PAMIPARIB IN COMBINATION WITH RADIATION THERAPY AND/OR TEMOZOLOMIDE IN PATIENTS WITH NEWLY DIAGNOSED OR RECURRENT/REFRACTORY GLIOBLASTOMA: PHASE 1B/2 FINAL ANALYSIS

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Clinical activity was assessed in all patients with measurable disease at baseline and every 8 weeks with solid tumors.

Poly(ADP-ribose) polymerase (PARP) proteins play a key role in the repair of single-strand and double-strand DNA breaks.

The hypothesis that the addition of a PARP inhibitor may further sensitize tumors to TMZ was explored in a phase 1/2 study of pamiparib (BGB-290; 60 mg BID) in combination with RT and/or TMZ in newly diagnosed GBM patients.

At the time of database lock (August 11, 2020), 116 patients (n=60, Arm A; n=29, Arm B; n=47, Arm C) were evaluable for response. Within these 53 patients, the confirmed modified DCR was 67.9% (95% confidence interval [CI], 56.6-77.7; 77.2% (95% CI, 66.7-84.3) and 72.5% (95% CI, 66.7-78.1) for Arm A, Arm B, and Arm C, respectively.

S&Turaiography

Safety/Toleration Profile

There were no significant differences in the safety and tolerability profiles of Arm A, B, or C (Appendix Table 1). With Arm A, the most common grade ≥3 AEs included anemia (8.3% [95% CI, 3.4-15.6]), decreased neutrophil count (11.1%, 95% CI, 5.5-19.7), decreased white blood cell count (11.1%, 95% CI, 5.5-19.7), and decreased lymphocyte count (33.3%, 95% CI, 22.2-44.4). With Arm B, the most common grade ≥3 AEs included anemia (72.5%, 95% CI, 66.7-78.1), decreased neutrophil count (56.7%, 95% CI, 43.3-69.9), decreased white blood cell count (56.7%, 95% CI, 43.3-69.9), and decreased lymphocyte count (13.3%, 95% CI, 5.6-20.9). With Arm C, the most common grade ≥3 AEs included anemia (27.8%, 95% CI, 17.0-39.8), decreased neutrophil count (13.3%, 95% CI, 5.6-20.9), decreased white blood cell count (13.3%, 95% CI, 5.6-20.9), and decreased lymphocyte count (33.3%, 95% CI, 22.2-44.4).

CONCLUSIONS

In conclusion, these findings support the further evaluation of pamiparib plus RT plus TMZ in newly diagnosed GBM patients to improve overall survival (OS) and provide additional benefits in patients with unmethylated ND GBM.

References


Table 1: Overall Response Results: Best Evaluable Response Across All Treated Patients (n=116).

Table 2: Most Commonly Reported Treatment-Related AEs All Grades (Drug-Induced Changes in Patients With ND GBM).

Table 3: Median Overall Survival and Progression-Free Survival, by Treatment Arm

Figure 3A: Progression-Free Survival in Patients with ND GBM

Figure 4A (N=44): Maximum Tumor Reduction in Evaluable Patients

Figure 4B: Progression-Free Survival

Appendix Table 1: Most Commonly Reported Treatment-Related AEs All Grades (Drug-Induced Changes in Patients With ND GBM)

Figure 5A: Overall Survival in Patients with ND GBM