

Abstract #3011: Interim subgroup analysis for response by PD-L1 status of CLASSICAL-Lung, a phase 1b/2 study of pepinemab (VX15/2503) in combination with avelumab in advanced NSCLC.

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Background:

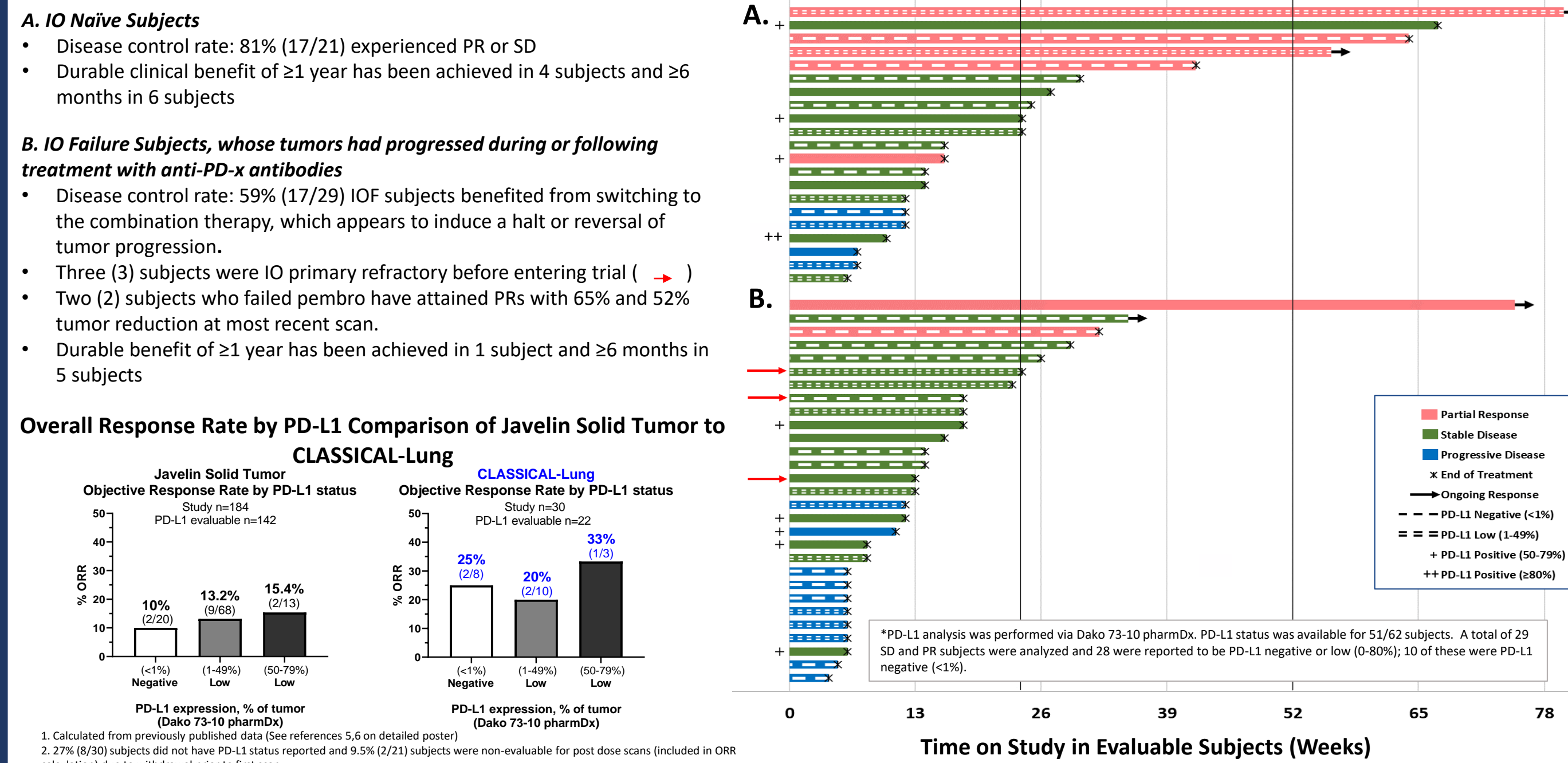
- Semaphorin 4D signals through Plexin receptors to regulate cellular cytoskeleton and its function in cell migration and differentiation
- Pepinemab binds to SEMA4D and blocks its signaling, which promotes T cell infiltration and reverses myeloid suppression
- Anti-SEMA4D antibodies neutralize the SEMA4D barrier at the tumor margin and "open the gates" of the tumor to the immune system.

IO naïve, negative and low PD-L1 patients achieved higher response rates with pepinemab combination, than historical patient treated with single agent avelumab¹

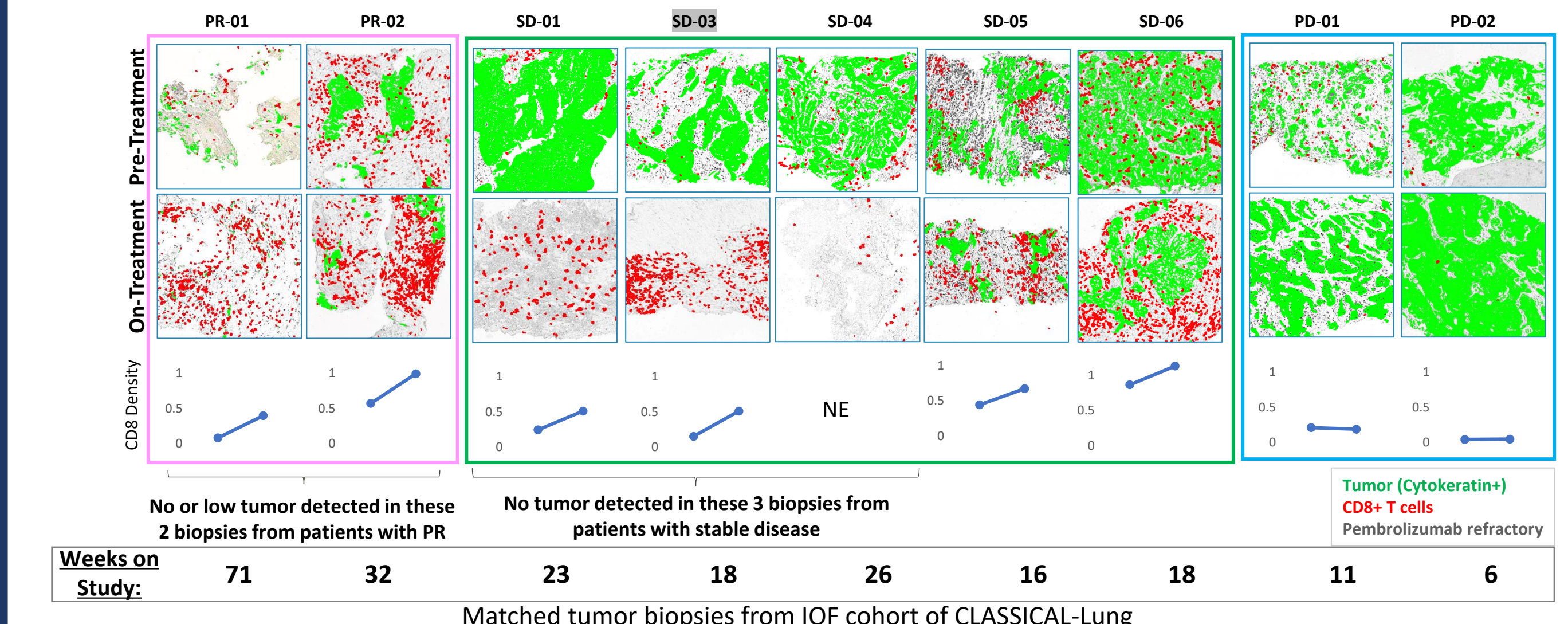
- Tumor biopsies showed **increased T cell infiltration & less tumor** in both PR & SD patients.
- Durable clinical responses have been achieved in both IO Naïve & Failure patient populations
- Combination is safe & tolerable in all dose levels tested

Results:

9 subjects experienced durable clinical benefit of ≥ 6 months, including patients who had previously progressed on anti-PDx therapy
 → 97% of PR & SD subjects had negative or low PD-L1 expression in tumor*

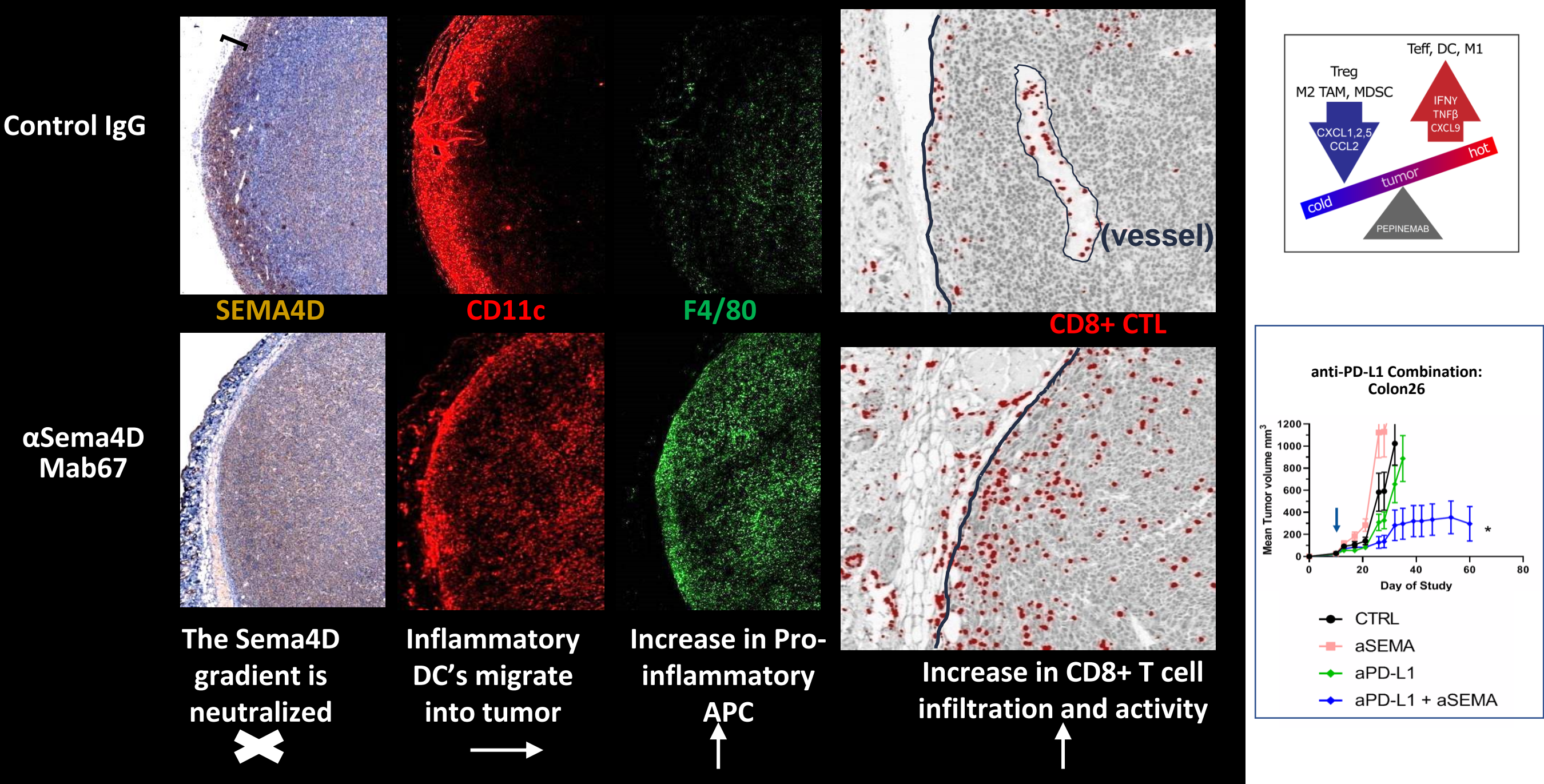


PD-L1 negative and low (<1-79%) pts. responded better to the combination therapy, than previously observed single agent study¹



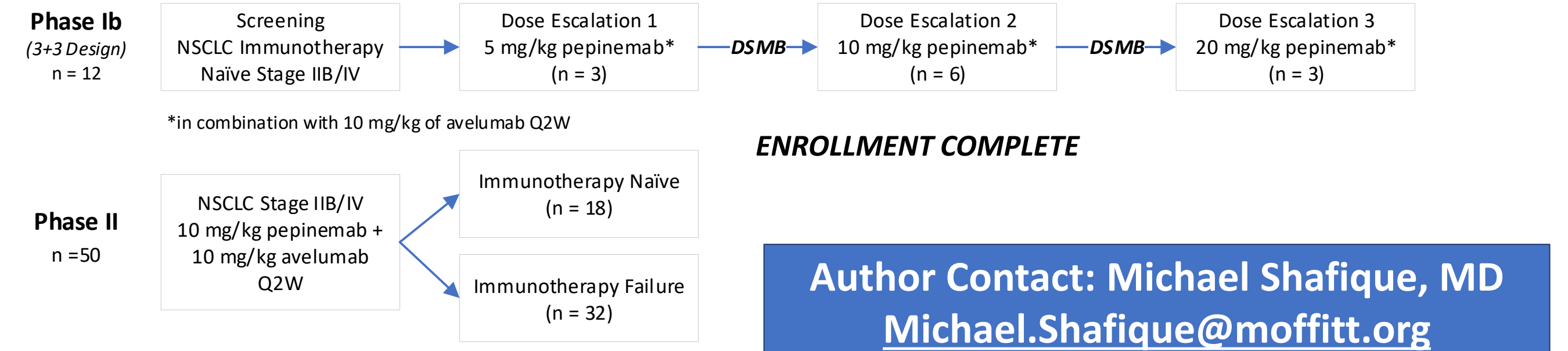
Following treatment, tumors have **more T cells & less tumor** in both responders and patients with stable disease

Preclinical Model - Colon26



Methods:

- First in human combination study designed to evaluate the combination of pepinemab with avelumab in NSCLC patients who were IO naïve or who progressed on anti-PDx therapy



QR Code for detailed poster, acknowledgements and references



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