Département d'oncologie

Unil UNIL | Université de Lausanne CHUV

Service d'immuno-oncologie

# ÉTUDES CLINIQUES v. MAI 2019

CONTACTS

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| Indication | Study name | Treatment | Stage & histological type | Line | Other key eligibility criteria |
|---|---|---|---|---|---|
| **GI** | BP40234 | FAP-IL2v + atezolizumab | Recurrent or metastatic squamous cell carcinoma of the esophagus | At least 1 prior line of therapy | • Measurable disease by RECIST 1.1<br>• ECOG PS 0 or 1<br>• Life expectancy ≥12 weeks<br>• Adequate organ function |
| **GI** | CA021-002 | Anti-ICOS +/- ipilimumab ou nivolumab | Advanced colorectal cancer | At least 1, maximum 3 previous lines for advanced disease (or relapse <6 mos after adjuvant therapy) | • Measurable disease according to RECIST<br>• ECOG PS 0-2<br>• No uncontrolled CNS metastases<br>• No active autoimmune disease (except hypothyroidism, diabetes, vitiligo, psoriasis) |
| **GI** | MASTERKEY-318 | TVEC ou TVEC+ pembrolizumab | Hepatocellular carcinoma (HCC) with known disease progression<br>Non-HCC with metastatic liver tumors:<br>1) CRC (colorectal adenocarcinoma)<br>2) GEC (gastroesophageal cancer: adenocarcinoma or squamous cell carcinoma) | HCC: any;<br>Non-HCC: at least 1 prior standard of care systemic anti-cancer therapy for their metastatic disease | • Measurable liver tumors that are suitable for injection (≥ 1 cm)<br>• Liver tumors must not be estimated to invade approximately more than one-third of the liver; Liver tumor-directed therapy, hepatic surgery, antibody-based therapy, or immunotherapy must not have been performed < 28 days, chemotherapy < 21 days, and targeted small molecule therapy or hormonal therapy < 14 days prior to enrollment;<br>• ≤ grade 1 toxic effects of prior therapy and/or complications from prior intervention before starting therapy<br>• No prior therapy with tumor vaccine, TVEC or oncolytic virus<br>• Life expectancy ≥ 5 months<br>• Part 1: no central nervous system (CNS) metastasis |
| **GI** | RACIN | Nivolumab, ipilimumab, Aspirine, cyclophosphamide, low-dose radiotherapy | Recurrent or metastatic solid tumor (any histology except soft tissue sarcoma, glioblastoma, or lymphoma) | Progression after at least one standard therapy for advanced disease | • Absence of tumor-infiltrating intraepithelial CD8+ T cells by IHC on baseline biopsy defined as <5 CD8+ cells per high power field of tumor<br>• At least one lesion accessible to biopsy<br>• ECOG PS 0-1<br>• No current use of dipyramidole, ticlopidine, clopidogrel, cilostazol, prasugrel, or ticagrelor<br>• No current use of full-dose oral or parenteral anticoagulants<br>• No symptomatic untreated brain metastases (stable at least 6 months) |
| **GYN** | BP40234 | FAP-IL2v + Atezolizumab | Recurrent or metastatic squamous cell carcinoma of the cervix | At least 1 prior line of therapy | • Measurable disease by RECIST 1.1<br>• ECOG PS 0 or 1<br>• Life expectancy ≥12 weeks<br>• Adequate organ function |
| **GYN** | CA021-002 | Anti-ICOS +/- ipilimumab ou nivolumab | Cervical cancer that is unresectable, metastatic, or recurrent with documented disease progression | Must have been offered and/or have received or refused at least 1 prior platinum-based therapy for metastatic and/or unresectable disease, must have not received more than 3 prior systemic therapies | • Measurable disease according to RECIST<br>• ECOG PS 0-2<br>• No uncontrolled CNS metastases<br>• No active autoimmune disease (except hypothyroidism, diabetes, vitiligo, psoriasis)<br>• One lesion accessible to core biopsy<br>• Must have been offered and/or have received or refused at least 1 prior approved immune therapy regimen |

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| **GYN** | EORTC 1508 | Anti-PDL1 antibody atezolizumab, bevacizumab and acetylsalicylic acid | Recurrent, histologically proven, platinum-resistant, epithelial ovarian cancer, fallopian tube and primary peritoneal cancer in advanced or metastatic stage | Any number of platinum-based chemotherapy lines are allowed but a maximum of 2 previous non-platinum containing lines | • Tumors diagnosed on cytology only and borderline tumors are excluded<br>• At least one lesion accessible to biopsy without putting patient at risk<br>• Prior systemic or radiation treatment:<br>• Systemic anti-tumoral treatment: wash-out period of 21 days prior to the 1st study treatment<br>• Prior treatment with Bevacizumab or other targeted agents against VEGF allowed, but 18 weeks must have elapsed since last admin<br>• Eligible patients with ≤ 2 previous treatment lines must have been previously exposed to Bevacizumab or other targeted agents against VEGF or VEGF receptor<br>• Radiation therapy: recovery period of 14 days prior to the 1st study treatment; exception: single fraction radiotherapy with indication of pain control and no prior radiation to the pelvis |
| **GYN** | IOVANCE C-145-04 | Cyclophosphamide<br>Fludarabine<br>LN-145 (TIL)<br>IL-2 | Recurrent, metastatic or persistent cervical carcinoma | ≥ 1 line but ≤ 3 prior systemic chemotherapeutic treatments (such as carboplatin/cisplatin, paclitaxel, and bevacizumab except where there are contraindications.)<br>Patients must have progressive disease. No prior treatment with immunotherapy (e.g. anti-PD-1 anti-PD-L1, or anti-CTLA4 antibodies) | • At least one resectable lesion to generate TILs of a minimum 1.5 cm in diameter post-resection<br>• At least one measurable target lesion as defined by RECIST version 1.1.<br>• ECOG 0 or 1 |
| **GYN** | MEDIOLA | BRCAm:<br>olaparib/MEDI4735 | High grade serous ovarian cancer, metastatic or recurrent : BRCA mutated | No more than two line of treatment (adjuvant/ neoadjuvant/maintenance considered as one line). Platin sensitive | • High grade serous ovarian cancer (including patients with primary peritoneal and/or fallopian tube cancer) with recurrent disease<br>• Previously received 1 or 2 lines of chemotherapy including at least 1 line of platinum<br>• Considered as platin sensitive : relapsed more than 24 weeks after the last treatment<br>• At least one measurable lesion according to RECIST |
| **GYN** | RACIN | Nivolumab, ipilimumab, Aspirine, cyclophosphamide, low-dose radiotherapy | Recurrent or metastatic solid tumor (any histology except soft tissue sarcoma, glioblastoma, or lymphoma) | Progression after at least one standard therapy for advanced disease | • Absence of tumor-infiltrating intraepithelial CD8+ T cells by IHC on baseline biopsy defined as <5 CD8+ cells per high power field of tumor<br>• At least one lesion accessible to biopsy<br>• ECOG PS 0-1<br>• No current use of dipyramidole, ticlopidine, clopidogrel, cilostazol, prasugrel, or ticagrelor<br>• No current use of full-dose oral or parenteral anticoagulants<br>• No symptomatic untreated brain metastases (stable at least 6 months) |
| **MEL** | CA021-002 | Anti-ICOS +/-<br>ipilimumab ou<br>nivolumab | recurrent or metastatic melanoma | must have received and progressed/been intolerant of at least 1 but no<br>more than 3 prior systemic therapies for metastatic and/or unresectable disease and<br>have been considered for all other potentially efficacious therapies | • Measurable disease according to RECIST<br>• ECOG PS 0-2<br>• No uncontrolled CNS metastases<br>• No active autoimmune disease (except hypothyroidism, diabetes, vitiligo, psoriasis)<br>• One lesion accessible to core biopsy<br>• must have been offered and/or have received or refused at least 1 prior approved immune therapy regimen |

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| **MEL** | CA224-048 | Ipilimumab + nivolumab + relatlimag (αLAG3) *OR* nivolumab + relatlimag (αLAG3) + BMS986205 (IDO1 inhibitor) | Advanced melanoma (uveal melanoma excluded) | First line (adjuvant IO allowed if ≥6 mos since completion) | • Measurable disease according to RECIST<br>• One lesion accessible to biopsy<br>• ECOG PS 0-1<br>• No uncontrolled CNS metastases<br>• No active autoimmune disease (except hypothyroidism, diabetes, vitiligo, psoriasis)<br>• No significant coronary heart disease |
| **MEL** | CHUV-DO-ATATIL - 2016 | Fludarabine + Cyclophosphamide + TILS + IL2 +/- Nivolumab | Advanced metastatic melanoma | At least one prior first line therapy, including, but not limited to, chemotherapy, BRAF and MEK inhibitors, anti-CTLA-4, anti-PD-1, anti-PD-L1 or anti-LAG3 antibodies or their combination | • Patients are eligible for TIL-ACT only if there are sufficient TILs grown for further expansion.<br>• Patients must have a good general health status (ECOG PS ≤2) |
| **MEL** | MASTERKEY-318 | TVEC ou TVEC+ pembrolizumab | Melanoma with liver metastasis (including uveal melanoma) | Monotherapy: At least 1 prior standard of care systemic anti-cancer therapy for their metastatic disease<br>Combination cohorts: as 1st line | • Measurable liver tumors that are suitable for injection (≥ 1 cm)<br>• Liver tumors must not be estimated to invade approximately more than one-third of the liver;<br>Liver tumor-directed therapy, hepatic surgery, antibody-based therapy, or immunotherapy must not have been performed < 28 days, chemotherapy < 21 days, and targeted small molecule therapy or hormonal therapy < 14 days prior to enrollment;<br>• ≤ grade 1 toxic effects of prior therapy and/or complications from prior intervention before starting therapy<br>• No prior therapy with tumor vaccine, TVEC or oncolytic virus<br>• Life expectancy ≥ 5 months<br>• Part 1: no central nervous system (CNS) metastasis; Part 2: irradiated, stable cerebral metastases from BC, NSCLC, RCC, or melanoma |
| **MEL** | RACIN | Nivolumab, ipilimumab, Aspirine, cyclophosphamide, low-dose radiotherapy | Recurrent or metastatic solid tumor (any histology except soft tissue sarcoma, glioblastoma, or lymphoma) | Monotherapy: At least 1 prior standard of care systemic anti-cancer therapy for their metastatic disease<br>Combination cohorts: 1st line or later line | • Absence of tumor-infiltrating intraepithelial CD8+ T cells by IHC on baseline biopsy defined as <5 CD8+ cells per high power field of tumor<br>• At least one lesion accessible to biopsy<br>• ECOG PS 0-1<br>• No current use of dipyramidole, ticlopidine, clopidogrel, cilostazol, prasugrel, or ticagrelor<br>• No current use of full-dose oral or parenteral anticoagulants<br>• No symptomatic untreated brain metastases (stable at least 6 months) |
| **MEL** | IOV-COM-202 | Cyclophosphamide<br>Fludarabine<br>LN-144 (TILs)<br>IL-2<br>Pembrolizumab | Unresectable or metastatic melanoma | Patients who have not received prior immunotherapy<br>may have received from 1 to 3 prior systemic anticancer therapies including checkpoint inhibitors (eg, anti-PD-1/anti-PD-L1) in the locally advanced or metastatic setting. | • May have received BRAF inhibitors<br>• At least one resectable lesion to generate TILs of a minimum of 1.5cm in diameter postresection<br>• At least one measurable target leasion defined as RECIST1.1<br>• ECOG 0 or 1<br>• estimated life expectancy of ≥3 months |

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| **ORL** | BP40234 | FAP-IL2v + atezolizumab | Recurrent or metastatic squamous cell carcinoma of the head and neck | At least 1 prior line of therapy | • Measurable disease by RECIST 1.1<br>• ECOG PS 0 or 1<br>• Life expectancy ≥12 weeks<br>• Adequate organ function |
| **ORL** | CA224-048 | Nivolumab + relatlimag (αLAG3) + BMS986205 (IDO1 inhibitor) | Squamous-cell carcinoma (oral cavity, oropharynx, hypopharynx, larynx) that is metastatic or not amenable to therapy with curative intent | Second line after platinum-containing therapy for recurrent or metastatic disease (or relapse <6 mos after chemoradiation) | • Measurable disease according to RECIST<br>• ECOG PS 0-1<br>• No uncontrolled CNS metastases<br>• No active autoimmune disease (except hypothyroidism, diabetes, vitiligo, psoriasis)<br>• No significant coronary heart disease<br>• No prior immunotherapy |
| **ORL** | IOV-COM-202 | Cyclophosphamide<br>Fludarabine<br>LN-145 (TILs)<br>IL-2<br>Pembrolizumab | Patients with Stage III or Stage IV NSCLC | Patients who have not received prior immunotherapy<br>may have received from 1 to 3 prior systemic anticancer therapies. | • At least one resectable lesion to generate TILs of a minimum of 1.5cm in diameter postresection<br>• At least one measurable target lesion defined as RECIST1.1<br>• ECOG 0 or 1<br>• estimated life expectancy of ≥3 months |
| **SENO** | CA021-002 | Anti-ICOS +/- ipilimumab ou nivolumab | Triple negative breast cancer | Must have had at least 1 and not more than 3 systemic chemotherapeutic, targeted or investigational regimens for the treatment of<br>metastatic or locally advanced and unresectable disease | • Measurable disease according to RECIST<br>• ECOG PS 0-2<br>• No uncontrolled CNS metastases<br>• No active autoimmune disease (except hypothyroidism, diabetes, vitiligo, psoriasis)<br>• One lesion accessible to core biopsy |
| **SENO** | MASTERKEY-318 | TVEC ou<br>TVEC+ pembrolizumab | Histologically confirmed breast cancer | At least 1 prior standard of care systemic anti-cancer therapy for their metastatic disease | • Measurable liver tumors that are suitable for injection (≥ 1 cm)<br>• Liver tumors must not be estimated to invade approximately more than one-third of the liver; Liver tumor-directed therapy, hepatic surgery, antibody-based therapy, or immunotherapy must not have been performed < 28 days, chemotherapy < 21 days, and targeted small molecule therapy or hormonal therapy < 14 days prior to enrollment;<br>• ≤ Grade 1 toxic effects of prior therapy and/or complications from prior intervention before starting therapy<br>• No prior therapy with tumor vaccine, TVEC or oncolytic virus<br>• Life expectancy ≥ 5 months<br>• Part 1: no central nervous system (CNS) metastasis; Part 2: irradiated, stable cerebral metastases from BC, NSCLC, RCC, or melanoma |
| **SENO** | RACIN | Nivolumab, ipilimumab, Aspirine, cyclophosphamide, low-dose radiotherapy | Recurrent or metastatic solid tumor (any histology except soft tissue sarcoma, glioblastoma, or lymphoma) | Progression after at least one standard therapy for advanced disease | • Absence of tumor-infiltrating intraepithelial CD8+ T cells by IHC on baseline biopsy defined as <5 CD8+ cells per high power field of tumor<br>• At least one lesion accessible to biopsy<br>• ECOG PS 0-1<br>• No current use of dipyramidole, ticlopidine, clopidogrel, cilostazol, prasugrel, or ticagrelor<br>• No current use of full-dose oral or parenteral anticoagulants<br>• No symptomatic untreated brain metastases (stable at least 6 months) |

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| **THOR** | CA021-002 | Anti-ICOS +/- ipilimumab ou nivolumab | Advanced NSCLC | Must have had at least 1, but not more than 3 prior systemic therapies for NSCLC (or recurred within 6 months of completing chemoradiation or (neo)adjuvant therapy) | • Measurable disease according to RECIST<br>• ECOG PS 0-2<br>• No uncontrolled CNS metastases<br>• No active autoimmune disease (except hypothyroidism, diabetes, vitiligo, psoriasis)<br>• One lesion accessible to core biopsy<br>• Must have been offered platinum-based chemotherapy<br>• Must have received or refused at least one line of standard immunotherapy<br>• Participants with known EGFR mutations or ALK rearrangements must have received EGFR or ALK inhibitors, respectively |
| **THOR** | CA224-048 | Ipilimumab + nivolumab + relatlimag (αLAG3) | NSCLC stage IIIB or IV | First line<br>(exception: ALK/EGFR/ROS1/BRAF positive: must have received targeted therapy) | • Measurable disease according to RECIST<br>• ECOG PS 0-1<br>• No uncontrolled CNS metastases<br>• No active autoimmune disease (except hypothyroidism, diabetes, vitiligo, psoriasis)<br>• No significant coronary heart disease<br>• No prior immunotherapy |
| **THOR** | IOV-COM-202 | Cyclophosphamide<br>Fludarabine<br>LN-145 (TILs)<br>IL-2 | Recurrent or metastatic squamous cell carcinoma of the head and neck | Have received from 1 to 3 prior systemic anticancer therapies including checkpoint inhibitors (eg, anti-PD-1/anti-PD-L1) in the locally advanced or metastatic setting. | • Prior targeted therapy with an epidermal growth factor receptor (EGFR), MEK, BRAF, ALK, ROS1 or other-targeted agents are allowed<br>• At least one resectable lesion to generate TILs of a minimum of 1.5cm in diameter postresection<br>• At least one measurable target lesion defined as RECIST1.1<br>• ECOG 0 or 1<br>• estimated life expectancy of ≥3 months |
| **THOR** | MASTERKEY-318 | TVEC ou TVEC+ pembrolizumab | NSCLC with liver metastases | Monotherapy: At least 1 prior standard of care systemic anti-cancer therapy for their metastatic disease<br>Combination cohorts: as 1st line | • Measurable liver tumors that are suitable for injection (≥ 1 cm)<br>• Liver tumors must not be estimated to invade approximately more than one-third of the liver;<br>Liver tumor-directed therapy, hepatic surgery, antibody-based therapy, or immunotherapy must not have been performed < 28 days, chemotherapy < 21 days, and targeted small molecule therapy or hormonal therapy < 14 days prior to enrollment;<br>• ≤ grade 1 toxic effects of prior therapy and/or complications from prior intervention before starting therapy<br>• No prior therapy with tumor vaccine, TVEC or oncolytic virus<br>• Life expectancy ≥ 5 months<br>• Part 1: no central nervous system (CNS) metastasis |
| **THOR** | RACIN | Nivolumab, ipilimumab, Aspirine, cyclophosphamide, low-dose radiotherapy | Recurrent or metastatic solid tumor (any histology except soft tissue sarcoma, glioblastoma, or lymphoma) | Progression after at least one standard therapy for advanced disease | • Absence of tumor-infiltrating intraepithelial CD8+ T cells by IHC on baseline biopsy defined as <5 CD8+ cells per high power field of tumor<br>• At least one lesion accessible to biopsy<br>• ECOG PS 0-1<br>• No current use of dipyramidole, ticlopidine, clopidogrel, cilostazol, prasugrel, or ticagrelor<br>• No current use of full-dose oral or parenteral anticoagulants<br>• No symptomatic untreated brain metastases (stable at least 6 months) |

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| **URO** | CA021-002 | Anti-ICOS +/- ipilimumab ou nivolumab | Metastatic prostate carcinoma | Must have had at least 1, but not more than 3 prior systemic therapies for castration resistant disease | • ECOG PS 0-2<br>• No uncontrolled CNS metastases<br>• No active autoimmune disease (except hypothyroidism, diabetes, vitiligo, psoriasis)<br>• One soft tissue lesion accessible to core biopsy<br>• Must have received abiraterone or enzalutamide<br>• Evidence of M1 disease<br>• Documented disease progression (either RECIST1.1 or PCWG3) |
| **URO** | CA021-002 | Anti-ICOS +/- ipilimumab ou nivolumab | metastatic or surgically unresectable urothelial carcinoma | Must have had at least 1, but not more than 3 prior systemic therapies for metastatic or unresectable disease (or recurred within 12 months of completing perioperative treatment with a platinum agent) | • Measurable disease according to RECIST<br>• ECOG PS 0-2<br>• No uncontrolled CNS metastases<br>• No active autoimmune disease (except hypothyroidism, diabetes, vitiligo, psoriasis)<br>• One lesion accessible to core biopsy<br>• Must have been offered platinum-based chemotherapy<br>• Must have received or refused at least one line of standard immunotherapy |
| **URO** | CA021-002 | Anti-ICOS +/- ipilimumab ou nivolumab | advanced or metastatic RCC with a clear cell component | Must have received at least 1 but not more than 3 prior systemic therapies in the advanced or metastatic setting | • Measurable disease according to RECIST<br>• ECOG PS 0-2<br>• No uncontrolled CNS metastases<br>• No active autoimmune disease (except hypothyroidism, diabetes, vitiligo, psoriasis)<br>• One lesion accessible to core biopsy<br>• must have evidence of progression on or after the last treatment regimen received and within 6 months prior to study enrollment<br>• Must have been offered and/or have received or refused at least 1 prior approved immune therapy regimen |
| **URO** | MASTERKEY-318 | TVEC ou TVEC+ pembrolizumab | RCC (clear cell renal cell carcinoma) with liver metastases | At least 1 prior standard of care systemic anti-cancer therapy for their metastatic disease | • Measurable liver tumors that are suitable for injection (≥ 1 cm)<br>• Liver tumors must not be estimated to invade approximately more than one-third of the liver; Liver tumor-directed therapy, hepatic surgery, antibody-based therapy, or immunotherapy must not have been performed < 28 days, chemotherapy < 21 days, and targeted small molecule therapy or hormonal therapy < 14 days prior to enrollment;<br>• ≤ grade 1 toxic effects of prior therapy and/or complications from prior intervention before starting therapy<br>• No prior therapy with tumor vaccine, TVEC or oncolytic virus<br>• Life expectancy ≥ 5 months<br>• Part 1: no central nervous system (CNS) metastasis |
| **URO** | RACIN | Nivolumab, ipilimumab, Aspirine, cyclophosphamide, low-dose radiotherapy | recurrent or metastatic solid tumor (any histology except soft tissue sarcoma, glioblastoma, or lymphoma) | Progression after at least one standard therapy for advanced disease | • Absence of tumor-infiltrating intraepithelial CD8+ T cells by IHC on baseline biopsy defined as <5 CD8+ cells per high power field of tumor<br>• At least one lesion accessible to biopsy<br>• ECOG PS 0-1<br>• No current use of dipyramidole, ticlopidine, clopidogrel, cilostazol, prasugrel, or ticagrelor<br>• No current use of full-dose oral or parenteral anticoagulants<br>• No symptomatic untreated brain metastases (stable at least 6 months) |