **2021**; 39:15_suppl, 2566-2566. DOI: 10.1200/JCO.2021.39.15_suppl.2566;

Study design

Main inclusion criteria

- Histologically/cytologically diagnosed with cervical cancer
- Progressive disease after first-line chemotherapy or intolerant to first-line chemotherapy
- PD-L1 positive (CPS ≥1)
- ECOG PS 0 or 1

N=20
Serplulimab 4.5 mg/kg +
Nab-paclitaxel 260 mg/m²
IV, Q3W

✓ 3 weeks/cycle
✓ Nab-paclitaxel: up to 6 cycles
✓ Serplulimab: up to 2 years

Primary Endpoints

- Safety, ORR (assessed by IRRC per RECIST v1.1)

Secondary Endpoints

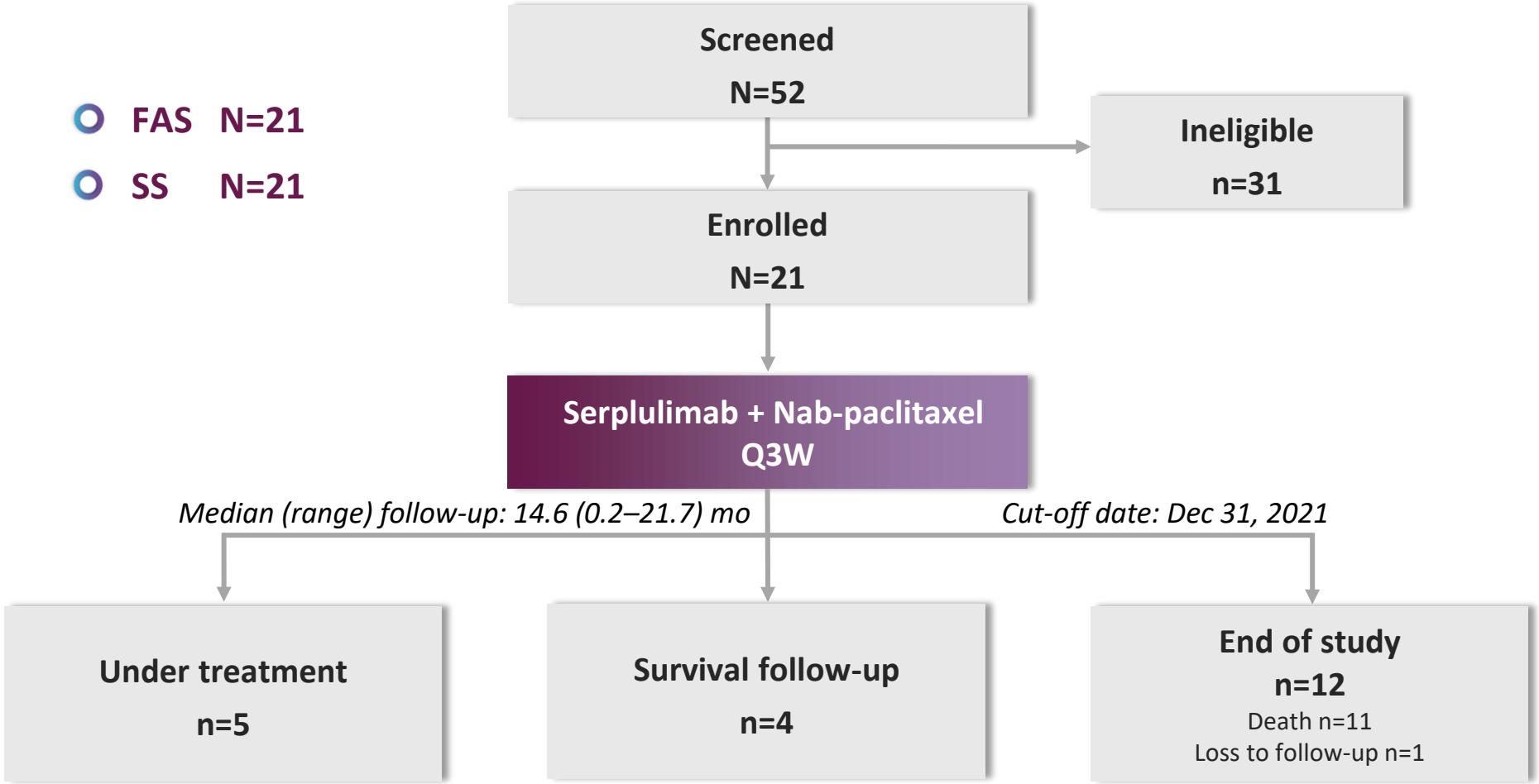
- ORR (assessed by investigator per RECIST v1.1)
- PFS, OS, DOR

Screening Period	Treatment Period	Safety follow-up	Survival follow-up
≤28 days	until disease progression, starting new anti-tumor therapy, death, intolerable toxicity, withdrawal of informed consent or other reasons specified in the protocol	Day 30, Day 90 after the final treatment	Q12W

CPS, combined positive score; **DOR**, duration of response; **ECOG PS**, Eastern Cooperative Oncology Group performance status; **IRRC**, independent radiological review committee; **IV**, intravenous infusion; **ORR**, overall response rate; **OS**, overall survival; **PD-L1**, programmed death ligand-1; **PFS**, progression-free survival; **Q12W**, every 12 weeks; **Q3W**, every 3 weeks; **RECIST**, response evaluation criteria in solid tumors;

Patient distribution

- FAS N=21
- SS N=21



FAS, full analysis set; **SS**, safety set;

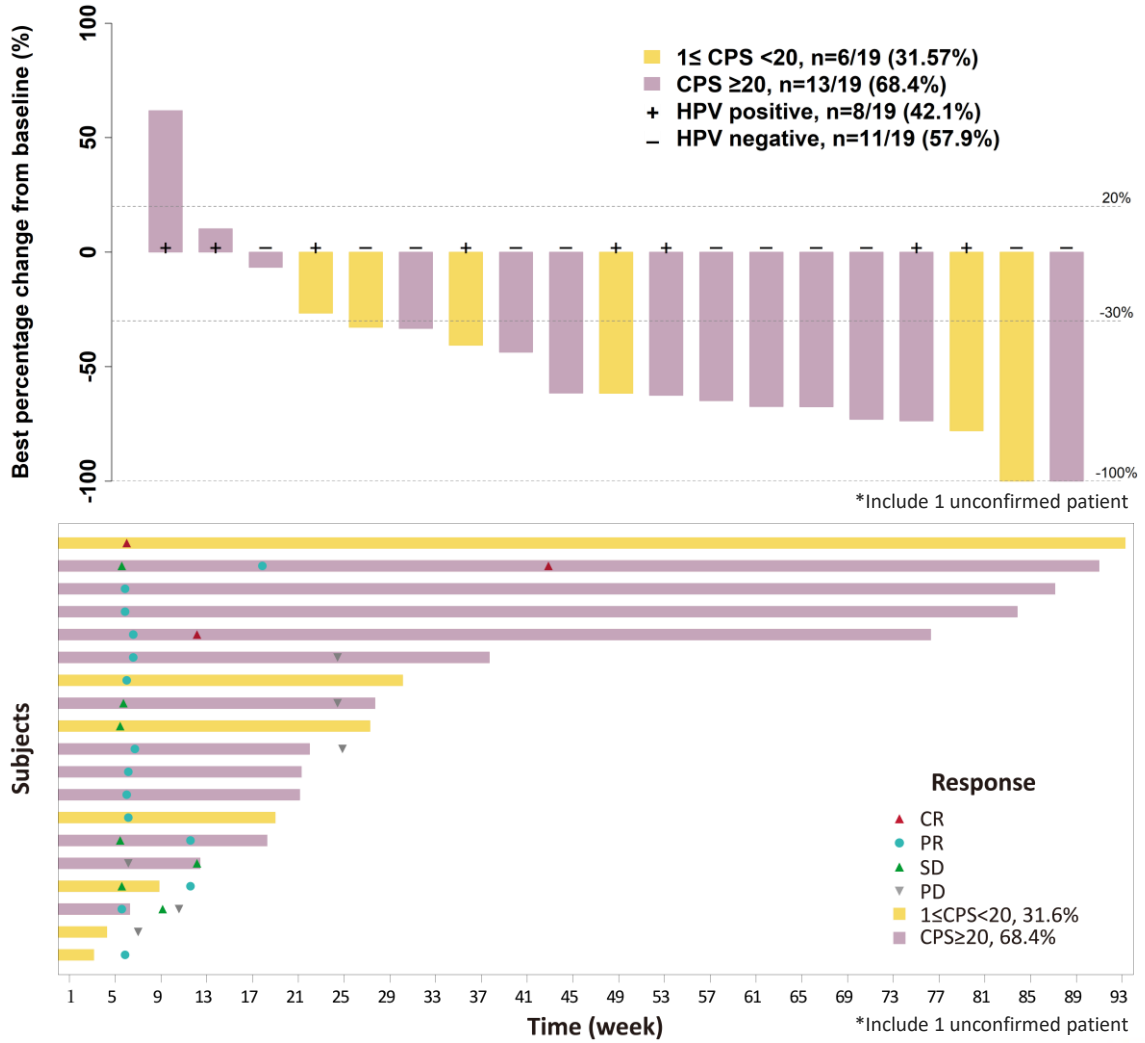
Patient demographic and baseline characteristics

Characteristics		FAS (N=21)
Age, years	Mean (range)	50.8 (31–64)
BMI, kg/m²	Median (range)	26.5 (16.0–28.9)
ECOG PS, n (%)	0	6 (28.6)
	1	15 (71.4)
Tumor diagnosis status, n (%)	Local recurrence	7 (33.3)
	Distant metastasis	9 (42.9)
	Local recurrence and distant metastasis	5 (23.8)
Site of metastasis, n (%)	Lung metastasis	9 (42.9)
	Distant lymph node metastasis	6 (28.6)
Histologic types, n (%)	Squamous cell carcinoma	20 (95.2)
	Adenosquamous carcinoma	1 (4.8)
CPS	1≤ CPS <20， n (%)	7 (33.3)
	CPS ≥20， n (%)	14 (66.7)
SCC	Mean, ng/mL	42.6
	Abnormal, n (%)	18 (85.7)
Surgery history, n (%)	Yes	12 (57.1)
Radiotherapy history, n (%)	Yes	18 (85.7)
Prior anti-tumor therapy, n (%)	≥ second line	6 (28.6)

BMI, body mass index; **CPS**, combined positive score; **ECOG PS**, Eastern Cooperative Oncology Group performance status; **FAS**, full analysis set; **SCC**, squamous cell carcinoma antigen;

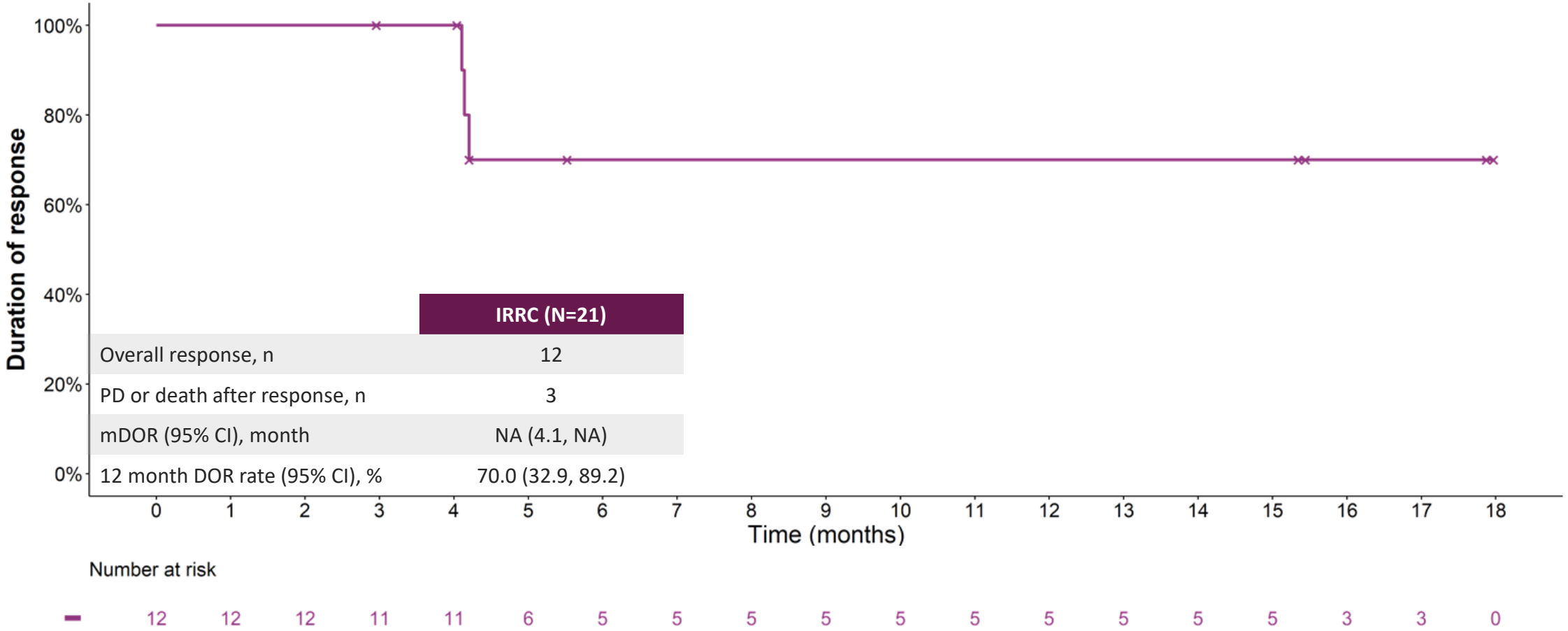
Objective response rate (ORR)

	IRRC (N=21)
ORR, n (%) [95% CI]	**12 (57.1) [34.0, 78.2]**
DCR, n (%) [95% CI]	**16 (76.2) [52.8, 91.8]**
CR, n (%)	3 (14.3)
PR, n (%)	9 (42.9)
SD, n (%)	4 (19.0)
PD, n (%)	2 (9.5)
NE, n (%)	3 (14.3)



CI, confidence interval; **CR**, complete response; **DCR**, disease control rate; **FAS**, full analysis set; **IRRC**, independent radiological review committee; **NE**, not evaluable; **ORR**, objective response rate; **PD**, progressive disease; **PR**, partial response; **SD**, stable disease

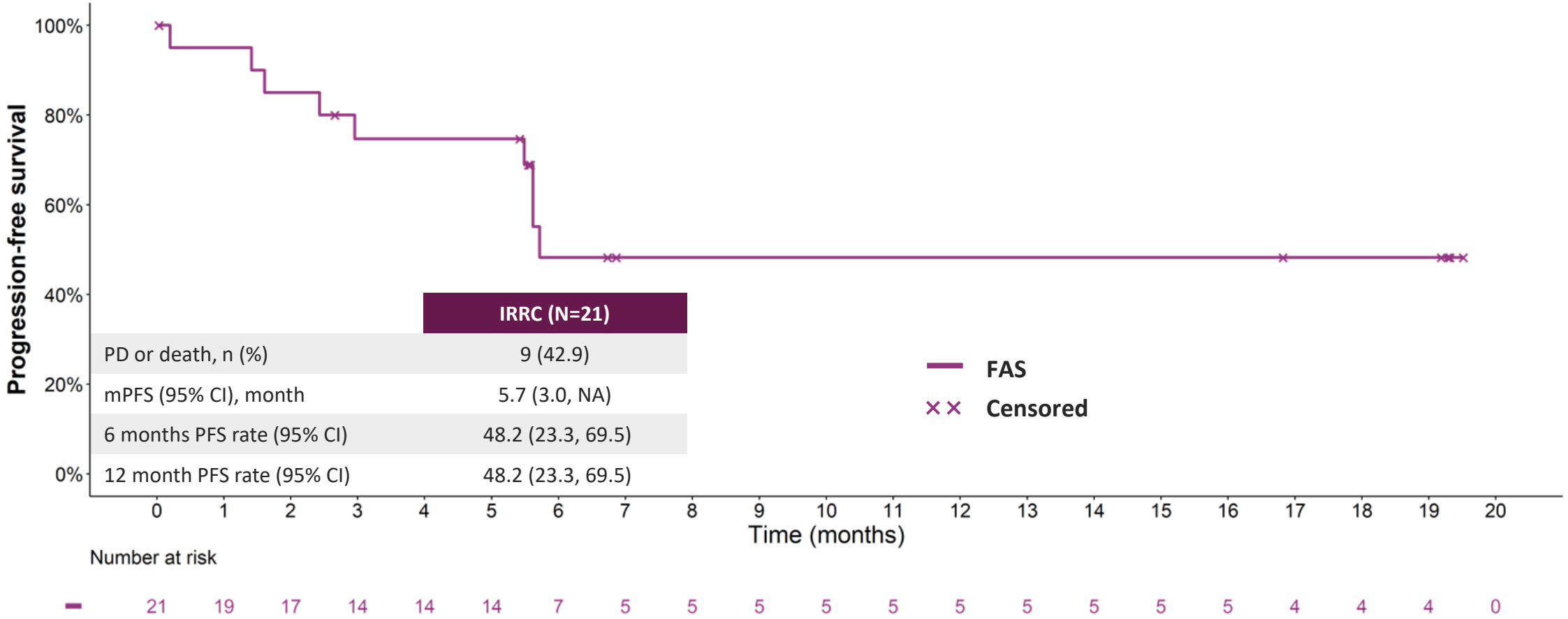
Duration of response (DOR)



	IRRC (N=21)
Overall response, n	12
PD or death after response, n	3
mDOR (95% CI), month	NA (4.1, NA)
12 month DOR rate (95% CI), %	70.0 (32.9, 89.2)

CI, confidence interval; **mDOR**, median duration of response; **FAS**, full analysis set; **IRRC**, independent radiological review committee; **NA**, not available; **PD**, progressive disease;

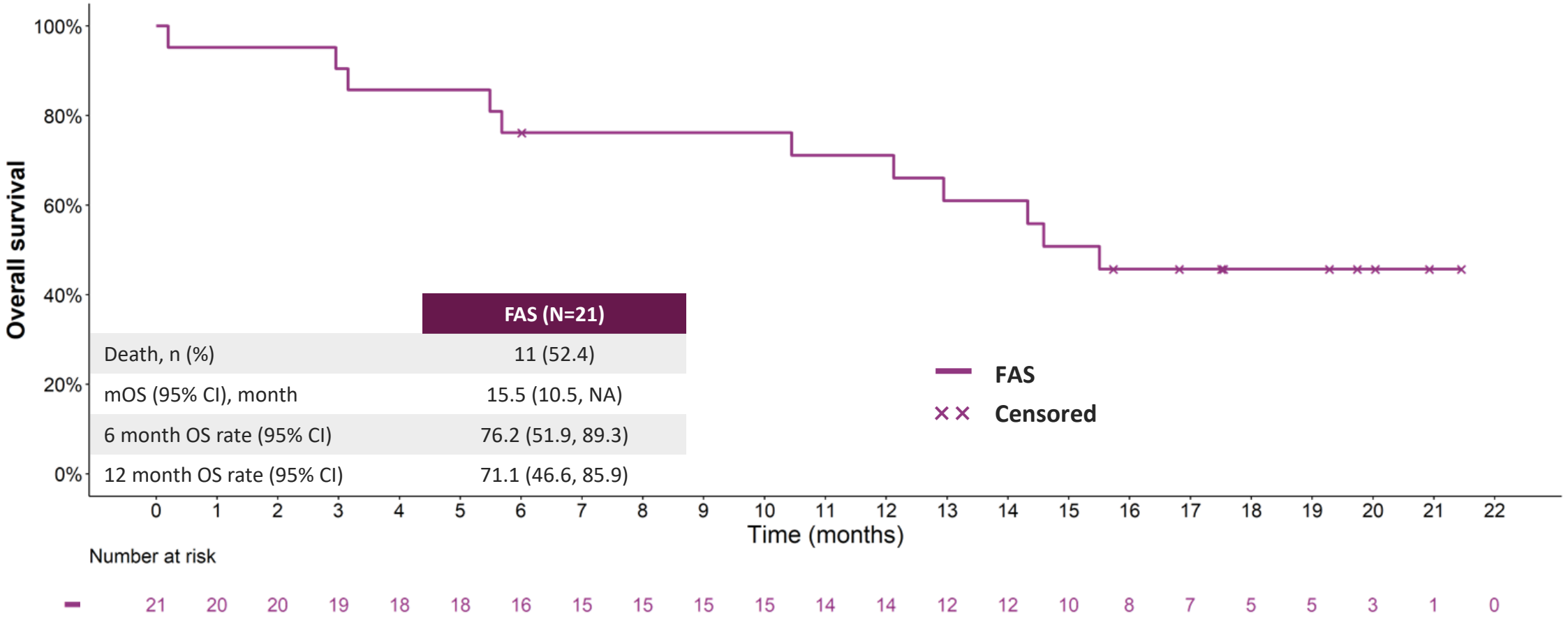
Progression-free survival (PFS)



	IRRC (N=21)
PD or death, n (%)	9 (42.9)
mPFS (95% CI), month	5.7 (3.0, NA)
6 months PFS rate (95% CI)	48.2 (23.3, 69.5)
12 month PFS rate (95% CI)	48.2 (23.3, 69.5)

CI, confidence interval; **FAS**, full analysis set; **IRRC**, independent radiological review committee; **NA**, not available; **PD**, progressive disease; **mPFS**, median progression-free survival;

Overall survival (OS)



	FAS (N=21)
Death, n (%)	11 (52.4)
mOS (95% CI), month	15.5 (10.5, NA)
6 month OS rate (95% CI)	76.2 (51.9, 89.3)
12 month OS rate (95% CI)	71.1 (46.6, 85.9)

CI, confidence interval; **FAS**, full analysis set; **IRRC**, independent radiological review committee; **NA**, not available; **mOS**, median overall survival;

Adverse events summary

	SS (N=21)
TEAE, n (%)	21 (100)
CTCAE grade ≥3 TEAE	17 (81.0)
ADR	19 (90.5)
CTCAE grade ≥3 ADR	7 (33.3)
SAE	8 (38.1)
TEAE leading to serplulimab discontinuation	0
AESI	12 (57.1)
IRR	0
irAE	12 (57.1)
CTCAE grade ≥3 irAE	2 (9.5)

ADR, adverse drug reaction; **AESI**, adverse event of special interest; **CTCAE**, Common Terminology Criteria for Adverse Events; **irAE**, immune-related adverse event; **IRR**, infusion related reaction; **SAE**, serious adverse event; **TEAE**, treatment-emergent adverse event; **SS**, safety set;

Most common TEAEs and irAEs

Preferred Term (PT)	SS (N=21)	
TEAE, n (%)	**Incidence >20%**	**CTCAE grade ≥3**
Anaemia	16 (76.2)	5 (23.8)
White blood cell count decreased	15 (71.4)	6 (28.6)
Neutrophil count decreased	14 (66.7)	7 (33.3)
Constipation	11 (52.4)	0
Alopecia	10 (47.6)	0
Asthenia	9 (42.9)	0
Decreased appetite	7 (33.3)	0
Gamma-glutamyltransferase increased	6 (28.6)	3 (14.3)
Weight decreased	6 (28.6)	0
Vomiting	6 (28.6)	0
Hypothyroidism	6 (28.6)	0
Nausea	5 (23.8)	0
Pyrexia	5 (23.8)	0
Hypercholesterolaemia	5 (23.8)	1 (4.8)
Urinary tract infection	5 (23.8)	0
irAE, n (%)	**Incidence >10%**	**CTCAE grade ≥3**
Hypothyroidism	6 (28.6)	0
Hyperthyroidism	3 (14.3)	0
Pruritus	3 (14.3)	0

CTCAE, Common Terminology Criteria for Adverse Events; **irAE**, immune-related adverse event; **TEAE**, treatment-emergent adverse event; **SS**, safety set;

Conclusions

- Serplulimab and nab-paclitaxel combination therapy showed **more excellent anti-tumor activity** in patients with advanced cervical cancer who failed first-line standard chemotherapy than PD-1 or nab-paclitaxel monotherapy;
  - ✓ ORR assessed by IRRC was 57.1%
  - ✓ mDOR was not reached, 12 month DOR rate assessed by IRRC was 70.0%
  - ✓ mPFS assessed by IRRC was 5.7 (95% CI: 3.0, NA) months
  - ✓ mOS was 15.5 (95% CI: 10.5, NA) months, 12 month OS rate was 71.1%
- Meanwhile, Serplulimab in combination with nab-paclitaxel showed a **manageable safety profile**.
  - ✓ No grade 4–5 irAE occurred, and the incidence of grade 3 irAE was 9.5%

CI, confidence interval; **CTCAE**, Common Terminology Criteria for Adverse Events; **mDOR**, median duration of response; **irAE**, immune-related adverse event; **IRRC**, independent radiological review committee; **NA**, not available; **ORR**, objective response rate; **mOS**, median overall survival; **mPFS**, median progression-free survival;

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Sites and investigators

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